



# PHILIPPINE GENERAL HOSPITAL

CITIZEN'S CHARTER  
2024 (5th Edition)

## **I. Mandate:**

In 1907, the Philippine Commission passed Act No. 1688 which appropriated the sum of P780,000.00 for the construction of the Philippine General Hospital (PGH). PGH opened its door to the public on September 1, 1910; however, it was not until September 10, 1910 that PGH was formally inaugurated. PGH was established primarily to provide medical and surgical services to non-infective conditions especially among indigent Filipinos.

In 1947, by virtue of Executive Order No. 94, Philippine President Manuel Roxas transferred PGH to the University of the Philippines; this officially designated PGH as UP's teaching hospital.

## **II. Vision:**

The country's leader in transforming the lives of the people through excellent health care, education and research, accessible to all.

## **III. Mission:**

As the National University Hospital, we are committed to deliver globally-competitive, cost-effective, compassionate and accessible health care to the Filipinos, to provide world-class education to health professionals, and to generate relevant research that will impact on health policies.

## **IV. Service Pledge:**

As the national university hospital and premier referral center, the Philippine General Hospital (PGH), University of the Philippines Manila is committed to:

- Provide quality service, training and research
- Develop and enhance competent and compassionate human resources and ensure a safe work environment
- Provide comprehensive, culture-sensitive and gender-responsive health services and programs
- Implement and continually improve the Quality Management System (QMS) to conform with requirements of patients, regulatory agencies, other stakeholders and the performance goals set by management
- 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.

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| Issuance of Student Clearance   | 639        |
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| Submission of Enrollment Form to the National Waiting List of the Philippine Network for Organ Sharing (PhilNOS)    | 731        |
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## Health Information Management Division

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## Pharmacy Department

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| OPD Pharmacy – Provision of All Available Drugs/ Medicines/ Medical Supplies and Other Pharmaceuticals ( Cash Transaction – Senior Citizen / PWD) | 809 |
| OPD Pharmacy – Provision of All Available Drugs/ Medicines/ Medical Supplies and Other Pharmaceuticals ( Charge to PhilHealth)                    | 812 |
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| Charity In-Patient Pharmacy – Provision of All Available Drugs/<br>Medicines/Medical Supplies and Other Pharmaceuticals (Cash<br>Transaction – Regular Client) | 816 |
| Charity In-Patient Pharmacy – Provision of All Available Drugs/<br>Medicines/Medical Supplies and Other Pharmaceuticals (Cash<br>Transaction – Regular Client) | 818 |
| Charity In-Patient Pharmacy – Provision and Replacement of Multiple<br>Dose Emergency Drugs for Service Wards  | 819 |
| Charity In-Patient Pharmacy – Replacement of All Available<br>Drugs/Medicines/Medical Supplies and Other Pharmaceuticals in the<br>Emergency Cart              | 821 |
| Charity In-Patient Pharmacy – Provision of Narcotics/Dangerous Drugs<br>of Charity In-Patient  | 822 |
| Charity In-Patient Pharmacy – Provision of Pharmacy Clearance  | 824 |
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| Main Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Cash Transaction – Regular<br>Client)                | 827 |
| Main Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Cash Transaction – Senior<br>Citizen/PWD)            | 829 |
| Main Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Charge to Donor with<br>Government Funds)            | 832 |
| Main Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Charge to Private Donors)                            | 834 |
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| O.R. Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Cash Transaction – Regular<br>Client)                | 851 |
| O.R. Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Cash Transaction – Senior<br>Citizen /PWD)           | 854 |
| O.R. Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (PhilHealth Out-Patients)                             | 858 |
| O.R. Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Charge to Government Fund–<br>Service In-patients)   | 861 |
| O.R. Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Charge to Patient's Account–Pay<br>In-patients)      | 865 |

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| Pay Ward Pharmacy – Provision of All Available Drugs/Medicines/<br>Medical Supplies and Other Pharmaceuticals (Cash Transaction –<br>Senior Citizen / PWD)                          | 872 |
| Pay Ward Pharmacy – Provision of All Available Drugs/Medicines/<br>Medical Supplies and Other Pharmaceuticals (Charge to Donor with<br>Government Funds)                            | 876 |
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| Pay Ward Pharmacy – Provision of All Available Drugs/Medicines/<br>Medical Supplies and Other Pharmaceuticals (Charge to Pay In-<br>patients- Pending Request)                      | 881 |
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| SOJR Pharmacy – Provision of All Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Cash Transaction – Senior<br>Citizen/PWD)                                 | 912 |
| SOJR Pharmacy – Provision of all Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Charge to Donor with<br>Government Funds)                                 | 915 |
| SOJR Pharmacy – Provision of all Available Drugs/Medicines/Medical<br>Supplies and Other Pharmaceuticals (Charge to Private Donors)   | 918 |
| SOJR Pharmacy – Provision of All Available Drugs/Medicines/ Medical<br>Supplies and Other Pharmaceuticals (Charge to PhilHealth Fund )  | 922 |
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| SOJR Pharmacy - Provision of All Available Drugs/Medicines/ Medical<br>Supplies and Other Pharmaceuticals (Charity and Pay In-Patients)   | 926 |
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| (6 months)  |            |
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| Main Pharmacy – Provision of All Available Drugs/Medicines/ Medical Supplies and Other Pharmaceuticals (Charge to Department's Fund)              | 955        |
| O.R. Pharmacy – Provision of All Available Drugs/Medicines/ Medical Supplies and Other Pharmaceuticals (Charge to Department's Fund)              | 958        |
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| Transport of Critically-ill Patient   | 974        |
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| Charity Outpatient Consultation   | 982        |
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| Respond to Communications and Comply with Administrative Requirements   | 1003        |
| Respond to Requests for Training/Orientation  | 1004        |
| <b>Office of the Deputy Director for Administration</b>   | <b>1005</b> |
| External Services   | 1005        |
| Application and Approval for Ingress and Egress of Equipment and Outside Services   | 1006        |
| Signing of Certificates of Live Birth (Affidavit of Acknowledgement/ Admission of Paternity/Affidavit for Delayed Registration of Birth) and Affidavit to Use the Surname of the Father | 1007        |
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| Application and Approval for Use of Facilities (Ex. Social Hall, Science Hall, Room 218, etc.)  | 1013        |
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| Provision of Wheelchairs   | 1179        |
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| Issuance of Cheque/Cash with Refunds  | 1216        |
| Availment of Allowable Discounts  | 1217        |
| Checking/Validation of PhilHealth Eligibility of Service Ward Patients  | 1218        |
| Issuance of Hospital Clearance for Service Ward Patients  | 1219        |
| Processing of Medical Assistance (Service Ward and OPD Patients)  | 1221        |
| Processing of Medical Assistance (Pay Inpatients)   | 1222        |
| Processing of Medical Assistance (Inter-Hospital Referral)  | 1223        |
| Processing of Medical Assistance (PCSO Referral)  | 1224        |
| Processing of Medical Assistance (Referrals from LGUs, Foundations and Private Donors with Funds)                             | 1225        |
| Funding of Patient's Request  | 1226        |
| Internal Services   | 1227        |
| Issuance of Certificate of Contribution/Reconciliation of GSIS Records  | 1228        |
| Issuance of Certificate of PhilHealth Contribution  | 1229        |
| Issuance of NHMFC/ Acquired Assets Certificate  | 1230        |
| Issuance of Certificate of Pag-Ibig Contribution/ Loans with Official Receipts  | 1231        |
| Issuance of Certificate of Name Discrepancy (HDMF)  | 1232        |
| Issuance of Certificate of Employees Compensation   | 1233        |
| Verification of Pay Slip  | 1234        |
| Issuance of Income Tax Return Copy  | 1235        |
| Issuance of Certificate of Last Salary Received   | 1236        |
| Remittances of Doctor's Professional Fees   | 1237        |
| Issuance of Employee's Clearance  | 1238        |
| Processing of DV for Payment to Suppliers of Drugs & Medicines, Chemicals & Reagents and Office/Medical/Housekeeping Supplies | 1239        |
| Processing of DV for Payment to Suppliers of Food Commissaries  | 1241        |

|  |             |
|--|-------------|
| Processing of DV for Payment to Suppliers of Equipment   | 1243        |
| Processing of DV for Payment to Utility Service Providers  | 1245        |
| Processing of DV for Payment to Laundry Service Providers  | 1246        |
| Processing of DV for Payment of Healthcare Waste Disposal Services   | 1247        |
| Processing of DV for Payment of Security Services  | 1249        |
| Processing of DV for Payment of Repairs and Maintenance  | 1251        |
| <b>Budget Services Division</b>  | <b>1253</b> |
| Internal Services  | 1253        |
| Requests for Funding/Certification of Availability of Funds  | 1254        |
| Budget Preparation   | 1257        |
| Funding Terminal Leave Benefits (TLB), Service Recognition Pay (SRP) and Commutation of Leave Credits for Completion of Training Program for Residents and Fellows | 1258        |
| Budget and Financial Accountability Reports  | 1259        |
| Personnel Services Itemized Plantilla of Positions   | 1260        |
| Monthly Cost of Operation  | 1261        |
| <b>Cash Services Division</b>  | <b>1262</b> |
| External Services  | 1262        |
| Payment of Hospital Obligations  | 1263        |
| Collection of Hospital Fees  | 1264        |
| Payment for Refund   | 1265        |
| Issuance of Certified Copy of Lost Official Receipt  | 1266        |
| <b>Purchasing Office</b>   | <b>1267</b> |
| External Services  | 1267        |
| Issuance of Request for Quotation/Request for Proposal   | 1268        |
| Issuance of Purchase Order/Letters/Amendment of Contract   | 1269        |
| Submission of Supplier's Information Sheet   | 1271        |
| Submission of Request for Quotation/Request for Proposal   | 1272        |
| Processing Submission of Letter Request for Cancellation/Extension/Acceptance of Delivery and Other Related Request  | 1274        |
| Internal Services  | 1276        |
| Purchase through Petty Cash  | 1277        |
| Purchase through Special Cash Advance  | 1280        |
| Procurement through Alternative Mode of Procurement  | 1283        |
| Procurement through Competitive Bidding  | 1287        |
| <b>Office of Deputy Director for Nursing</b>   | <b>1289</b> |
| External Services  | 1289        |
| Conduct of Final Interview for Entry Level Nurse/Nursing Attendant Applicant   | 1290        |
| Review/Refer Complaints and Incident Reports to Appropriate Offices/Committees   | 1291        |
| Internal Services  | 1292        |
| Conduct of Final Interview of Applicants for Promotion of Nursing Personnel  | 1293        |
| <b>Division of Clinical Nursing Operations</b>   | <b>1294</b> |
| External Services  | 1294        |
| Admission of Elective Patient to Service Units   | 1295        |
| Transfer in/ Transfer out of Patient to Service Units  | 1296        |
| Discharge of Patient from Service Units  | 1297        |

|   |      |
|---|------|
| Discharge of Expired Patients   | 1298 |
| Facilitation of Prescribed Laboratory Examinations (Routine)  | 1299 |
| Facilitation of Prescribed Laboratory Examinations (Stat)   | 1300 |
| Facilitation of Requested Diagnostic Procedures   | 1301 |
| Facilitation of Healthcare Treatment Plan   | 1302 |
| Assessment, Initial Investigation and Action, and Endorsement of Administrative Matters                     | 1303 |
| Outpatient Consultation for New Patients  | 1304 |
| Outpatient Consultation for Patients with Schedule  | 1305 |
| Outpatient Consultation for Referred Patients   | 1306 |
| Outpatient Surgical Services (DOPS-OR)  | 1307 |
| Elective Admission for Chemotherapy   | 1308 |
| Elective Admission of patients for Blood Transfusion  | 1309 |
| Elective Admission of Patient to High Dose Brachytherapy  | 1310 |
| Elective Admission of Patient to Low Dose Brachytherapy   | 1311 |
| Discharge of Patient from Cancer Institute  | 1312 |
| Outpatient Consultation for Breast Cancer Patients  | 1313 |
| Outpatient Consultation for Gynecological Oncology Patients   | 1314 |
| Outpatient Consultation for Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Patients | 1315 |
| Outpatient Consultation for Pediatric Hematology Oncology   | 1316 |
| Outpatient Consultation for Radiation Oncology Patients   | 1318 |
| Administration of Chemotherapy as Outpatient Basis  | 1319 |
| Provision of Perioperative Care Service in the SOJR-OR  | 1320 |
| Transferring Patient Out to Ward  | 1322 |
| Patient Discharge Service   | 1323 |
| DEM Patient Consultation  | 1324 |
| OB-AS Patient Consultation  | 1326 |
| Transfer in/ Transfer out of Patient to Service Units   | 1328 |
| Discharge of Patient from OB-AS   | 1329 |
| Facilitation of Prescribed Laboratory Examinations (Stat) – OBAS  | 1330 |
| DPPS-Admission of Patients to Pay Units   | 1331 |
| DPPS-Processing of Discharge of Pay Patients  | 1333 |
| DPPS-Processing of Clearance for Expired Patients   | 1336 |
| DPPS-Transfer In/Out of Patients  | 1339 |
| DPPS-Facilitation of Prescribed Laboratory and Diagnostic Procedures  | 1342 |
| DPPS-Facilitation of Healthcare Treatment Plan  | 1345 |
| Intraoperative Management for Patients  | 1346 |
| Preoperative Visitation for Elective Surgical Patients  | 1348 |
| Provision of Specialized Nursing Care for Patients Recovering from the Effects of Anesthesia and Operation  | 1349 |
| Transfer Out of Patient to Clinical/Critical Units  | 1350 |
| Discharging Patients from Post Anesthesia Care Unit   | 1352 |
| Admission of Patient to Critical Care Unit  | 1353 |
| Transfer In of Patient to Critical Care Unit  | 1354 |
| Transfer Out of Patient to Pay/Service Ward   | 1355 |
| Direct Discharge of Patient   | 1356 |
| Discharge Against Advice  | 1357 |
| Internal Services   | 1358 |
| Collaborate to Resolve Administrative and Healthcare Delivery   | 1359 |

|   |             |
|---|-------------|
| Concerns/Matters Elevated by Employee/s and Other Stakeholders of the Hospital  |             |
| Monitoring of Attendance Profile of Nursing Personnel   | 1360        |
| Managing Report of Adverse Events   | 1361        |
| Transition of Care from DEM to Clinical Units   | 1362        |
| Monitoring of Discharges in Clinical Units  | 1363        |
| Managing General Complaints   | 1364        |
| Assessment and Signing of Bundy Card, Daily Time Record, Application for Leaves   | 1365        |
| Assessment, Signing and Endorsement of Requests by Staff  | 1366        |
| DPPS-Assessment and Signing of Bundy Card, Daily Time Record, Application for Leaves  | 1367        |
| DPPS-Assessment, Signing and Endorsement of Requests by Staff   | 1369        |
| DPPS-Assessment, Initial Investigation and Action and Endorsement of All Administrative Matters Needing Appropriate Action/s      | 1371        |
| <b>Division of Nursing Education and Training</b>   | <b>1372</b> |
| External Services   | 1372        |
| Processing of Request for Enhancement Training Program in Selected Clinical Nursing Specialty Areas for Non-PGH Nursing Personnel | 1373        |
| Conduct of Enhancement Training Program in Selected Clinical Nursing Specialty Areas for Non-PGH Nursing Personnel                | 1375        |
| Processing of Request for Educational Tours for Non-PGH Nurses or Nursing Students  | 1377        |
| Processing of Request for Clinical Rotation/Orientation from Affiliating Colleges of Nursing                                      | 1378        |
| Replacement for Lost Intravenous Therapy Card   | 1379        |
| Issuance of Certification for Lost Certificates   | 1380        |
| Issuance of Certificate of Appearance for Non-PGH Employees for Attending Seminars/Meetings                                       | 1381        |
| Internal Services   | 1382        |
| Development and Approval of Seminar/Training Program for Implementation   | 1383        |
| Conduct of Approved Seminar/Training Program  | 1385        |
| Processing of Request for Official Time for Attendance to Continuing Education Activities   | 1387        |
| <b>Division of Nursing Research and Development</b>   | <b>1388</b> |
| External Services   | 1388        |
| Initial Screening or Original Documents and Profiling of Entry Level Applicants   | 1389        |
| Initial Assessment of Applicants for Nurses and Nursing Attendant Position  | 1391        |
| Conduct of Examination for Entry Level Applicant  | 1392        |
| Credential Screening of Qualified Nurse and Nursing Attendant Applicants for Entry Level  | 1393        |
| Assessment, Initial Investigation and Action, and Endorsement of Administrative Matters   | 1395        |
| Internal Services   | 1396        |
| Technical Evaluation of Research Proposal of PGH Nursing Staff  | 1397        |
| Site Coordination for Research Activities   | 1398        |
| Initial Screening or Original Documents and Profiling of Entry Level  | 1399        |

|   |                 |
|---|-----------------|
| Applicants  |                 |
| Initial Assessment of Applicants for Nurses and Nursing Attendant Position                        | 1401            |
| Conduct of Examination for Entry Level Applicant  | 1402            |
| Credential Screening of Qualified Nurse and Nursing Attendant for Entry Level                     | 1403            |
| Initial Assessment of Qualified Applicants for Promotion  | 1405            |
| Conduct of Examination of Applicants for Promotion  | 1406            |
| Initial Screening of Qualifying Requirements, Profiling and Ranking or Applications for Promotion | 1407            |
| Assessment and Signing of Bundy Card, Daily Time Record, Application                              | 1408            |
| Assessment Signing and Endorsement of Requests  | 1409            |
| <b>Central Sterile Supply Room / Operating Room Sterilization Area</b>                            | <b>1410</b>     |
| External Services   | 1410            |
| Provision of Sterile Packs, Medical/Surgical Supplies and Instruments                             | 1411            |
| Sterilization of Instruments  | 1413            |
| Internal Services   | 1414            |
| Distribution of Supplies  | 1415            |
| Distribution of Sterile/Clean Linen   | 1416            |
| <br><b>VI. Feedback and Complaints</b>  | <br><b>1417</b> |
| <br><b>VII. List of Offices</b>   | <br><b>1420</b> |
| <br><b>VIII. PGH Anti-Red Tape Committee Members</b>  | <br><b>1424</b> |
| <br><b>IX. Schedule of Fees</b>   | <br><b>1425</b> |



## **Office of the Director**

### External Services

## 1. Handling of Letters/ Correspondence Received Thru Email/ Courier/ Personal Delivery

The process of handling letters/correspondence received thru email, courier, or personal delivery covers activities from receipt of letter up to sending a reply/response letter

|  |   |                                     |                        |   |
|--|---|-------------------------------------|------------------------|---|
| <b>Office or Division:</b>   | PGH Director's Office (DO)  |                                     |                        |   |
| <b>Classification:</b>   | Simple  |                                     |                        |   |
| <b>Type of Transaction:</b>  | G2C, G2B, G2G   |                                     |                        |   |
| <b>Who may avail:</b>  | All   |                                     |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>              |                        |   |
| Letter/correspondence  |   | Requesting individual/office/agency |                        |   |
| Receiving copy, checklist/ record/ proof of receipt (whichever is applicable)  |   | Requesting individual/office/agency |                        |   |
| Contact details of the sender/sender's authorized representative (as deemed necessary)   |   | Requesting individual/office/agency |                        |   |
|  |   |                                     |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| <b>A. <u>Email:</u></b><br><br>1. Send letter/correspondence to od.uppgh@up.edu.ph   | 1. Open/Check email. Acknowledge/ forward/refer to and coordinate with offices/persons concerned for appropriate action (following flow of communications "thru channels")                      | None                                | 2 Days                 | <i>Executive Assistant or Administrative Staff</i><br>Director's Office |
| <b>B. <u>Courier/Personal Delivery:</u></b><br><br>1. Present the letter/correspondence together with the checklist/record/ receiving copy | 1. Check/screen/ receive the letter/ correspondence and forward/refer to or coordinate with offices/persons concerned for appropriate action (following flow of communications "thru channels") | None                                | 2 Days                 | <i>Administrative Staff or Executive Assistant</i><br>Director's Office |



|  |  |      |   |  |
|--|--|------|---|--|
| 2. Confirm/<br>Acknowledge<br>response to<br>letter/correspondence<br>/email | 2. Provide the client<br>with the name of<br>office, contact<br>number/person and<br>other details related<br>to the letter/<br>correspondence, as<br>deemed necessary | None | 1 Day   | <i>Administrative<br/>Staff or<br/>Executive<br/>Assistant<br/>Director's Office</i> |
| <b>TOTAL:</b>  |  | None | A. <b>Email:</b><br>3 Days<br><br>B. <b>Courier/<br/>Personal<br/>Delivery:</b><br>3 Days |  |

## 2. Handling of Invitations and Requests for Appointment/ Meeting with the Director

The process of handling invitations and requests for appointment/ meeting with the Director covers activities from receipt of invitation/request letter up to sending a reply/response letter.

|  |  |                                     |                        |   |
|--|--|-------------------------------------|------------------------|---|
| <b>Office or Division:</b>   | PGH Director's Office (DO)   |                                     |                        |   |
| <b>Classification:</b>   | Simple   |                                     |                        |   |
| <b>Type of Transaction:</b>  | G2C, G2B, G2G  |                                     |                        |   |
| <b>Who may avail:</b>  | All  |                                     |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>              |                        |   |
| Letters/correspondence/invitations/programs (whichever is applicable)  |  | Requesting individual/office/agency |                        |   |
| Checklist, record/proof of receipt, receiving copy, documented requests/messages (whichever is applicable)                                     |  | Requesting individual/office/agency |                        |   |
| Contact details of requester/authorized representative   |  | Requesting individual/office/agency |                        |   |
|  |  |                                     |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| <b>A. <u>Email:</u></b><br>1. Email to od.uppggh@up.edu.ph   | 1. Open/Check email.<br><br>1.1 Acknowledge, forward/refer to and coordinate with the Administrative Assistant | None                                | 1 Day                  | <i>Administrative Staff or Executive Assistant</i><br>Director's Office |
| <b>B. <u>Courier:</u></b><br>Send invitation/request to the Office of the Director<br>Philippine General Hospital, Taft Avenue, Ermita, Manila | 1. Check/screen/ receive the invitation/request  | None                                | 30 Minutes             | <i>Administrative Staff or Executive Assistant</i><br>Director's Office |
| <b>C. <u>Personal Delivery:</u></b><br>1. Present the invitation/request to the Administrative Assistant                                       | 1. Check/screen/ receive the invitation/request  | None                                | 30 Minutes             | <i>Administrative Staff or Executive Assistant</i><br>Director's Office |
| 2. Confirm/  | 2. Coordinate with the   | None                                | 2 Days                 | <i>Administrative</i>   |

|  |   |      |   |  |
|--|---|------|---|--|
| Acknowledge response to invitation/request | Director and respond to the invitation/request (thru email or by phone)<br><br>2.1 If invitation/request is approved, post on the Director's calendar |      |   | Staff or Executive Assistant<br><br>Director (for approval of invitation/request)<br>Director's Office |
| <b>TOTAL:</b>                              |   | None | <b>A. Email:</b><br>3 Days<br><br><b>B. Courier:</b><br>2 Days,<br>30 Minutes<br><br><b>C. Personal Delivery</b><br>2 Days,<br>30 Minutes |  |

### 3. Processing of Documents for Notarization

Processing of documents for notarization covers activities from receipt of documents for notarization up to releasing

|   |  |  |                        |  |
|---|--|--|------------------------|--|
| <b>Office or Division:</b>  | PGH Director's Office (DO)   |  |                        |  |
| <b>Classification:</b>  | Simple   |  |                        |  |
| <b>Type of Transaction:</b>   | G2C, G2B, G2G  |  |                        |  |
| <b>Who may avail:</b>   | Executive Offices under the Director's Office, other Government and Non-government Agencies/Offices/Units, and individuals with Memorandum of Agreement/Understanding and official dealings with PGH |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                             |                        |  |
| Original document/s   |  | PGH Legal Office; Offices/Agencies/Units concerned |                        |  |
| Checklist, record/proof of receipt, receiving copy (whichever is applicable)  |  | PGH Legal Office; Offices/Agencies/Units concerned |                        |  |
|   |  |  |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Send/Present original document together with the checklist, record/proof of receipt/receiving copy                                 | 1. Check/Screen/Receive the document<br><br>1.1 Forward/refer to and coordinate with the PGH Legal Office and other offices/units concerned, as needed   | None   | 1 Day                  | <i>Administrative Staff or Executive Assistant</i><br>Director's Office  |
| 2. Wait for feedback or follow up and receive notarized document<br><br><i>NOTE: May pick up the document at the DO, if preferred</i> | 2. Coordinate with the Liaison Officer (Office of Custodial Services) for notarization of the document and send back to agency/ unit/ office concerned   | None   | 2 Days                 | <i>Executive Assistant or Administrative Staff</i><br>Director's Office<br><br><i>Liaison Officer (for notarization)</i> |
| <b>TOTAL:</b>   |  | None   | 3 Days                 |  |

#### 4. Providing Assistance

The PGH Client Service Center provides assistance to patients and their relatives/ authorized representatives based on existing hospital policies and procedures (e.g. hospital bill, consult schedule, new patients).

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Division:</b>   | PGH Client Service Center (PGH-CSC)  |                        |                        |  |
| <b>Classification:</b>   | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>  | G2C  |                        |                        |  |
| <b>Who may avail:</b>  | Patients and Patients' Relatives/Representatives   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |  |
| Specific details of the concern  |  | Requesting individual  |                        |  |
|  |  |                        |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                              |
| 1. Visit PGH-CSC office to provide details of the request for assistance | 1. Accept request for assistance<br>1.1. Analyze the nature of the request<br>1.2. Determine service of patient<br>1.3. Ascertain the nature of assistance to provide<br>1.4 Extend assistance based on existing policies and procedure<br>1.5 Provide feedback to client relative to his request                          | None                   | 60 Minutes             | <i>PGH-CSC Representative</i><br>Client Service Center |
| 2. E-mail requests for assistance to: od.uppgh@up.edu.ph                 | 2. Acknowledge receipt of email forwarded by the Director's Office<br>2.1 Analyze the nature of the request<br>2.2. Determine service of patient<br>2.3. Ascertain the nature of assistance to provide<br>2.4 Extend assistance based on existing policies and procedure<br>2.5 Provide feedback to client relative to his | None                   | 60 Minutes             | <i>PGH-CSC Representative</i><br>Client Service Center |

|               |         |      |            |  |
|---------------|---------|------|------------|--|
|               | request |      |            |  |
| <b>TOTAL:</b> |         | None | 60 Minutes |  |

## 5. Attending to Inquiries

Attending to inquiries (e.g. hospital procedures and policies, location and direction of department/office/unit)

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>                                | PGH Client Service Center (PGH-CSC)   |                        |                        |  |
| <b>Classification:</b>                                    | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>                               | G2C   |                        |                        |  |
| <b>Who may avail:</b>                                     | All   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                          |   | <b>WHERE TO SECURE</b> |                        |  |
| Specific details of the concern                           |   | Requesting individual  |                        |  |
|   |   |                        |                        |  |
| <b>CLIENT STEPS</b>                                       | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                              |
| 1. Visit PGH-CSC office to provide details of the inquiry | 1. Analyze patient inquires<br>1.1 Provide specific instruction/ explanation based on existing policies and procedures and /or give specific directions | None                   | 60 Minutes             | <i>PGH-CSC Representative</i><br>Client Service Center |
| <b>TOTAL:</b>   |   | None                   | 60 Minutes             |  |

## **Office of the Director**

### **Internal Services**



## 1. Handling of Documents for Appropriate Action

Handling of papers/documents for appropriate action/ signing/ approval of the Director on matters related to Fiscal, Health Operations, Administration and Nursing Operations/ Services, including those from other units under the Director's Office

|   |   |   |                                   |   |
|---|---|---|-----------------------------------|---|
| <b>Office or Division:</b>  | PGH Director's Office (DO)  |   |                                   |   |
| <b>Classification:</b>  | Simple  |   |                                   |   |
| <b>Type of Transaction:</b>   | G2G   |   |                                   |   |
| <b>Who may avail:</b>   | Deputy Directors (DDs), Coordinators and Administrative Personnel under the Executive Offices; Heads of Units and their staff under the Director's Office                           |   |                                   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                                    |                                   |   |
| Papers/documents for appropriate action/ signing/ approval of the Director  |   | Executive Offices, Units under the Office of the Director |                                   |   |
| Checklist/record/receiving copy (whichever is applicable)   |   | Executive Offices, Units under the Office of the Director |                                   |   |
|   |   |   |                                   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                    | <b>PROCESSING TIME</b>            | <b>PERSON RESPONSIBLE</b>   |
| 1. Present the paper/document together with the checklist/record/ receiving copy<br><br>1.1 Wait until the checking of paper/ document is completed; receive the checklist/record/ receiving copy<br><i>Note: If urgent, proceed to Step No.3</i> | 1. Check the paper/ document and its completeness/ correctness against the checklist/record/ receiving copy<br>1.1 Sign the checklist or record/receiving copy and return to client | None  | Per paper/ document:<br>2 Minutes | <i>Administrative Staff or Executive Assistant</i><br>Director's Office |
| 2. Leave the paper/document in the office<br><i>Note: May follow up by phone or request DO staff to call office once acted upon/ signed by the Director</i>   | 2. Label/mark/tag the page/s of the paper/document to be acted upon/signed/approved by the Director   | None  | Per page:<br>1 Minute             | <i>Administrative Staff or Executive Assistant</i><br>Director's Office |
| 3. Wait for feedback or follow up status, as needed.  | 3. Take appropriate action/sign/approve the paper/document<br>3.1 Give feedback/ update on status, as needed  | None  | 5 Hours                           | <i>Director</i><br>Director's Office                                    |
| 4. Wait for the   | 4. Check the  | None  | Per paper/                        | <i>Administrative</i>   |

|  |  |      |                           |   |
|--|--|------|---------------------------|---|
| prepared checklist                                   | paper/document and prepare checklist   |      | document:<br>5 Minutes    | <i>Staff or Executive Assistant</i><br>Director's Office                |
| 5. Sign the checklist and receive the paper/document | 5. Have the checklist signed by the client and hand over the paper/document.<br>5.1 For papers/documents to be sent to concerned offices/units, coordinate with the Message Center employee/ other assigned personnel)<br><i>Note: File the checklist as office record</i> | None | 1 Day                     | <i>Administrative Staff or Executive Assistant</i><br>Director's Office |
| <b>TOTAL:</b>  |  | None | 1 Day, 5 Hours, 8 Minutes |   |

## 2. Performance Evaluation of Outsourced Service Providers

Accomplishing the performance evaluation of outsourced service providers (e.g. Security and Janitorial personnel)

|  |   |                                 |                        |   |
|--|---|---------------------------------|------------------------|---|
| <b>Office or Division:</b>               | PGH Director's Office (DO)  |                                 |                        |   |
| <b>Classification:</b>                   | Simple  |                                 |                        |   |
| <b>Type of Transaction:</b>              | G2G   |                                 |                        |   |
| <b>Who may avail:</b>                    | PGH Office of the Deputy Director for Administration, Office of Custodial Services - Secretarial Pool, UP Manila Internal Audit Office    |                                 |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>         |   | <b>WHERE TO SECURE</b>          |                        |   |
| Performance Evaluation Sheet (PES)       |   | UP Manila Internal Audit Office |                        |   |
|  |   |                                 |                        |   |
| <b>CLIENT STEPS</b>                      | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Send the PES to the Director's Office | 1. Check/ Screen/ Receive the PES   | None                            | 5 Minutes              | <i>Administrative Staff or Executive Assistant</i><br>Director's Office |
| 2. Receive the accomplished PES          | 2. Accomplish the PES for security and janitorial personnel assigned at the Director's Office, sign and send back to the office concerned | None                            | 2 Days                 | <i>Executive Assistant or Administrative Staff</i><br>Director's Office |
| <b>TOTAL:</b>                            |   | None                            | 2 Days, 5 Minutes      |   |

### 3. Processing of Letters/ Correspondence for Mailing

Processing of letters/ correspondence for mailing including the necessary documentation after mailing

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>                         | PGH Director's Office (DO)   |  |                        |  |
| <b>Classification:</b>                             | Simple   |  |                        |  |
| <b>Type of Transaction:</b>                        | G2G  |  |                        |  |
| <b>Who may avail:</b>                              | Director's Office, PGH Offices/ Units under the Office of the Director   |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |  | <b>WHERE TO SECURE</b>   |                        |  |
| Letter/Correspondence                              |  | Director's Office, PGH Offices/ Units under the Office of the Director |                        |  |
|  |  |  |                        |  |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Send/Present letter/correspondence for mailing  | 1. Check/Screen/ Receive the letter/correspondence for mailing<br><br>1.1 Prepare petty cash and coordinate with the Liaison Officer (Office of Custodial Services)  | None   | 1 Day                  | <i>Executive Assistant</i><br>Director's Office<br><br><i>Liaison Officer (mailing)</i>  |
| 2. Request copy of the official receipt, as needed | 2. Endorse petty cash and correspondence/ letter to the Liaison Officer<br><br>2.1 Make the necessary documentation after mailing and provide copy of the official receipt to the office/unit concerned, as deemed necessary | None   | 1 Day                  | <i>Executive Assistant</i><br>Director's Office<br><br><i>Liaison Officer (endorsement of official receipt to the Executive Assistant)</i> |
| <b>TOTAL:</b>                                      |  | None   | 2 Days                 |  |

# **Information Technology Office**

## **External Services**

## 1. Application for Computer Exam of PGH Applicants

Receiving request and scheduling of computer literacy examination for PGH Applicants

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>                                  | Information Technology Office   |   |                        |  |
| <b>Classification:</b>                                      | Simple  |   |                        |  |
| <b>Type of Transaction:</b>                                 | G2C   |   |                        |  |
| <b>Who may avail:</b>                                       | PGH Applicants  |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                            |   | <b>WHERE TO SECURE</b>  |                        |  |
| Properly accomplished examination request slip (1 original) |   | HRDD  |                        |  |
| Valid ID (1 original)                                       |   | Government issued IDs/Recent Company ID/Recent Student ID, if newly graduated |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Present accomplished examination slip and valid ID.      | 1. Receive exam slip and ID   | None  | 1 minute               | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
|   | 1.1 Verify information and schedule exam date   |   | 2 minutes              | <i>Administrative Aide VI</i>                                |
|   | 1.2 Return the accomplished slip with schedule to applicant and instruct to report back to HRDD |   | 2 minutes              |  |
| <b>TOTAL:</b>   |   | None  | 5 minutes              |  |

## 2. Facilitating Computer Exam of PGH Applicants

Facilitation of Computer Exam of PGH applicants

|  |  |  |                           |  |
|--|--|--|---------------------------|--|
| <b>Office or Division:</b>                           | Information Technology Office                  |  |                           |  |
| <b>Classification:</b>                               | Complex  |  |                           |  |
| <b>Type of Transaction:</b>                          | G2C  |  |                           |  |
| <b>Who may avail:</b>                                | PGH Applicants                                 |  |                           |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                     |  | <b>WHERE TO SECURE</b>   |                           |  |
| Computer Examination Slip with schedule (1 original) |  | HRDD   |                           |  |
| Valid ID (1 original)                                |  | Government issued IDs/Recent Company ID/Recent Student ID, if newly graduated. |                           |  |
| <b>CLIENT STEPS</b>                                  | <b>AGENCY ACTION</b>                           | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>    | <b>PERSON RESPONSIBLE</b>                |
| 1. Present exam slip and valid ID                    | 1. Check and verify exam slip on schedule date | None   | 5 minutes                 | <i>Administrative Aide VI</i>            |
| 2. Take exam at IT Office                            | 2. Explain mechanics of computer exam          | None   | 5 minutes                 | <i>Administrative Aide VI</i>            |
|  | 2.1 Observe during exam proper                 |  | 1 hour, 30 minutes        |  |
|  | 2.2 Check & prepare result of examinees        |  | 1 hour                    | <i>Sr. Admin. Asst. / IT Officer III</i> |
|  | 2.3 Submit for review and approval             |  | 5 minutes                 |  |
|  | 2.6 Submit summary report to HRDD              |  | 1 day                     | <i>Administrative Asst. II</i>           |
| <b>TOTAL:</b>  |  | None   | 1 day, 2 hours, 40minutes |  |



# **Information Technology Office**

## **Internal Services**

## 1. Request for IT Equipment Service Repair

Request for assessment of malfunctioning IT Equipment

|  |   |                        |                            |  |
|--|---|------------------------|----------------------------|--|
| <b>Office or Division:</b>   | Information Technology Office   |                        |                            |  |
| <b>Classification:</b>   | Simple  |                        |                            |  |
| <b>Type of Transaction:</b>  | G2G   |                        |                            |  |
| <b>Who may avail:</b>  | All PGH Employees   |                        |                            |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                            |  |
| 1. ITSR (ITSR) form (1 original)   |   | IT Office              |                            |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>     | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit an accomplished ITSR form to ITO   | 1. Accept and acknowledge the receipt of request.   | None                   | 5 minutes                  | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i>   |
|  | 1.1 Evaluate and assess:  |                        | 2 hours                    | <i>Computer Maintenance Technologist II /<br/>Jr. Office Aide</i>  |
|  | <ul style="list-style-type: none"> <li>If unit is under warranty, refer to vendor</li> <li>If unit is out of warranty, perform service</li> </ul> |                        | 7 days                     |  |
|  | 1.2 Close the ITSR and advise end user  |                        | 2 hours                    |  |
| 2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR | 2. Receive signed ITSR with satisfaction rating   |                        | 30 minutes                 | <i>Computer Maintenance Technologist II/<br/>Administrative Aide VI/ Jr. Office Aide/<br/>Sr. Administrative Assistant I</i> |
|  | 2.1 Upload to shared drive and file ITSR  |                        | 5 minutes                  | <i>Sr. Office Assistant</i>  |
| <b>TOTAL:</b>  |   | None                   | 7 days, 4 hours, 40minutes |  |

## 2. Request for IT Equipment Preventive Maintenance (PM)

Processing of request for IT equipment Preventive Maintenance procedure

|  |  |                        |                             |  |
|--|--|------------------------|-----------------------------|--|
| <b>Office or Division:</b>   | Information Technology Office                    |                        |                             |  |
| <b>Classification:</b>   | Simple   |                        |                             |  |
| <b>Type of Transaction:</b>  | G2G  |                        |                             |  |
| <b>Who may avail:</b>  | All PGH Department                               |                        |                             |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                             |  |
| Preventive Maintenance Checklist   |  |                        |                             |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                             | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b>  |
| 1. Prepare for PM and back up files  | 1. Inform end user to backup files               | None                   | 1 day                       | <i>Computer Maintenance Technologist II/ Administrative Aide II/Jr. Office Aide</i>                                |
|  | 1.2 Perform PM based on checklist                |                        | 1day                        |  |
|  | 1.3 Prepare service report and update inventory  |                        | 4 hours                     |  |
| 2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR | 2. Send PM report                                | None                   | 30 minutes                  | <i>Computer Maintenance Technologist II/Administrative Aide VI/Jr. Office Aide/ Sr. Administrative Assistant I</i> |
|  | 2.1 Receive signed ITSR with satisfaction rating |                        |                             |  |
|  | 2.2 Upload to shared drive and file ITSR         |                        | 5 minutes                   |  |
| <b>TOTAL:</b>  |  | None                   | 2 days, 4 hours, 35 minutes |  |

### 3. Request for Network / Internet Connectivity Troubleshooting

Process on requesting for Network Connectivity Troubleshooting

|  |   |                        |                        |  |
|--|---|------------------------|------------------------|--|
| <b>Office or Division:</b>   | IT Office   |                        |                        |  |
| <b>Classification:</b>   | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>  | G2G   |                        |                        |  |
| <b>Who may avail:</b>  | All PGH Units   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |  |
| Letter Request & Accomplished ITSR form (1 original)                                     |   | IT Office              |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit letter an accomplished ITSR to ITO   | 1. Accept and acknowledge the receipt of request. Check for authorized signatories.   | None                   | 5 minutes              | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i>   |
|  | 1.1 INFRA team will assess and diagnose. <ul style="list-style-type: none"> <li>If unit is beyond repair, recommend for condemning</li> <li>If unit is under warranty, refer to vendor</li> <li>If unit is out of warranty, perform service</li> </ul> 1.2 Close the ITSR and advise end user |                        | 7 days                 | <i>Computer Maintenance Technologist II /<br/>Administrative Aide VI</i>                               |
| 2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR | 2. Receive signed ITSR with satisfaction rating   | None                   | 5 minutes              | <i>Computer Maintenance Technologist II/Administrative Aide VI /<br/>Sr Administrative Assistant I</i> |
|  | 2.1 Upload to shared drive and file ITSR  |                        |                        | <i>Sr. Office Assistant</i>  |
| <b>TOTAL:</b>  |   | None                   | 7 days, 10 minutes     |  |

#### 4. Request for Network Cabling Installation

Processing request for Network Cabling Installation

|                                     |  |                        |                            |  |
|-------------------------------------|--|------------------------|----------------------------|--|
| <b>Office or Division:</b>          | IT Office  |                        |                            |  |
| <b>Classification:</b>              | Simple   |                        |                            |  |
| <b>Type of Transaction:</b>         | G2G  |                        |                            |  |
| <b>Who may avail:</b>               | All PGH Department   |                        |                            |  |
| <b>CHECKLIST OF REQUIREMENTS</b>    |  | <b>WHERE TO SECURE</b> |                            |  |
| Accomplished ITSR form (1 original) |  | Requesting department  |                            |  |
| <b>CLIENT STEPS</b>                 | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>     | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit accomplished ITSR to ITO  | 1. Accept and acknowledge the receipt of request and check for authorized signatories  | None                   | 5 minutes                  | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i>   |
|                                     | 1.2 INFRA team will survey and assess.<br><ul style="list-style-type: none"> <li>If major job, refer to vendor</li> <li>If minor job, schedule for installation and perform cabling</li> </ul> |                        | 7 days                     | <i>Computer Maintenance Technologist II /<br/>Administrative Aide VI</i><br><br>Vendor                       |
|                                     | 1.3 Prepare service report   |                        | 30 minutes                 | <i>Computer Maintenance Technologist II /<br/>Administrative Aide VI</i>                                     |
| 2. Releasing and Filing process     | 2. Receive signed ITSR with rating   | None                   | 30 minutes                 | <i>Computer Maintenance Technologist II /<br/>Administrative Aide VI /Sr.<br/>Administrative Assistant I</i> |
|                                     | 2.1 Upload to shared drive and file ITSR   |                        | 5 minutes                  | <i>Sr. Office Assistant</i>  |
| <b>TOTAL:</b>                       |  | None                   | 7 days, 1 hour, 10 minutes |  |

## 5. Request for Teleconferencing/ Videoconferencing Services

Process on requesting for Teleconferencing/ Videoconferencing services

|  |   |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>Office or Division:</b>   | IT Office   |                        |                        |   |
| <b>Classification:</b>   | Complex   |                        |                        |   |
| <b>Type of Transaction:</b>  | G2G   |                        |                        |   |
| <b>Who may avail:</b>  | All PGH Department  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |   |
| Letter Request for Teleconferencing / Videoconferencing services (1 original)            |   | Requesting department  |                        |   |
| Accomplished ITSR form( 1 original)  |   | IT Office              |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Make a Request Letter for Teleconference and submit to IT Office                      | 1. Receive request  | None                   | 5 minutes              | <i>Administrative Assistant II/Sr. Office Assistant/</i>                          |
|  | 1.1 Check for 1 week lead time, proper signatories and accomplished ITSR              | None                   | 5 minutes              | <i>Computer Maintenance Technologist/ Administrative Aide VI</i>                  |
| 2. Receive information about the availability of equipment from the IT Office            | 2. Prepare endorsement letter If equipment is unavailable, inform end user            | None                   | 30 minutes             | <i>Computer Maintenance Technologist II/ Administrative Aide VI</i>               |
|  | 2.1 IF equipment is available, coordinate with end-user for re-scheduling and dry run |                        | 1 day                  |   |
|  | 2.2 Prepare service report  |                        |                        |   |
| 3. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR | 3. Receive signed ITSR with satisfaction rating                                       | None                   | 5 minutes              | <i>Computer Maintenance Technologies/ Administrative Aide VI/ Sr. Assistant I</i> |
|  | 3.1 Upload to shared drive and file ITSR  |                        |                        |   |
|  |   |                        |                        | <i>Sr. Office Assistant</i>   |

|        |      |                   |  |
|--------|------|-------------------|--|
| TOTAL: | None | 1 day, 45 minutes |  |
|--------|------|-------------------|--|



## 6. Application for PGH ID

Process on applying for the official PGH ID

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | IT Office   |                        |                        |  |
| <b>Classification:</b>  | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2G   |                        |                        |  |
| <b>Who may avail:</b>   | All newly hired PGH Regular and Contractual Employees, Resident, Fellows and Consultant Doctors |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |  |
| ID application slip (1 original)  |   | HRRD                   |                        |  |
| Official Receipt (1 original)   |   | Cash Division          |                        |  |
| Properly filled up ID form (1 original)   |   | IT Office              |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Submit issuance application slip from HRDD and official receipt                            | 1. Receive issuance application slip and Official Receipt                                       | P 130                  | 5 minutes              | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
| 2. Accomplish online PGH ID application form with attached ID picture and signature (scanned) | 2. Check & upload online ID application   | None                   | 10 minutes             | <i>Administrative Aide VI</i>                                |
|   | 2.1 Encode data into the ID system  |                        | 30 minutes             |  |
|   | 2.2 Edit uploaded ID picture and signature<br>2.3 Print ID                                      |                        |                        |  |
| 3. Receive ID   | 3. Release ID card and ask to sign on the receiving list.                                       | None                   | 5 minutes              | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
| <b>TOTAL:</b>   |   | None                   | 50 minutes             |  |

## 7. Application for ARTA ID

Process on applying for the official ARTA ID

|   |   |                        |                              |  |
|---|---|------------------------|------------------------------|--|
| <b>Office or Division:</b>  | IT Office   |                        |                              |  |
| <b>Classification:</b>  | Simple  |                        |                              |  |
| <b>Type of Transaction:</b>   | G2G   |                        |                              |  |
| <b>Who may avail:</b>   | All PGH employees   |                        |                              |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                      |   | <b>WHERE TO SECURE</b> |                              |  |
| ARTA ID slip (1 original)   |   | IT Office              |                              |  |
| PGH ID (1 original)   |   | IT Office              |                              |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Submit issuance application slip from HRDD                         | 1. Receive issuance application slip  | None                   | 5 minutes                    | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
| 2. Accomplish online PGH ID application form with attached ID picture | 2. Check & upload online ID application<br><br>2.1 Encode data into the ID system<br>2.2 Edit uploaded ID picture<br>2.3 Print ID | None                   | 10 minutes<br><br>30 minutes | <i>Administrative Aide VI</i>                                |
| 3. Receive ID   | 3. Release ID card and ask to sign on the receiving list.   | None                   | 5 minutes                    | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
| <b>TOTAL:</b>   |   | None                   | 50 minutes                   |  |

## 8. Application for Replacement of Lost PGH ID/ ARTA ID

Process on replacing lost PGH/ ARTA ID

|  |   |                        |                              |  |
|--|---|------------------------|------------------------------|--|
| <b>Office or Division:</b>   | IT Office   |                        |                              |  |
| <b>Classification:</b>   | Simple  |                        |                              |  |
| <b>Type of Transaction:</b>  | G2G   |                        |                              |  |
| <b>Who may avail:</b>  | All PGH employees   |                        |                              |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                              |  |
| Affidavit of Loss Form (1 original)  |   | HRDD                   |                              |  |
| Lost ID payment Official Receipt (1 original)  |   | Cashier                |                              |  |
| Properly filled up ID form (1 original)  |   | IT Office              |                              |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Submit affidavit of loss with approval of the Office of the Deputy Director for Admin (ODDA) with Official Receipt (OR) | 1. Receive properly filled out and signed Affidavit of Loss form and Official Receipt.  | P 220                  | 5 minutes                    | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
| 2. Accomplish online PGH ID application form and attach ID picture and signature   | 2. Check & upload online ID application<br><br>2.1 Encode data into the ID system<br>2.2 Edit uploaded ID picture<br>2.3 Print ID | None                   | 10 minutes<br><br>30 minutes | <i>Administrative Aide VI</i>                                |
| 3. Receive ID  | 3. Release ID card and ask to sign on the receiving list.   | None                   | 5 minutes                    | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
| <b>TOTAL:</b>  |   | None                   | 50 minutes                   |  |

## 9. Application for Replacement of Damaged PGH ID/ ARTA ID/Changed Status

Process on replacing damaged PGH/ ARTA ID/ change of marital status

|  |   |                        |                              |  |
|--|---|------------------------|------------------------------|--|
| <b>Office or Division:</b>   | IT Office   |                        |                              |  |
| <b>Classification:</b>   | Simple  |                        |                              |  |
| <b>Type of Transaction:</b>  | G2G   |                        |                              |  |
| <b>Who may avail:</b>  | All PGH employees   |                        |                              |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                              |  |
| ID slip (1 original)   |   | HRDD                   |                              |  |
| ID payment Official Receipt (1 original)   |   | Cashier                |                              |  |
| ID application form (1 original)   |   | IT Office              |                              |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Submit issuance application slip from HRDD                                    | 1. Receive issuance application slip  | P 130                  | 5 minutes                    | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
| 2. Accomplish online PGH ID application form and attach ID picture and signature | 2. Check & upload online ID application<br><br>2.1 Encode data into the ID system<br>2.2 Edit uploaded ID picture<br>2.3 Print ID | None                   | 10 minutes<br><br>30 minutes | <i>Administrative Aide VI</i>                                |
| 3. Receive ID and surrender damaged ID   | 3. Release ID card and ask to sign on the receiving list. Received damaged ID   | None                   | 5 minutes                    | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
| <b>TOTAL:</b>  |   | None                   | 50 minutes                   |  |

## 10. Request for IT Equipment Specification

Process on requesting for specification for an IT equipment for Purchase Request

|   |  |                        |                               |  |
|---|--|------------------------|-------------------------------|--|
| <b>Office or Division:</b>  | IT Office  |                        |                               |  |
| <b>Classification:</b>  | Simple   |                        |                               |  |
| <b>Type of Transaction:</b>   | G2G  |                        |                               |  |
| <b>Who may avail:</b>   | All PGH Units  |                        |                               |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                               |  |
| -Filled out ITSR form with IT Technician's evaluation<br>-Filled out Request for PC and Peripheral Form (RPPF)  |  | Requesting department  |                               |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>        | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Submit a filled out RPPF with attached filled out ITSR form with the technical evaluation of an IT Personnel | 1. Receive request   | None                   | 5 minutes                     | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
|   | 1.1 Prepare IT equipment specifications document; submit for approvals |                        | 2 days                        | <i>Administrative Assistant II</i>                           |
|   | 1.1 Review and sign<br>1.2 Send document to requesting unit            |                        | 4 hours                       | <i>IT Officer III /<br/>Sr. Office Assistant</i>             |
| 2. Receive requested document   | 2. File receiving copy of document.                                    | None                   | 5 minutes                     | <i>Administrative Assistant II</i>                           |
| <b>TOTAL:</b>   |  | None                   | 2 days, 4 hours<br>10 minutes |  |

## 11. Evaluation of IT Equipment Specifications on the Abstract of Canvass

Process on evaluating IT equipment specifications on the Abstract of Canvass

|  |  |  |                               |  |
|--|--|--|-------------------------------|--|
| <b>Office or Division:</b>                           | IT Office  |  |                               |  |
| <b>Classification:</b>                               | Simple   |  |                               |  |
| <b>Type of Transaction:</b>                          | G2G  |  |                               |  |
| <b>Who may avail:</b>                                | All PGH Department   |  |                               |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                     |  | <b>WHERE TO SECURE</b>                   |                               |  |
| Abstract of Canvass for an IT equipment (1 original) |  | Procuring Department (Purchasing or BAC) |                               |  |
| <b>CLIENT STEPS</b>                                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                   | <b>PROCESSING TIME</b>        | <b>PERSON RESPONSIBLE</b>                                |
| 1. Send Abstract of Canvass for evaluation           | 1. Receive abstract of canvass.  | None                                     | 5 minutes                     | <i>Administrative Assistant II/ Sr. Office Assistant</i> |
|  | 1.1 Evaluate IT specs and make proper recommendations; submit for approvals. |  | 2 days                        | <i>Administrative Assistant II/</i>                      |
|  | 1.2 Review and sign  |  | 4 hours                       | <i>Sr. Administrative Assistant I IT Officer III</i>     |
| 2. Receive requested document                        | 2. Send document to requesting unit  | None                                     | 5 minutes                     | <i>Administrative Assistant II/Sr. Office Assistant</i>  |
|  | 2.1 File receiving copy of document  |  |                               | <i>Administrative Assistant II</i>                       |
| <b>TOTAL:</b>  |  | None                                     | 2 days, 4 hours<br>10 minutes |  |

## 12. Certification for Provider of IT Services for Bill Payment Purposes

Providing certification for service provider/vendor on our monthly services subscription

|  |  |                        |                             |   |
|--|--|------------------------|-----------------------------|---|
| <b>Office or Division:</b>   | IT Office  |                        |                             |   |
| <b>Classification:</b>   | Simple   |                        |                             |   |
| <b>Type of Transaction:</b>  | G2C  |                        |                             |   |
| <b>Who may avail:</b>  | Vendor/ Service Provider   |                        |                             |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                             |   |
| Monthly billing from vendor/ service provider with monthly usage report (1 original) |  | Vendor                 |                             |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b>                               |
| 1. Send monthly billing of the subscription with monthly usage report                | 1. Receive monthly billing receipt from service provider                               | None                   | 5 minutes                   | <i>Administrative Assistant II/Sr. Office Assistant</i> |
|  | 1.1 Prepare certification, voucher, BUR and monthly usage report; submit for approvals |                        | 2 days                      | <i>Administrative Assistant II</i>                      |
|  | 1.2 Review and sign  |                        | 4 hours                     | <i>Sr. Administrative Assistant I/ IT Officer III</i>   |
|  | 1.3 Send documents to Budget Office  |                        | 5 minutes                   | <i>Administrative Assistant II</i>                      |
|  | 1.4 File receiving copy of document  |                        |                             | <i>Administrative Assistant II</i>                      |
| <b>TOTAL:</b>  |  | None                   | 2 days, 4 hours, 10 minutes |   |



### 13. Certification of Equipment/ Project Acceptance

Providing certification to supplier/ vendor for the completion of IT project

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                            | IT Office  |                        |                        |   |
| <b>Classification:</b>                                | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                           | G2C  |                        |                        |   |
| <b>Who may avail:</b>                                 | Supplier/ Vendor   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                      |  | <b>WHERE TO SECURE</b> |                        |   |
| Project completion report (1 original)                |  | Vendor                 |                        |   |
| <b>CLIENT STEPS</b>                                   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Send project completion report for all IT projects | 1. Receive project completion report   | None                   | 5 minutes              | <i>Administrative Assistant II/Sr. Office Assistant</i>             |
|   | 1.1 Prepare Certification of Final Acceptance using the project report as reference then submit for approvals. |                        | 3 days                 | <i>Computer Maintenance Technologist II/ Administrative Aide VI</i> |
|   | 1.2 Review and sign  |                        | 1 day                  |   |
| 2. Receive document                                   | 2. Send document to vendor for billing preparations  | None                   | 5 minutes              | <i>Administrative Assistant II/Sr. Office Assistant</i>             |
|   | 2.1 File receiving copy of document.   |                        |                        | <i>Administrative Assistant II</i>                                  |
| <b>TOTAL:</b>   |  | None                   | 4 days, 10 minutes     |   |

## 14. Application for UP Email Account Password Reset

Providing assistance for PGH employees with deactivated UP email account.

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                                   | IT Office  |                        |                        |   |
| <b>Classification:</b>                                       | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                                  | G2G  |                        |                        |   |
| <b>Who may avail:</b>  | All PGH Employees  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |  | <b>WHERE TO SECURE</b> |                        |   |
| Request for System Assistance Form (RSAF)<br>Scanned PGH ID  |  | Applicant<br>Applicant |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                               |
| 1. Submit fill-out request for System Assistance form (RSAF) | 1. Receive filled out RSAF   | None                   | 5 minutes              | <i>Administrative Assistant II/Sr. Office Assistant</i> |
|  | 1.1 Process request  |                        | 2 days                 | Admin Asst. II/<br>Admin Asst. IV                       |
| 2. Receive email about new information                       | 2. Email the following to the requesting personnel:<br>• UP Email<br>• Password<br>• Verification code | None                   | 5 minutes              | Admin Asst. II/<br>Admin Asst. IV                       |
| <b>TOTAL:</b>  |  | None                   | 2 days 10 minutes      |   |

## 15. Request for System Application Support

Process of requesting for assistance and troubleshooting of production systems.

|   |   |  |   |  |
|---|---|--|---|--|
| <b>Office or Division:</b>  |   | Information Technology Office – Application Development Team |   |  |
| <b>Classification:</b>  |   | Simple   |   |  |
| <b>Type of Transaction:</b>   |   | G2G  |   |  |
| <b>Who may avail:</b>   |   | PGH employees accessing IT-supported application systems     |   |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                                       |   |  |
| IT Service Request (ITSR) form<br>Request for System Access Form (RSAF)<br>Request for Access Control Form (RACF) |   | Information Technology Office                                |   |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                       | <b>PROCESSING TIME</b>                          | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit ITSR, RSAF with RACF  | 1. Receive forms<br><br>1.1 Check for complete information and proper signatories;<br>Acknowledge receipt<br><br>1.1 Analyze the requirement.<br>1.2 Provide necessary support<br>1.3 Present to end-user for acceptance<br>1.4 Complete ITSR form<br>1.5 Submit to end-user for acknowledgement and rating | None   | 5 minutes<br><br><br><br><br><br><br>5 days     | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i><br><br><br><br><br><br><br><i>Programmer III /<br/>Programmer II /<br/>Computer Maintenance Technologist II</i> |
| 2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR                          | 2. Receive signed ITSR with satisfaction rating<br><br>2.1 Upload to shared drive and file ITSR   | None   | 5 minutes<br><br><br><br><br><br><br>10 minutes | <i>Programmer /<br/>Computer Maintenance Technologist II</i><br><br><br><br><i>Sr. Office Assistant</i>  |
| <b>TOTAL:</b>   |   | None   | 5 days, 20 minutes                              |  |

## 16. Request for Zoom Video Webinar

|   |  |                               |                        |  |
|---|--|-------------------------------|------------------------|--|
| <b>Office or Division:</b>  | Information Technology Office  |                               |                        |  |
| <b>Classification:</b>  | Simple   |                               |                        |  |
| <b>Type of Transaction:</b>   | G2G  |                               |                        |  |
| <b>Who may avail:</b>   | PGH employees/end-users for IT-supported application systems   |                               |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>        |                        |  |
| IT Service Reques<br>Zoom Video Webinar Request Form<br>Letter of Request                         |  | Information Technology Office |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Submit letter with attached application for the Zoom Video Webinar form or email; and the ITSR | 1. Receive ITSR &/or letter, with attach application Zoom Video Webinar form &/or letter;                | None                          | 5 minutes              | <i>Sr. Office Assistant/<br/>Administrative Assistant II</i> |
|   | 1.1 Check for complete information and proper signatories;<br>Acknowledge receipt                        |                               | 1 day                  | <i>Programmer II</i>   |
|   | 1.1 Coordinate to end-user date of availability and number of participants                               |                               |                        |  |
|   | 1.2 Provide Zoom Link<br>1.3 Complete ITSR form<br>1.4 Submit to end-user for acknowledgement and rating |                               | 1 day                  | <i>IT Officer III</i>  |
|   | 1.4 Sign & approve the document for release  |                               |                        |  |
|   | <b>TOTAL:</b>  | None                          | 2 days, 5 minutes      |  |

## 17. Request for HDTV/Website Posting

|  |   |                               |                        |   |
|--|---|-------------------------------|------------------------|---|
| <b>Office or Division:</b>   | Information Technology Office   |                               |                        |   |
| <b>Classification:</b>   | Simple  |                               |                        |   |
| <b>Type of Transaction:</b>  | G2G   |                               |                        |   |
| <b>Who may avail:</b>  | PGH employees/end-users for IT-supported application systems  |                               |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>        |                        |   |
| Request for Posting Form<br>Letter of Request  |   | Information Technology Office |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Submit request for access received via letter with attach application for HDTV/Website Posting form or email; and the ITSR to ITO | 1. Receive ITSR &/or letter, with attach application HDTV/Posting form &/or letter;   | None                          | 5 minutes              | <i>Administrative staff<br/>ITO</i>                 |
|  | 1.1 Check for complete information and proper signatories;<br>Acknowledge receipt<br>1.2 Coordinate to end-user date of availability and<br>1.3 Receive/upload file from flash drive or thru email<br>1.4 Complete ITSR form<br>1.5 Submit to end-user for acknowledgement and rating | None                          | 2 days                 | <i>Computer Maintenance Technologist II</i>         |
|  | 1.6 Sign & approve the document for release   |                               |                        | <i>IT Officer III</i>                               |
| 2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR   | 2. Receive signed ITSR with satisfaction rating   | None                          | 5 minutes              | Computer Maintenance Technologist II/Admin. Aide VI |
|  | 2.1 Upload to shared drive and file ITSR<br><br>2.2 File HDTV/Website Posting   |                               | 10 minutes             | Sr. Office Assistant                                |
| <b>TOTAL:</b>  |   | None                          | 2 days, 20             |   |

|  |  |  |         |  |
|--|--|--|---------|--|
|  |  |  | minutes |  |
|--|--|--|---------|--|

## 18. Request for VPN/SYNAPSE

|   |  |  |                        |   |
|---|--|--|------------------------|---|
| <b>Office or Division:</b>                                    |  | Information Technology Office                                |                        |   |
| <b>Classification:</b>  |  | Simple   |                        |   |
| <b>Type of Transaction:</b>                                   |  | G2G  |                        |   |
| <b>Who may avail:</b>   |  | PGH employees/end-users for IT-supported application systems |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                              |  | <b>WHERE TO SECURE</b>                                       |                        |   |
| IT Service Request<br>Equipment (Laptop/Desktop/Mobile Phone) |  | Information Technology Office<br>End-User                    |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Submit ITSR to ITO   | 1. Receive ITSR with complete information and proper signatories;<br>Acknowledge receipt   | None   | 5 minutes              | <i>Administrative Staff<br/>ITO</i>                         |
|   | 1.1 Coordinate, install and configure equipment end-user use<br>1.2 Complete ITSR form<br>1.3 Submit to end-user for acknowledgement and rating<br><br>2. Advise & coordinate ADS account to UPM-IMS & for Synapse coordinate to PGH Radiology for the account | None   | 20 minutes             | <i>Computer Maintenance Technologist II / Admin Aide VI</i> |
| <b>TOTAL:</b>   |  | None   | 25 minutes             |   |



# **Institutional Research, Planning and Development Staff**

## Internal Services

## 1. Processing of Request for QMS Registration of PGH Documents

The QMS registration of a PGH document (e.g. procedure, guidelines, work instructions, form, and masterlist) is processed as requested (i.e. as a new document, a document for revision or for deletion) and issued to process owner before the effectivity date.

|  |   |                                       |                        |   |
|--|---|---------------------------------------|------------------------|---|
| <b>Office or Division:</b>   | Institutional Research, Planning and Development Staff (IRPDS)  |                                       |                        |   |
| <b>Classification:</b>   | Complex   |                                       |                        |   |
| <b>Type of Transaction:</b>  | G2G   |                                       |                        |   |
| <b>Who may avail:</b>  | All PGH Departments, Divisions, and Units   |                                       |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                |                        |   |
| 1. Accomplished Document Control Form  |   | IRPDS                                 |                        |   |
| 2. Printout and electronic copy of reviewed and approved PGH document  |   | Requesting Department/ Division/ Unit |                        |   |
|  |   |                                       |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Submit the approved DCF and printout of the PGH document for QMS registration; and send by email its electronic copy to IRPDS | 1. Process the request for QMS registration of PGH document<br><br>1.1 Follow the Procedure on Control of Documented Information<br><br>1.2 Issue PGH document to process owner | None                                  | 7 Days                 | Document Control Custodian (DCC) and DCC Team |
| <b>TOTAL:</b>  |   | None                                  | 7 Days                 |   |

## 2. Provision of Hospital Data/Information, Special Studies, and Other Relevant Documents

The IRPD staff provides technical assistance to all PGH Departments, Divisions, Units and Executives Offices through hospital data/rates, job audits, surveys and special studies relevant to management decision-making.

|   |  |  |                 |                    |
|---|--|--|-----------------|--------------------|
| Office or Division:   | Institutional Research, Planning and Development Staff (IRPDS)   |  |                 |                    |
| Classification:   | Highly Technical   |  |                 |                    |
| Type of Transaction:  | G2G  |  |                 |                    |
| Who may avail:  | All PGH Departments/Divisions/Units  |  |                 |                    |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE  |                 |                    |
| For all requests for technical assistance:<br>Request letter approved by the Office of the Director or (Deputy Director) and proof of identification  |  | Requesting Department/ Division/ Unit/ Office or Requesting Individual |                 |                    |
| For conduct of job audits, surveys, and special studies:<br>Data and supporting documents relevant to the study   |  |  |                 |                    |
|   |  |  |                 |                    |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the approved letter of request from the Office of the Director (or Deputy Director) specifying the needed hospital data/ information and present proof of identification to IRPDS | 1. Provide the needed hospital data/ information; or prepare report for the conduct of audits, special studies, and surveys. | None   | 20 Days         | IRPD Staff         |
| TOTAL:  |  | None   | 20 Days         |                    |

### 3. Provision of Client Satisfaction Survey Reports

The IRPD staff provides survey reports to various hospital departments and units covered in the conduct of Patient Satisfaction Survey (PSS).

|   |  |                               |                        |                           |
|---|--|-------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Institutional Research, Planning and Development Staff (IRPDS)   |                               |                        |                           |
| <b>Classification:</b>  | Highly Technical   |                               |                        |                           |
| <b>Type of Transaction:</b>   | G2G,   |                               |                        |                           |
| <b>Who may avail:</b>   | All PGH Departments/Divisions/Units  |                               |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>        |                        |                           |
| Accomplished Patient Satisfaction Survey Forms (Departmental)   |  | Various Hospital Areas; IRPDS |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the accomplished PSS Forms (from Charity Wards, Pay Areas, Outpatient Services, DEM and OBAS, Special Units, and ICUs) to IRPDS | 1. Process the PSS forms and submit the final PSS reports to different departments and units and Deputy Directors<br><br>Note: Consolidate data and comments from PSS reports in preparation for the Management Review | None                          | 20 Days                | IRPD Staff                |
| <b>TOTAL:</b>   |  | None                          | 20 Days                |                           |

# **Internal Audit Special Services Staff**

## **Internal Services**

## 1. Inspection of Deliveries of Supplies, Drugs, Medicines, Chemicals and Reagents

Inspection of deliveries of Medical/Office/Housekeeping/Construction/Commissary Supplies, Drugs and Medicines, and Chemicals and Reagents

|   |   |                                    |   |                           |
|---|---|------------------------------------|---|---------------------------|
| <b>Office or Division:</b>  | Internal Audit Special Services Staff (IASSS)   |                                    |   |                           |
| <b>Classification:</b>  | Complex   |                                    |   |                           |
| <b>Type of Transaction:</b>   | G2G – Government to Government  |                                    |   |                           |
| <b>Who may avail:</b>   | Property and Supply Division (PSD), Laboratory Dep't. (CB/MRL/RAI), Pharmacy Dept.  |                                    |   |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>             |   |                           |
| Inspection and Acceptance Report (IAR), original copy                               |   | Property and Supply Division (PSD) |   |                           |
| Purchase Order (PO), original copy  |   | Purchasing Office                  |   |                           |
| Sales Invoice/Delivery Receipt, original copy                                       |   | Client/Supplier                    |   |                           |
| Other documents/attachments deemed necessary  |   | Responsible unit                   |   |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>             | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b> |
| 1. Prepare Inspection and Acceptance Report (IAR) and submit Request for Inspection | 1. Receive and check the items listed in the Request for Inspection (IAR, PO, Sales Invoice/Delivery Receipt, and other related documents)                          | None                               | 25 minutes<br><br>(Avg.: 25 IAR/day and 50 line items/day)<br><br>25 IAR x 1min | Admin. Asst./ IASSS       |
|   | 1.1 Stamp "Received" and affix initial and time and distribute the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the designated Inspector | None                               | 12 minutes, 30 seconds<br><br>25 IAR x 30 secs                                  | Admin Asst./ IASSS        |
|   | 1.2 Review the accuracy, completeness, and correctness of the IAR, PO, Sales Invoice/Delivery Receipt and other related documents by the designated                 | None                               | 1 hour, 15 minutes<br><br>25 IAR x 3 mins                                       | Admin Officer/ IASSS      |

|  |  |      |   |  |
|--|--|------|---|--|
|  | inspector  |      |   |  |
| 2. Provide assistance to the Inspector during inspection of deliveries | 2. Proceed and coordinate with the assigned storekeeper/custodian as to the time and location of inspection to conduct actual inspection of deliveries in the presence of the Storekeeper/Custodian  | None | 2 hours, 5 minutes<br><br>25 IAR x 5 mins                 | Admin Officer/<br>IASSS                    |
|  | 2.1 Return to office to review, make a notation, and affix signature and date of inspection in the original PO, Sales Invoice/Delivery Receipt, and other related documents  | None | 2 hours, 5 minutes<br><br>50 line items x 2 mins, 30 secs | Admin Officer/<br>IASSS                    |
|  | 2.2 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/Recommendations and the total amount acceptable, and affix signature and date of IR preparation   | None | 50 minutes<br><br>25 IAR x 2 mins                         | Admin Officer/<br>IASSS                    |
|  | 2.3 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature with date of the supervisor and the Chief of IASSS in the IAR and return approved Inspection Report to the designated | None | 1 hour, 40 minutes<br><br>25 IAR x 4 mins                 | Admin Officer,<br>Chief of IASSS/<br>IASSS |

|   | Inspector   |      |  |                         |
|---|---|------|--|-------------------------|
|   | 2.4 Sort and file copies of IAR, PO, Sales Invoice, and other related documents for fast and easy retrieval | None | 25 minutes<br><br>25 IAR x 1 min               | Admin Officer/<br>IASSS |
|   | 2.5 Record the relevant details in the logbook  | None | 18 minutes, 45 seconds<br><br>25 IAR x 45 secs | Admin Officer/<br>IASSS |
| 3. Receive IAR/s with Inspection Report | 3. Deliver the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the PSD              | None | 10 minutes                                     | Admin Officer/<br>IASSS |
| <b>TOTAL:</b>                           |   | None | 1 day, 1 hour, 26 minutes, 15 seconds          |                         |



## 2. Inspection of Deliveries of Linen Raw Materials

Inspection of deliveries of Linen Raw Materials

|   |   |  |  |                           |
|---|---|--|--|---------------------------|
| <b>Office or Division:</b>  | Internal Audit Special Services Staff (IASSS)   |  |  |                           |
| <b>Classification:</b>  | Complex   |  |  |                           |
| <b>Type of Transaction:</b>   | G2G - Government to Government  |  |  |                           |
| <b>Who may avail:</b>   | Property and Supply Division (PSD)  |  |  |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                       |  |                           |
| Inspection and Acceptance Report (IAR), original copy   |   | Property and Supply Division (PSD)           |  |                           |
| Purchase Order (PO), original copy  |   | Purchasing Office                            |  |                           |
| Sales Invoice/Delivery Receipt, original copy   |   | Client/Supplier                              |  |                           |
| Physical and Chemical Testing Laboratories, and Evaluation of Test Result, if applicable, original copy |   | Philippine Textile Research Institute (PTRI) |  |                           |
| Other documents/attachments deemed necessary  |   | Responsible unit                             |  |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                       | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b> |
| 1. Prepare Inspection and Acceptance Report (IAR) and submit Request for Inspection                     | 1. Receive and check the items listed in the Request for Inspection (IAR, PO, Sales Invoice/Delivery Receipt, and other related documents)                          | None   | 1 minute<br><br>(Avg.: 1 IAR/day and 1 line item/day)<br><br>1 IAR x 1 min | Admin. Asst./ IASSS       |
|   | 1.1 Stamp "Received" and affix initial and time and distribute the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the designated Inspector | None   | 30 seconds<br><br>1 IAR x 30 secs  | Admin Asst./ IASSS        |
|   | 1.2 Review the accuracy, completeness, and correctness of the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents                                  | None   | 3 minutes<br><br>1 IAR x 3 mins  | Admin Officer/ IASSS      |

|  |  |      |  |                         |
|--|--|------|--|-------------------------|
|  | by the designated inspector  |      |  |                         |
| 2. Provide assistance to the Inspector during inspection of deliveries   | 2. Proceed to the location to randomly select portion of the bale where the supplier or its authorized representative will cut the two (2) meter sample to be taken to PTRI for testing            | None | 15 minutes   | Admin Officer/<br>IASSS |
| Note: Succeeding agency action will commence once the PTRI Test Result is faxed or e-mailed to the designated Inspector  | 2.1 Submit the sample together with the Storekeeper/Custodian and the authorized representative of the supplier  | None | 4 hours  | Admin Officer/<br>IASSS |
| 3. Pick-up the test result from PTRI together with the authorized representative of the supplier on the date scheduled by PTRI and submit the original copy to IASSS | 3. After the PTRI Test Result is received, conduct the actual inspection of the delivery by checking the measurement in the packing list against the actual delivery using the 10% random sampling | None | 4 hours<br><br>150 bale/SI (delivery) x 1 hour             | Admin Officer/<br>IASSS |
|  | 3.1 Return to office to review, make a notation, and affix signature and date in the original PO, Sales Invoice/Delivery Receipt, PTRI Test Result, and other related documents                    | None | 2 minutes, 30 seconds<br><br>1 line item x 2 mins, 30 secs | Admin Officer/<br>IASSS |
|  | 3.2 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations  | None | 2 minutes  | Admin Officer/<br>IASSS |

|   |  |      |                                 |                                      |
|---|--|------|---------------------------------|--------------------------------------|
|   | and the total amount acceptable, and affix signature and date of IR preparation  |      | 1 IAR x 2 mins                  |                                      |
|   | 3.3 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature with date of the supervisor and the Chief of IASSS in the IAR and return approved Inspection Report to the designated Inspector | None | 4 minutes<br><br>1 IAR x 4 mins | Admin Officer, Chief of IASSS/ IASSS |
|   | 3.4 Record the relevant details in the logbook   | None | 45 seconds<br>1 IAR x 45 secs   | Admin Officer/ IASSS                 |
| 4. Receive IAR/s with Inspection Report | 4. Deliver the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the PSD   | None | 10 minutes                      | Admin Officer/ IASSS                 |
| <b>TOTAL:</b>                           |  | None | 1 day, 38 minutes, 45 secs      |                                      |

### 3. Inspection of Deliveries of Medical Gases

Inspection of deliveries of Medical Gases

|   |   |                                    |  |                           |
|---|---|------------------------------------|--|---------------------------|
| <b>Office or Division:</b>  | Internal Audit Special Services Staff (IASSS)   |                                    |  |                           |
| <b>Classification:</b>  | Complex   |                                    |  |                           |
| <b>Type of Transaction:</b>   | G2G - Government to Government  |                                    |  |                           |
| <b>Who may avail:</b>   | Property and Supply Division (PSD)  |                                    |  |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>             |  |                           |
| Inspection and Acceptance Report (IAR), original copy   |   | Property and Supply Division (PSD) |  |                           |
| Purchase Order (PO), original copy  |   | Purchasing Office                  |  |                           |
| Sales Invoice/Delivery Receipt, original copy   |   | Client/Supplier                    |  |                           |
| Other documents/attachments deemed necessary  |   | Responsible unit                   |  |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>             | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b> |
| 1. Notify the Inspector of the deliveries of medical gases and provide assistance in the inspection thereof | 1. Proceed to the designated area/storeroom upon receipt of notice for inspection   | None                               | 3 minutes  | Admin Officer/ IASSS      |
|   | 1.1 Check the details and the validity of the Sales Invoice and PO, verify the serial number embossed in the medical gas cylinder against the Sales Invoice, and make a 10% random check of the pressure of the medical gas cylinder thru the assistance of the Storekeeper/Custodian by using pressure gauge | None                               | 1 hour, 10 minutes<br><br>140 medical gas cylinders (10%) = 30 mins<br><br>40 compressed air (all) = 40 mins | Admin Officer/ IASSS      |
|   | 1.2 Make a notation in the original Sales Invoice and affix signature and date of inspection  | None                               | 45 seconds<br><br>3 Sales Invoice x 15 secs  | Admin Officer/ IASSS      |
| Note: Succeeding  | 1.3 Entrust noted and   | None                               |  | Admin Officer/            |

|  |   |      |   |                                      |
|--|---|------|---|--------------------------------------|
| agency action will commence once the IAR is prepared by the client with attached necessary documents | signed Sales Invoice to the Storekeeper/Custodian for IAR preparation   |      |   | IASSS                                |
| 2. Submit prepared IAR and necessary documents for Inspection Report preparation                     | 2. Receive and check the IAR, Sales Invoice and other related documents   | None | 3 minutes<br><br>(Avg.: 3 IARs/day; 3 line items/IAR<br><br>3 IAR x 1 min | Admin Asst./ IASSS                   |
|  | 2.1 Stamp "Received" and affix initial and time and distribute the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the designated Inspector           | None | 1 minute, 30 seconds<br><br>3 IAR x 30 secs                               | Admin Asst./ IASSS                   |
|  | 2.2 Review the accuracy, completeness, and correctness of the IAR, PO, Sales Invoice/Delivery Receipt and other related documents by the designated inspector                 | None | 9 minutes<br><br>3 IAR x 3 mins   | Admin Officer/ IASSS                 |
|  | 2.3 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations and the total amount acceptable, and affix signature and date of IR preparation | None | 6 minutes<br><br>3 IAR x 2 mins   | Admin Officer/ IASSS                 |
|  | 2.4 Review as to its accuracy, completeness, and correctness of   | None | 12 minutes  | Admin Officer, Chief of IASSS/ IASSS |

|   |  |      |  |                         |
|---|--|------|--|-------------------------|
|   | the IAR and other related documents, affix signature with date of the supervisor and the Chief of IASSS in the IAR and return approved Inspection Report to the designated Inspector |      | 3 IAR x 4 mins                               |                         |
|   | 2.5 Sort and file copies of IAR, PO, Sales Invoice, and other related documents for fast and easy retrieval  | None | 3 minutes<br><br>3 IAR x 1 min               | Admin Officer/<br>IASSS |
|   | 2.6 Record the relevant details in the logbook   | None | 2 minutes, 15 seconds<br><br>3 IAR x 45 secs | Admin Officer/<br>IASSS |
| 3. Receive IAR/s with Inspection Report | 3. Deliver the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the PSD   | None | 10 minutes                                   | Admin Officer/<br>IASSS |
| <b>TOTAL:</b>                           |  | None | 2 hours, 30 seconds                          |                         |

#### 4. Inspection of Deliveries of Equipment (except Big Ticket Equipment)

Inspection of deliveries of Equipment (Except Big Ticket Equipment)

|   |   |                                    |  |                           |
|---|---|------------------------------------|--|---------------------------|
| <b>Office or Division:</b>  | Internal Audit Special Services Staff (IASSS)   |                                    |  |                           |
| <b>Classification:</b>  | Complex   |                                    |  |                           |
| <b>Type of Transaction:</b>   | G2G – Government to Government  |                                    |  |                           |
| <b>Who may avail:</b>   | Property and Supply Division (PSD)  |                                    |  |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>             |  |                           |
| Inspection and Acceptance Report (IAR), original copy                               |   | Property and Supply Division (PSD) |  |                           |
| Purchase Order (PO), original copy  |   | Purchasing Office                  |  |                           |
| Sales Invoice/Delivery Receipt, original copy                                       |   | Client/Supplier                    |  |                           |
| Other documents/attachments deemed necessary  |   | Responsible unit                   |  |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>             | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b> |
| 1. Prepare Inspection and Acceptance Report (IAR) and submit Request for Inspection | 1. Receive and check the items listed in the Request for Inspection (IAR, PO, Sales Invoice/Delivery Receipt, and other related documents)                          | None                               | 3 minutes<br><br>(Avg.: 3 IAR/day and 7 line items/day)<br><br>3 IAR x 1 min | Admin. Asst./ IASSS       |
|   | 1.1 Stamp "Received" and affix initial and time and distribute the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the designated Inspector | None                               | 1 minute, 30 seconds<br><br>3 IAR x 30 secs                                  | Admin Asst./ IASSS        |
|   | 1.2 Review the accuracy, completeness, and correctness of the IAR, PO, Sales Invoice/Delivery Receipt and other related documents by the designated                 | None                               | 45 minutes<br><br>3 IAR x 15 mins  | Admin Officer/ IASSS      |

|  |   |      |  |  |
|--|---|------|--|--|
|  | inspector   |      |  |  |
| 2. Provide assistance to the Inspector during inspection of deliveries | 2. Proceed and coordinate with the assigned storekeeper/custodian as to the time and location of inspection to conduct actual inspection of deliveries in the presence of the Storekeeper/Custodian | None | 1 hour, 10 minutes<br><br>7 line items x 10 mins             | Admin Officer/<br>IASSS                    |
|  | 2.1 Return to office to review, make a notation, and affix signature and date in the original PO, Sales Invoice/Delivery Receipt and other related documents  | None | 17 minutes, 30 seconds<br><br>7 line items x 2 mins, 30 secs | Admin Officer/<br>IASSS                    |
|  | 2.2 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/Recommendations and the total amount acceptable, and affix signature and date of IR preparation                        | None | 6 minutes<br><br>3 IAR x 2 mins                              | Admin Officer/<br>IASSS                    |
|  | 2.3 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature with date of the Chief of IASSS in the IAR and return approved Inspection      | None | 12 minutes   | Admin Officer,<br>Chief of IASSS/<br>IASSS |



|  |   |      |   |                       |
|--|---|------|---|-----------------------|
|  | Report to the designated Inspector  |      | 3 IAR x 4 mins                                      |                       |
|  | 2.4 Sort and file copies of IAR, PO, Sales Invoice, and other related documents for fast and easy retrieval   | None | 3 minutes<br><br>3 IAR x 1 min                      | Admin Officer/ IASSS  |
|  | 2.5 Record the relevant details in the logbook  | None | 5 minutes, 15 seconds<br><br>7 line items x 45 secs | Admin Officer/ IASSS  |
| 3. Receive IAR/s with Inspection Report  | 3. Deliver the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the PSD  | None | 10 minutes  | Admin Officer/ IASSS  |
| Note: Succeeding agency action will commence once the necessary documents for compliance to the terms and conditions stated in the contract are attached           | 3.1 Entrust signed approved IAR to the designated Storekeeper/Custodian for attachment of other necessary documents for compliance to the terms and conditions stated in the contract | None |   | Admin. Officer/ IASSS |
| 4 Submit approved IAR with the attached necessary documents for compliance to the terms and conditions stated in the contract for notation of designated Inspector | 4. Receive IAR and other necessary documents with the attached requirements for compliance  | None | 3 minutes<br><br>3 IAR x 1 min                      | Admin. Asst./ IASSS   |
|  | 4.1 Review, make a notation, and  | None | 15 minutes  | Admin. Asst./ IASSS   |

|               |  |      |                                       |                         |
|---------------|--|------|---------------------------------------|-------------------------|
|               | affix signature and date in the documents submitted with the attached requirements for compliance                    |      | 3 IAR x 5 mins                        |                         |
|               | 4.2 Get a copy of the documents with notation and signature for file, and record the relevant details in the logbook | None | 7 minutes<br><br>7 line items x 1 min | Admin Officer/<br>IASSS |
|               | 4.3 Deliver the approved IAR with the necessary documents noted  | None | 10 minutes                            | Admin Officer/<br>IASSS |
| <b>TOTAL:</b> |  | None | 3 hours, 28 minutes, 15 seconds       |                         |



|   |   |      |            |                      |
|---|---|------|------------|----------------------|
| inspection of deliveries<br><br>Note: The succeeding agency action will commence until the delivery of the remaining undelivered items. | inspection of deliveries in the presence of the Storekeeper/Custodian and supplier  |      |            |                      |
| 3. Inform the designated Inspector for the delivery of the remaining undelivered items for inspection                                   | 3. Proceed and coordinate with the assigned storekeeper/custodian as to the time and location of inspection to conduct actual inspection of deliveries of the remaining undelivered items in the presence of the Storekeeper/Custodian and supplier | None | 30 minutes | Admin Officer/ IASSS |
| Note: Succeeding agency action will commence once the IAR is prepared   | 3.1 Entrust all documents signed by the representatives from IASSS, PSD and PITC/DBM used during inspection to the storekeeper/custodian for IAR preparation  | None |            | Admin Officer/ IASSS |
| 4. Submit prepared IAR with the all the documents to IASSS  | 4. Stamp "Received" and affix initial and time in the submitted documents and give to the designated inspector  | None | 30 seconds | IASSS Staff/ IASSS   |
|   | 4.1 Review, make a notation, and affix signature and date on all the documents submitted  | None | 1 hour     | Admin Officer/ IASSS |

|  |   |      |                                  |                       |
|--|---|------|----------------------------------|-----------------------|
|  | 4.2 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations and the total amount acceptable, and affix signature and date of IR preparation   | None | 10 minutes<br><br>5 IAR x 2 mins | Admin Officer/ IASSS  |
|  | 4.3 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature with date of the Chief of IASSS in the IAR and return approved Inspection Report to the designated Inspector               | None | 30minutes                        | Chief of IASSS/ IASSS |
|  | 4.4 Sort and file copies of necessary documents for fast and easy retrieval   | None | 2 minutes                        | Admin Officer/ IASSS  |
| 5. Receive IAR/s with Inspection Report<br><br>Note: Succeeding agency action will commence once the necessary Certificates are submitted for notation of the designated inspector | 5. Deliver the IAR to PSD for attachment of Certificate of Testing and Final Acceptance by the end-user, Certificate of Training, Certificate of Work Accomplished by OETS (infrastructure portion, if applicable), and other related documents | None | 10 minutes                       | Admin Officer/ IASSS  |
| 6. Submit IAR and  | 6. Receive IAR  | None | 1 minute                         | Admin. Asst./         |

|   |  |      |                                 |                      |
|---|--|------|---------------------------------|----------------------|
| Certificates for notation of the designated inspector, for compliance | and other necessary documents  |      |                                 | IASSS                |
|   | 6.1 Stamp "Received" and affix initial and time in the submitted documents and give to the designated inspector                    | None | 30 seconds                      | Admin. Asst./ IASSS  |
|   | 6.2 Review, make a notation, and affix signature and date in the documents submitted with the attached requirements for compliance | None | 5 minutes<br><br>5 IAR x 1 min  | Admin. Asst./ IASSS  |
|   | 6.3 Get a copy of the documents with notation for attachment to IASSS file and record the relevant details in the logbook          | None | 1 minute                        | Admin Officer/ IASSS |
|   | 6.4 Deliver the approved IAR with the necessary documents noted  | None | 10 minutes                      | Admin Officer/ IASSS |
| <b>TOTAL:</b>   |  | None | 8 hours, 12 minutes, 30 seconds |                      |

## 6. Inspection of Deliveries of Foodstuff

Inspection of deliveries of Foodstuff

|   |  |                        |   |                           |
|---|--|------------------------|---|---------------------------|
| <b>Office or Division:</b>  | Internal Audit Special Services Staff (IASSS)  |                        |   |                           |
| <b>Classification:</b>  | Complex  |                        |   |                           |
| <b>Type of Transaction:</b>   | G2G - Government to Government   |                        |   |                           |
| <b>Who may avail:</b>   | Dietary Department   |                        |   |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |   |                           |
| Inspection and Acceptance Report (IAR), original copy   |  | Dietary Department     |   |                           |
| Purchase Order (PO), original copy  |  | Purchasing Office      |   |                           |
| Letter Order, original copy   |  | Dietary Department     |   |                           |
| Sales Invoice, original copy  |  | Client/Supplier        |   |                           |
| Other documents/attachments deemed necessary  |  | Responsible unit       |   |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b> |
| 1. Submit Letter Order  | 1. Receive and check the Letter Order  | None                   | 2 minutes   | Admin. Officer/ IASSS     |
| 2. Provide assistance to the Inspector during inspection of deliveries  | 2. Proceed to the location to conduct actual inspection and to check compliance as to quantity and quality of deliveries in the presence of the Dietician/Assigned Officer and check the Sales Invoice issued by the supplier for the day against Letter Order | None                   | 3 hours<br><br>(Avg.: 20invoices with a total of 65 line items/day) | Admin. Officer/ IASSS     |
| Note: Succeeding agency action will commence once the IARs are prepared by the client with attached necessary documents | 2.1 Entrust noted and signed Sales Invoice to the Dietician on duty for IAR preparation  | None                   |   | Admin. Officer/ IASSS     |
| 3. Submit prepared IAR and necessary documents for  | 3. Receive and check the IAR, Sales Invoice and other related  | None                   | 6 minutes   | Admin. Asst./ IASSS       |

|                               |   |      |   |                                      |
|-------------------------------|---|------|---|--------------------------------------|
| Inspection Report preparation | documents   |      | 20 IAR x 30sec                                  |                                      |
|                               | 3.1 Stamp "Received" and affix initial and time and distribute the IAR, Sales Invoice and other related documents to the designated Inspector   | None | 10 minutes<br><br>20 IAR x 30 sec               | Admin. Asst./ IASSS                  |
|                               | 3.2 Review IAR, Sales Invoice prices against prices indicated in the Notice of Award (NOA)  | None | 1 hour, 5 minutes<br><br>65 line items x 1 mins | Admin Officer/ IASSS                 |
|                               | 3.3 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations and the total amount acceptable, and affix signature and date of IR preparation   | None | 40 minutes<br><br>20 IAR x 2 mins               | Admin Officer/ IASSS                 |
|                               | 3.4 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature and date of the supervisor and the Chief of IASSS in the IAR and return approved Inspection Report to the designated Inspector | None | 1 hour, 20 minutes<br><br>20 IAR x 4 mins       | Admin Officer, Chief of IASSS/ IASSS |
|                               | 3.5 Sort and file copies of IAR, Sales Invoice and other related documents for fast   | None | 20 minutes<br><br>20 IAR x 1 min                | Admin Officer/ IASSS                 |



|   |   |      |                               |                         |
|---|---|------|-------------------------------|-------------------------|
|   | and easy retrieval  |      |                               |                         |
|   | 3.5 Record the relevant details in the logbook                                      | None | 15 minutes<br>20 IAR x 45secs | Admin Officer/<br>IASSS |
| 4. Receive IAR/s with Inspection Report | 4. Deliver the IAR, Sales Invoice and other related documents to Dietary Department | None | 10 minutes                    | Admin Officer/<br>IASSS |
| <b>TOTAL:</b>                           |   | None | 7 hours, 8 minutes            |                         |

## 7. Inspection of Purchases (Petty Cash)

Inspection of goods purchased through Petty Cash

|  |  |                        |  |                           |
|--|--|------------------------|--|---------------------------|
| <b>Office or Division:</b>   | Internal Audit Special Services Staff (IASSS)  |                        |  |                           |
| <b>Classification:</b>   | Complex  |                        |  |                           |
| <b>Type of Transaction:</b>  | G2G - Government to Government   |                        |  |                           |
| <b>Who may avail:</b>  | Purchasing Office and other Departments  |                        |  |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |  |                           |
| Inspection and Acceptance Report (IAR), original copy  |  | Responsible unit       |  |                           |
| Requisition and Issue Slip (RIS), original copy  |  | Purchasing Office      |  |                           |
| Cash Invoice/Official Receipt, original copy   |  | Client/Supplier        |  |                           |
| Other documents/attachments deemed necessary   |  | Responsible unit       |  |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b> |
| 1. Notify the Inspector of the goods purchased through petty cash and provide assistance in the inspection thereof | 1. Coordinate with the designated person and proceed to the area upon receipt of notice for inspection   | None                   | 10 minutes   | IASSS Staff/<br>IASSS     |
| 2. Present goods purchased with necessary documents  | 2. Conduct inspection upon presentation of goods and check correctness against Cash Invoice/Official Receipt and approved RIS  | None                   | 1 hour, 10 minutes<br><br>(Avg. 5 IAR/day;<br>35 line items/day)<br><br>35 line items x 2 mins | IASSS Staff/<br>IASSSn    |
|  | 2.1 Make a notation in the original copy of the Cash Invoice/Official Receipt and RIS and take note also the expiration date of the goods, if applicable. Affix initial/signature and the date of inspection and return the goods to the concerned Buyer | None                   | 15 minutes<br><br><br><br><br><br><br><br><br>5 IAR x 3 mins                                   | IASSS Staff/<br>IASSS     |

|   |  |      |   |                       |
|---|--|------|---|-----------------------|
|   | 2.2 Sort and file copies of IAR, Sales Invoice and other related documents for fast and easy retrieval   | None | 5 minutes<br><br>5 IAR x 1 min              | IASSS Staff/<br>IASSS |
|   | 2.3 Record the relevant details in the logbook   | None | 3 minutes, 45 seconds<br><br>5 IAR x 2 mins | IASSS Staff/<br>IASSS |
| 3. Receive IAR/s with Inspection Report | 3.1 Return the IAR, RIS, Cash Invoice/Official Receipt and other related documents to the concerned unit | None | 10 minutes                                  | IASSS Staff/<br>IASSS |
| <b>TOTAL:</b>                           |  | None | 1 hour, 53 minutes, 45 seconds              |                       |

# **Legal Office**

## Internal Services

# 1. Preparation of MOAs/Service Contracts (Facilities Management, Laundry, Internet, Consultancy), Preventive Maintenance Agreement, General Construction Agreement and Lease Contracts Requiring BAC Resolution

Drafting and finalization of various MOAs/ Contracts entered into by PGH

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>  | Legal Office   |   |                        |  |
| <b>Classification:</b>  | Highly Technical   |   |                        |  |
| <b>Type of Transaction:</b>   | G2G  |   |                        |  |
| <b>Who may avail:</b>   | Departments/Wards/Divisions/Units  |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |  |
| <ul style="list-style-type: none"> <li>• BAC Resolution</li> <li>• Budget Clearance</li> <li>• Scope of Works</li> <li>• Information on the contracting party – name and designation of signatory(ies), address of company</li> </ul> |  | BAC1, BAC2<br>Budget Services Division<br><br>Department/Unit |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Write request-letter to the Director through channels  | 1. Receive and check all documents delivered from the Director's Office<br>1.1 Encode documents for easy monitoring<br>1.2 Draft the contract<br><br>1.3 Photocopy and attach Annexes<br><br>1.4 Review and initial the contract<br><br>1.5 Encode outgoing contract | None  | 9 days, 7 hours        | <i>Office Assistant</i><br>Legal Office<br><br><i>Office Assistant</i><br>Legal Office<br><br><i>Legal Assistant</i><br>Legal Office<br><br><i>Administrative Aide VI</i><br>Legal Office<br><br><i>Chief Legal Officer</i><br>Legal Office<br><br><i>Office Assistant</i><br>Legal Office |
| 2. Receive documents for signature of Chair or Chief then forward the contract to the Offices listed in the tracking form, the  | 2. Deliver contract to end-user for signature  | None  | 25 minutes             | <i>Administrative Aide I</i><br>Legal Office   |

|   |   |      |            |  |
|---|---|------|------------|--|
| end-point of which is the Director's Office                                     |   |      |            |  |
|   | 2.1 Receive signed contract from the Director's Office<br>2.2 Encode document<br><br>2.3 Route contract to end-user or OETS (in case of PMA and GCA) for signature of the contracting party and for notary                        |      |            | <i>Office Assistant</i><br>Legal Office<br><br><i>Office Assistant</i><br>Legal Office<br><br><i>Legal Assistant</i><br>Legal Office |
| 3. Receive contract for contracting party's signature and for notary            | 3. Deliver contract to end-user or OETS (in case of PMA and GCA) for contracting party's signature and for notary   | None | 15 minutes | <i>Administrative Aide I</i><br>Legal Office   |
| 4. Deliver to Legal Office original copy of perfected contract with photocopies | 4. Receive contract and check all documents and attachments<br><br>4.1 File original contract and furnish photocopies to Accounting, COA, Internal Audit, Chancellor, BAC and Property (in case of Contract for Laundry Services) | None | 20 minutes | <i>End-user</i><br>Concerned Office/<br>Department<br><br><i>Office Assistant and Administrative Aide I</i><br>Legal Office          |
| <b>TOTAL:</b>   |   | None | 10 days    |  |

## 2. Preparation of MOAs on Observership, Training, Fellowship, HMO Affiliation, LGU Affiliation, Limited Practice and Referral Lab

Drafting and finalization of various MOAs/ Contracts entered into by PGH

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Legal Office  |   |                        |   |
| <b>Classification:</b>  | Highly Technical  |   |                        |   |
| <b>Type of Transaction:</b>   | G2G   |   |                        |   |
| <b>Who may avail:</b>   | Departments/Wards/Divisions/Units                                       |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                  |                        |   |
| <ul style="list-style-type: none"> <li>Letter/request duly approved by the Director (1 original)</li> <li>Information on the contracting party – name and designation of signatory(ies), address</li> </ul> |   | Through channels<br><br>Department/Unit |                        |   |
|   |   |   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Write request-letter to the Director through channels  | 1. Receive and check all documents delivered from the Director's Office | None                                    | 9 days, 7 hours        | <i>Office Assistant</i><br>Legal Office       |
|   | 1.1 Encode documents for easy monitoring                                |   |                        | <i>Office Assistant</i><br>Legal Office       |
|   | 1.2 Draft the contract  |   |                        | <i>Legal Assistant</i><br>Legal Office        |
|   | 1.3 Photocopy and attach Annexes  |   |                        | <i>Administrative Aide VI</i><br>Legal Office |
|   | 1.4 Review and initial the contract                                     |   |                        | <i>Chief Legal Officer</i><br>Legal Office    |
|   | 1.5 Encode outgoing contract  |   |                        | <i>Office Assistant</i><br>Legal Office       |
| 2. Receive documents for signature of Chair or Chief then forward the contract to the Offices listed in the tracking form, the end-point of which is the Director's Office                                  | 2. Deliver contract to concerned office/department for signature        | None                                    | 25 minutes             | <i>Administrative Aide I</i><br>Legal Office  |

|   |  |      |            |  |
|---|--|------|------------|--|
|   |  |      |            |  |
|   | 2.1 Receive signed contract from the Director's Office<br>2.2 Encode document<br><br>2.3 Route contract to concerned office/department for signature of the contracting party and for notary |      |            | <i>Office Assistant</i><br>Legal Office<br><br><i>Office Assistant</i><br>Legal Office<br><br><i>Legal Assistant</i><br>Legal Office |
| 3. Receive contract for contracting party's signature and for notary            | 3. Deliver contract to concerned office/department for contracting party's signature and for notary  | None | 15 minutes | <i>Administrative Aide I</i><br>Legal Office   |
| 4. Deliver to Legal Office original copy of perfected contract with photocopies | 4. Receive contract and check all documents and attachments<br>4.1 File original contract and furnish photocopies to Accounting, COA, Internal Audit, Chancellor                             | None | 20 minutes | Concerned Office/<br>Department<br><br><i>Office Assistant and Administrative Aide I</i><br>Legal Office                             |
| <b>TOTAL:</b>   |  | None | 10 days    |  |



### 3. Legal Assistance to PGH Officials/ Employees with Work-related Legal Queries, including Administrative, Civil or Criminal Cases, etc.

Assistance to PGH officials/employees includes legal consultation, mediation, coordination, preparation of pleadings and representation in courts and quasi-judicial courts

|   |   |  |                        |  |
|---|---|--|------------------------|--|
| <b>Office or Division:</b>  | Legal Office  |  |                        |  |
| <b>Classification:</b>  | Highly Technical  |  |                        |  |
| <b>Type of Transaction:</b>   | G2G   |  |                        |  |
| <b>Who may avail:</b>   | PGH Employees   |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   |  | <b>WHERE TO SECURE</b> |  |
| Accomplished Request for Legal Assistance Form (1 original)                           |   |  | Legal Office           |  |
|   |   |  |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1. Go to the Legal Office or make a phone call to the Legal Office to seek assistance | 1. Give Legal Assistance Form for walk-in query or fill-up Legal Assistance Form for phone query  | None   | 1 day                  | <i>Office Assistant</i><br>Legal Office    |
|   | 1.1 Encode Form for easy monitoring   |  |                        | <i>Office Assistant</i><br>Legal Office    |
|   | 1.2 Review Form and talk to client and render advise, determine if the initial findings of the department show that the employee complained against is not negligent, and/or refer to the Chief Legal Officer |  |                        | <i>Legal Assistant</i><br>Legal Office     |
|   | 1.3 Review Form and endorsement of Legal Assistant; assign the case to lawyer   | None   | 2 days                 | <i>Chief Legal Officer</i><br>Legal Office |
|   | 1.4 Study documents and conduct investigation/ inquiry; advise concerned employee; prepare necessary pleadings; appear in courts and  | Mailing and notarial fees are shouldered by the employee | 17 days                | <i>Attorney III</i><br>Legal Office        |

|  |  |  |         |  |
|--|--|--|---------|--|
|  | quasi-judicial courts<br>(Note: status of the case is reported to the UP System Office of the Vice President for Legal Affairs through the PGH Director quarterly and/or twice a year) |  |         |  |
|  | <b>TOTAL:</b>  | Mailing and notarial fees are shouldered by the employee | 20 days |  |

#### 4. Preparation of Comments/ Opinions, Review of Policy and All Matters Referred by the Director

Comments/opinions are rendered in answer to various queries of officials and employees

|   |   |                             |                              |  |
|---|---|-----------------------------|------------------------------|--|
| <b>Office or Division:</b>  | Legal Office  |                             |                              |  |
| <b>Classification:</b>  | Highly Technical  |                             |                              |  |
| <b>Type of Transaction:</b>   | G2G   |                             |                              |  |
| <b>Who may avail:</b>   | PGH Officials and Employees   |                             |                              |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>      |                              |  |
| Written request from PGH officials and employees with endorsement from the department/office chair/chief (1 original) |   | PGH officials and employees |                              |  |
|   |   |                             |                              |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>      | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>                    |
| 1. Write request-letter to the Director through channels  | 1. Receive and check all documents  | None                        | 1 day                        | <i>Office Assistant</i><br>Legal Office      |
|   | 1.1 Encode documents for easy monitoring  | None                        |                              | <i>Office Assistant</i><br>Legal Office      |
|   | 1.2 Review the documents for referral to the Chief Legal Officer  | None                        |                              | <i>Legal Assistant</i><br>Legal Office       |
|   | 1.3 Review documents and determine; assign the query to lawyer  | None                        | 2 days                       | <i>Chief Legal Officer</i><br>Legal Office   |
|   | 1.4 Study documents and conduct investigation/inquiry, if necessary; render an opinion                              | None                        | 15 days                      | <i>Attorney III</i><br>Legal Office          |
|   | 1.5 Review and approve written opinion  | None                        | 1 day, 7 hours<br>45 minutes | <i>Chief Legal Officer</i><br>Legal Office   |
| 2. Receive opinion/comment  | 2. Deliver written opinion to requesting party/office, copy furnished the Director and/or concerned Deputy Director | None                        | 15 minutes                   | <i>Administrative Aide I</i><br>Legal Office |
| <b>TOTAL:</b>   |   | None                        | 20 days                      |  |

# **Department of Anesthesiology**

## **External Services**

## 1. Administration of Anesthesia Services in the Non-operating Room Anesthesia (NORA) Areas

This procedure covers activities from receipt of referral to providing discharge instructions

|  |  |                                |                        |                                  |
|--|--|--------------------------------|------------------------|----------------------------------|
| <b>Office or Division:</b>   | Department of Anesthesiology Division of Non-operating Room Anesthesia   |                                |                        |                                  |
| <b>Classification:</b>   | Simple   |                                |                        |                                  |
| <b>Type of Transaction:</b>  | G2C  |                                |                        |                                  |
| <b>Who may avail:</b>  | Patients of referring services   |                                |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>         |                        |                                  |
| Referral information   |  | Primary or referring physician |                        |                                  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Receive a schedule for provision of anesthesia services after the primary or referring physician has submitted and transacted the following referral information:<br><ul style="list-style-type: none"> <li>Referring service</li> <li>Patient clinical diagnosis and other relevant information, including COVID status</li> <li>Date and time, and duration of procedure</li> <li>Reason for referral to anesthesia services</li> </ul> | 1. Accept referral information for NORA anesthesia services<br>1.1 Receive and check for completeness of information<br>1.2 Verify with the NORA calendar the availability of date and time for provision of anesthesia services | None                           | 5 minutes              | <i>Nurse on duty</i><br>PATEC    |
|  | 1.3 Record referral in NORA scheduler  | None                           | 5 minutes              | <i>Resident rotator</i><br>PATEC |
|  | 1.4 Conduct consultation with the referring service if there is conflict with the date and time  | None                           | 5 minutes              | <i>Resident rotator</i><br>PATEC |
|  | 1.5 Give the primary or referring physician feedback on the recorded date and time of the NORA procedure   | None                           | 5 minutes              | <i>Resident rotator</i><br>PATEC |
|  | 1.6 Instruct the referring physician to refer the patient to Preoperative Anesthesia Testing and Evaluation Center (PATEC) at least a day before the scheduled NORA procedure for pre-anesthetic evaluation                      | None                           | 5 minutes              | <i>Resident rotator</i><br>PATEC |
|  |  |                                |                        |                                  |
| 2. Get pre-anesthetic (PATEC) consult a day prior to   | 2. Accept patient for pre-anesthetic evaluation<br>2.1 Log referral to PATEC no later than 2:00 pm on the day  | None                           | 5 minutes              | <i>Referring physician</i>       |

|   |  |      |            |   |
|---|--|------|------------|---|
| scheduled NORA procedure  | before PATEC consult through the RADISH-OCRA Scheduler   |      |            |   |
|   | 2.2 Send the list of patients referred to PATEC with the passcodes   | None | 5 minutes  | Medical Records Division                    |
|   | 2.3 Access patient record in the EMR   | None | 15 minutes | <i>Resident rotator</i><br>PATEC            |
|   | 2.4 Perform pre-anesthetic consult by way history taking, physical examination, review of available workup or input from co-managing services, risk-stratification, giving patient education and fasting instructions, prescribing workup, and instruction pertinent to scheduled NORA procedure | None | 20minutes  | <i>Resident rotator</i><br>PATEC            |
|   | 2.5 Log pertinent entry in the patient record in RADISH and refers patient to consultant referral  | None | 15 minutes | <i>Resident rotator</i><br>PATEC            |
| 3. Proceed to assigned NORA site an hour before the scheduled time to receive anesthesia services forNORA procedure | 3. Admit patient for NORA procedure  |      |            |   |
|   | 3.1 Verify patient information   | None | 5 minutes  | <i>Admitting Nurse/</i><br><i>Personnel</i> |
|   | 3.2 Check completeness of necessary documents  | None | 5 minutes  | <i>Admitting Nurse/</i><br><i>Personnel</i> |
|   | 3.3 Secure informed consent  | None | 5 minutes  | <i>Admitting Nurse/</i><br><i>Personnel</i> |
|   | 3.4 Conduct preparation prior to anesthesia services   | None | 5 minutes  | <i>Resident</i><br><i>rotatorNORA</i>       |
|   | 3.5 Quick pre-procedure Evaluation, including review of systems  | None | 5 minutes  | <i>Resident</i><br><i>rotatorNORA</i>       |
|   | 3.6 Check suction, oxygen delivery system, airway needs, medications, monitors, workstation  | None | 5 minutes  | <i>Resident</i><br><i>rotatorNORA</i>       |
|   | 3.8 Establish peripheral intravenous access  | None | 10 minutes | <i>Resident</i><br><i>rotatorNORA</i>       |
|   | 3.9 Attach monitors  | None | 5 minutes  | <i>Resident</i>                             |

|               |  |      |                     |   |
|---------------|--|------|---------------------|---|
|               | 3.10 Provide anesthesia Services                                       | None | 60 minutes          | <i>rotator</i> NORA                               |
|               | 3.11 Endorseto nurse-in-charge for post-anesthesia care                | None | 10 minutes          | <i>Resident rotator</i> NORA                      |
|               | 3.12Provide post-anesthesia care and until discharge criteriafulfilled | None | 60 minutes          | <i>Resident rotator Nurse on duty / Personnel</i> |
|               | 3.13 Provide patient and responsible watcher discharge instructions    | None | 5 minutes           | <i>Nurse on duty / Personnel</i>                  |
| <b>TOTAL:</b> |  | None | 4 Hours, 30 Minutes |   |

## 2. Acceptance of Application for the Residency/ Post-Residency Fellowship Training Program

This procedure covers activities from processing of application requirements up to setting the schedule for pretest and psychological exam.

|   |  |                 |  |  |
|---|--|-----------------|--|--|
| Office or Division:   | Department of Anesthesiology   |                 |  |  |
| Classification:   | Simple   |                 |  |  |
| Type of Transaction:  | G2C  |                 |  |  |
| Who may avail:  | Doctor of Medicine graduates   |                 |  |  |
| CHECKLIST OF REQUIREMENTS   |  |                 | WHERE TO SECURE  |  |
| Application form for residency/post residency fellowship program – PGH Form No. A-310006 (2 original) |  |                 | Deputy Director for Health Operations and Department of Anesthesiology |  |
| 2” x 2” photo with white background (1 copy)  |  |                 |  |  |
| General weighted average grade (GWAG) (1 original, 1 certified true copy)                             |  |                 |  |  |
| Certification of class rank (1 original, 1 certified true copy)                                       |  |                 |  |  |
| Transcript of Records (1 photocopy)   |  |                 |  |  |
| Doctor of Medicine Diploma (1 photocopy)  |  |                 |  |  |
| Certificate of internship (1 photocopy)   |  |                 |  |  |
| Board Rating (1 photocopy)  |  |                 |  |  |
| Certificate of residency, if applying for Post-Residency Fellowship (1 photocopy)                     |  |                 |  |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE   |
| 1. Pay the fees for application form for the residency/post-residency fellow training program         | 1. Receive the payment and give the receipt to the applicant               | PHP 200.00      | 5 minutes  | Cash Clerk<br>Cashier  |
| 2. Give the official receipt to Administrative Aide   | 2. Get the official receipt and give the application form to the applicant | None            | 2 minutes  | Administrative Aide<br>Deputy Director for Health Operations |
| 3. Submit the filled-up form together with the requirements   | 3. Check the completeness of the form together with the documents          | None            | 5 minutes  | Administrative Aide<br>Deputy Director for Health Operations |
| 4. Send the application to the Department of Anesthesiology   | 4. Receive the set of application and complete requirement                 | None            | 10 minutes   | Administrative Assistant<br>Department of Anesthesiology     |
|   | 4.1 Inform the consultant in-charge of the acceptance of the               | None            | 30 minutes   | Administrative Assistant<br>Department of                    |



|  |  |                  |                                   |   |
|--|--|------------------|-----------------------------------|---|
|  | incoming resident  |                  |                                   | Anesthesiology  |
|  | 4.2 Set the schedule of interview  | None             | 14 days                           | <i>Admission Committee</i><br>Department of Anesthesiology  |
|  | 4.3 Email or send text message to applicants   | None             | 1 day                             | <i>Administrative Assistant</i><br>Department of Anesthesiology   |
|  | 4.4 Encode the details of the applicant for reference  | None             | 1 day                             | <i>Administrative Assistant</i><br>Department of Anesthesiology   |
| 5. Come on the scheduled interview                     | 5. Entertain the scheduled applicants for interview<br>5.1 Give a short questionnaire to the applicant to be answer before the interview<br><br>5.2 Interview each applicant according to schedule | None<br><br>None | 10 minutes<br><br>30 minutes      | <i>Administrative Assistant</i><br>Department of Anesthesiology<br><br><i>Admission Committee</i><br>Department of Anesthesiology |
| 6. Wait for more instruction before leaving the office | 6. Give instruction to the applicant when will be the schedule of pretest and psychological exam   | None             | 5 minutes                         | <i>Administrative Assistant</i><br>Department of Anesthesiology   |
| <b>TOTAL:</b>  |  | None             | 16 Days,<br>1 Hour,<br>37 minutes |   |

### 3. Observership Training Program

This procedure covers activities from receipt of letter of intent up to the start of the observership training program.

|  |  |                                  |                        |   |
|--|--|----------------------------------|------------------------|---|
| <b>Office or Division:</b>   | Department of Anesthesiology   |                                  |                        |   |
| <b>Classification:</b>   | Highly Technical   |                                  |                        |   |
| <b>Type of Transaction:</b>  | G2C  |                                  |                        |   |
| <b>Who may avail:</b>  | Residents from Other Hospitals   |                                  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>           |                        |   |
| Letter of intent from the observer's hospital (1 original)                 |  | Chair of the Observer's Hospital |                        |   |
| Endorsement letter (1 original)  |  | Department of Anesthesiology     |                        |   |
| Memorandum of Agreement  |  | Legal Office                     |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Send a letter of intent for the observership training program           | 1. Receive letter of intent to be approved by the Chair                                  | None                             | 1 day                  | <i>Administrative Assistant / Department Chair / Chief Resident</i> |
|  | 1.1 Give the copy to the Chief Resident for scheduling of the observership program       | None                             | 3 days                 | <i>Department of Anesthesiology</i>                                 |
| 2. Wait for the response of the department for the acceptance and schedule | 2. Write a response letter stating the schedule of observership                          | None                             | 1 day                  | <i>Administrative Assistant</i>                                     |
|  | 2.1 Send a letter of endorsement address to the Director regarding the accepted observer | None                             | 1 day                  | <i>Department of Anesthesiology</i>                                 |
|  | 2.2 Prepare Memorandum of Agreement  | None                             | 14 days                | <i>Administrative Assistant</i>                                     |
|  | 2.3 Send MOA to the Department of Anesthesiology for signature of Chair                  | None                             | 3 days                 | <i>Department of Anesthesiology</i>                                 |
|  | 2.4 Send the signed MOA to the Deputy Director for Health                                | None                             | 7 days                 | <i>Administrative Assistant</i>                                     |

|   |  |  |                        |   |
|---|--|--|------------------------|---|
|   | Operations and other signatories<br>2.5 Receive the fully signed MOA   | None   | 5 minutes              | Anesthesiology<br><br><i>Administrative Assistant</i><br>Department of Anesthesiology |
| 3. Receive the signed Memorandum of Agreement (MOA) for notarization          | 3. Give the signed MOA to the observer   | None   | 7 days                 | <i>Administrative Assistant</i><br>Department of Anesthesiology                       |
| 4. Submit the notarized MOA in set (1 original, 6 photocopy)                  | 4. Accept the notarized MOA and give copy to the following:<br>•1 photocopy for the observer<br>•1 photocopy for the department<br>•1 original, 4 photocopy for the Legal Office | None   | 5 minutes              | <i>Administrative Assistant</i><br>Department of Anesthesiology                       |
| 5. Pay the observership fee and give a photocopy of receipt to the department | 5. Receive the photocopy of receipt  | Provincial/<br>Under DOH<br>Hospital: PHP 2,491.50<br>Tertiary: PHP 4,983.00<br>Abroad: USD 200.00 | 5 minutes              | <i>Administrative Assistant</i><br>Department of Anesthesiology                       |
| <b>TOTAL:</b>   |  | Provincial/<br>Under DOH<br>Hospital: PHP 2,491.50<br>Tertiary: PHP 4,983.00<br>Abroad: USD 200.00 | 37 Days,<br>15 Minutes |   |

#### 4. Acceptance of Participants for Post Graduate Program

This procedure covers activities from registration up to payment of program fees.

|   |  |                              |                        |   |
|---|--|------------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Anesthesiology                             |                              |                        |   |
| <b>Classification:</b>  | Simple   |                              |                        |   |
| <b>Type of Transaction:</b>   | G2C  |                              |                        |   |
| <b>Who may avail:</b>   | All doctors  |                              |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>       |                        |   |
| Invitation  |  | Department of Anesthesiology |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                     | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                       |
| 1. Advice the department the willingness to attend the post graduate program by sending text or email | 1. Acknowledge and list down the name of the participant | None                         | 30 minutes             | <i>Administrative Assistant</i><br>Department of Anesthesiology |
| 2. Pay the amount for the post graduate program fees through on-line                                  | 2. Acknowledge on-line payment                           | PHP 3,000                    | 30 minutes             | <i>Administrative Assistant</i><br>Department of Anesthesiology |
| <b>TOTAL:</b>   |  | PHP 3,000                    | 1 hour                 |   |

## 5. Providing Close and Specialized Nursing Care to Patients Recovering from the Effects of Anesthesia and Surgery

This procedure covers activities from receipt of handover from OR nurse/anesthesiologist to providing postoperative care.

|   |   |   |                        |                           |
|---|---|---|------------------------|---------------------------|
| <b>Office or Division:</b>  | Post Anesthesia Care Unit – Operating Room Complex  |   |                        |                           |
| <b>Classification:</b>  | Simple  |   |                        |                           |
| <b>Type of Transaction:</b>   | G2C   |   |                        |                           |
| <b>Who may avail:</b>   | Postoperative patients  |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                    |                        |                           |
| O.R. documents (Intraoperative Record, O.R. Technique, Verification Checklist, Instruments and Sponge Count, Anesthesia Record)<br>Physician's postoperative orders |   | OR Nurse<br><br>Surgeon/ Anesthesiologist |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Transfer to PACU from OR for post-anesthesia care  | 1. Admit patient to PACU following endorsement from the O.R. Nurse/ Anesthesiologist<br><br>1.1 Review of patient's chart for treatment plan<br><br>1.2 Perform immediate post-operative nursing care | None                                      | 30 minutes             | <i>Nurse on duty PACU</i> |
| <b>TOTAL:</b>   |   | None                                      | 30 minutes             |                           |

## 6. Transfer of Patient to Clinical/Critical Units

This procedure covers activities from securing of disposition form up to transfer of post-operative patients.

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>Office or Division:</b>                        | Post Anesthesia Care Unit – Operating Room Complex  |                               |   |   |
| <b>Classification:</b>                            | Simple  |                               |   |   |
| <b>Type of Transaction:</b>                       | G2C / G2G   |                               |   |   |
| <b>Who may avail:</b>                             | Post-operative patients   |                               |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                  |   | <b>WHERE TO SECURE</b>        |   |   |
| Admitting order                                   |   | Primary Service               |   |   |
| Allocated bed                                     |   | Clinical / Critical Units     |   |   |
| Anesthesia discharge order                        |   | PACU Anesthesiologist on duty |   |   |
| <b>CLIENT STEPS</b>                               | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>   |
| 1. Transfer out to ward/ room/ critical care unit | 1. <u>Transfer from Post Anesthesia Care Unit to General Ward</u> : Secure discharge order from Anesthesiologist on duty  | None                          | 15 minutes  | <i>Nurse on Duty PACU</i>   |
|   | <u>For Emergency Admission</u> : Secure disposition from Primary service  | None                          | 30 minutes  | <i>Nurse on duty PACU</i>   |
|   | <u>To Critical Care Units</u> : Secure admitting order from Critical Care Unit Resident on duty   | None                          | 30 minutes  | <i>Nurse on Duty/ Utility Worker General Ward</i>   |
|   | 1.1 Document nursing care rendered and endorse patient to respective clinical/ critical care unit<br>1.2 Transfer patient to the:<br>• General Ward<br><br>• Critical Care Unit | None                          | 60 minutes  | <i>Nurse on Duty/ Anesthesiologist on duty, Resident in charge, Utility Worker Critical Care Unit</i> |
| <b>TOTAL:</b>                                     |   | None                          | General Wards: 1 Hour and 15 minutes<br>Critical Care Unit: 1 hour and 45 minutes |   |

## 7. Discharging Patient from Post Anesthesia Care Unit

This procedure covers activities from processing of documents needed for discharge to issuance of discharge clearance.

|   |   |                               |                        |  |
|---|---|-------------------------------|------------------------|--|
| <b>Office or Division:</b>  | Post Anesthesia Care Unit – Operating Room Complex          |                               |                        |  |
| <b>Classification:</b>  | Simple  |                               |                        |  |
| <b>Type of Transaction:</b>   | G2C   |                               |                        |  |
| <b>Who may avail:</b>   | Postoperative patients                                      |                               |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>        |                        |  |
| OR documents (Intraoperative Record, O.R. Technique, Verification Checklist, Instruments and Sponge Count, Anesthesia Record) |   | Nurse Station                 |                        |  |
| Discharge Order   |   | PACU Anesthesiologist on duty |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| 1. Complete documents needed for discharge  | 1. Discharge patient and render health education            | None                          | 30 minutes             | <i>Nurse on duty</i><br>PACU                         |
| 2. Present discharge clearance to security personnel  | 2. Inform security that patient is for discharge            | None                          | 10 minutes             | <i>Nurse on duty</i><br>PACU                         |
|   | 2.1 Wheel out of Post Anesthesia Care Unit to the PGH Lobby | None                          | 20 minutes             | <i>Nursing Attendant/<br/>Utility Worker</i><br>PACU |
| <b>TOTAL:</b>   |   | None                          | 1 Hour                 |  |

# **Department of Anesthesiology**

## **Internal Services**



# 1. Provision of Anesthesia Services Enabling the Different Cutting Specialties like Surgery, Orthopedics, Otorhinolaryngology, Obstetrics and Gynecology and Others for the Charity Patients

This procedure covers activities from retrieval of OR schedule to discharging patient.

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>   | Department of Anesthesiology   |  |                        |  |
| <b>Classification:</b>   | Simple   |  |                        |  |
| <b>Type of Transaction:</b>  | G2C  |  |                        |  |
| <b>Who may avail:</b>  | Surgical departments   |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                               |                        |  |
| PATEC Consult<br>Schedule of Surgery   |  | Department of Anesthesiology<br>Surgical departments |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Encode to the Registry of Admission and Discharges (RADISH) the following information: Room, Type, Case Number, Date/Time, Patient's Name, Age, Sex, Room Number, Procedure, Doctors, Duration, and Service | 1. Retrieve the operating room schedule  | None   | 15 minutes             | <i>Resident on duty<br/>Anesthesiology<br/>Resident on duty<br/>Anesthesiology</i>                               |
|  | 1.1 Print the schedule for dissemination<br>1.2 Inform the anesthesiologist-in-charge of the cases | None   | 15 minutes             |  |
| 2. Do preoperative round to patient  | 2. Provide anesthesia care   | None   | 1 hour                 | <i>Resident on duty<br/>Anesthesiology</i>   |
|  | 2.1 Perform preoperative anesthesia evaluation   |  | 1 hour                 | <i>Resident on duty<br/>Anesthesiology<br/>Anesthesiologist-in-charge<br/>Anesthesiology</i>                     |
|  | 2.2 Refer the case to the consultant   | None   | 1 hour                 |  |
|  | 2.3 Administer appropriate anesthesia to the patient   | None   | 1 hour                 | <i>Anesthesiologist-in-charge<br/>Anesthesiology<br/>Resident on duty<br/>PACU<br/>Resident on duty<br/>PACU</i> |
|  | 2.4 Transfer patient to the recovery area  | None   | 15 minutes             |  |
|  | 2.5 Provide post anesthesia care   | None   | 1 hour                 |  |
|  | 2.6 Discharge patient to appropriate level of care   | None   | 15 minutes             |  |
| <b>TOTAL:</b>  |  | None   | 5Hours                 |  |

## 2. Participation in the In-House and Outreach Surgical Mission of the Hospital

This procedure covers activities from receipt of request letter up to the start of the mission.

|   |  |                              |                        |   |
|---|--|------------------------------|------------------------|---|
| <b>Office or Division:</b>  |  | Department of Anesthesiology |                        |   |
| <b>Classification:</b>  |  | Complex                      |                        |   |
| <b>Type of Transaction:</b>   |  | G2C                          |                        |   |
| <b>Who may avail:</b>   |  | Surgical Departments         |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>       |                        |   |
| Letter request for surgical mission with the complete information such as date, time and place of the surgical mission and list of patients |  | Surgical Department          |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                         |
| 1. Submit letter of request for surgical mission  | 1. Accept letter of request for mission  | None                         | 5 minutes              | <i>Administrative Assistant</i><br>Anesthesiology |
|   | 1.1 Check letter of request for completeness of information                                      |                              |                        |   |
|   | 1.2 Receive letter and record in the incoming logbook  | None                         | 5 minutes              | <i>Administrative Assistant</i><br>Anesthesiology |
|   | 1.3 Inform and give advance copy of the letter to the Chief Resident about the requested mission | None                         | 15 minutes             | <i>Administrative Assistant</i><br>Anesthesiology |
|   | 1.4 Sign for approval to the requested mission   | None                         | 1 day                  | <i>Chair</i><br>Anesthesiology                    |
|   | 1.5 Send approved letter to the requesting unit  | None                         | 1 day                  | <i>Administrative Assistant</i><br>Anesthesiology |
|   | 1.6 List down and inform the residents who will be participating in the mission                  | None                         | 1 day                  | <i>Chief Resident</i><br>Anesthesiology           |
| 2. Start surgical mission   | 2. Participate in the surgical mission   | None                         | 1 day                  | <i>Resident on duty</i><br>Anesthesiology         |
| <b>TOTAL:</b>   |  | None                         | 4 Days and 25 Minutes  |   |

## **Cancer Institute**

### **External Services**

## 1. Elective Admission for Chemotherapy

Elective admission for patients requiring Chemotherapy

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   | Cancer Institute Ward (Nursing Services)                                      |  |                        |   |
| <b>Classification:</b>   | Simple  |  |                        |   |
| <b>Type of Transaction:</b>  | G2C   |  |                        |   |
| <b>Who may avail:</b>  | All cancer patients requiring Chemotherapy Infusion                           |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                                     |                        |   |
| Accomplished Kaalaman Form (1 original) and Case Record  |   | Malasakit Center   |                        |   |
| Blue Card (1 original)   |   | Department of Out Patient Services – Palistahan - Window C |                        |   |
| White card (1 original)  |   | Medical Social Service Office at Cancer Institute          |                        |   |
| Admitting Orders   |   | Attending Physician  |                        |   |
| Accomplished Clinical Abstract   |   | Attending Physician  |                        |   |
| Accomplished Chemotherapy Protocol   |   | Attending Physician  |                        |   |
| Accomplished PhilHealth CF2 form (1 original)  |   | PhilHealth Office  |                        |   |
|  |   |  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Present the admission requirements at Nurse Station   | 1. Check the completeness of the above requirements                           | None   | 3 Minutes              | <i>Nurse/Nursing Attendant</i><br>CI Ward |
|  | 1.1 Orient patient (and watcher) to unit/facility rules and policies          | None   | 5 Minutes              | <i>Nurse</i><br>CI Ward                   |
| 2. Read and signify consent by signing consent for admission, chemotherapy and Fall Prevention waiver form | 2. Secure consent for admission, chemotherapy and Fall Prevention waiver form | None   | 5 Minutes              | <i>Nurse</i><br>CI Ward                   |
| 3. Wait to be assisted to the assigned bed<br><b>3.</b><br><br><b>22. 2.</b>                               | 3. Assist patient to assigned bed   | None   | 5 Minutes              | <i>Nurse</i><br>CI Ward                   |
|  | 3.1 Perform history taking with initial vital signs                           | None   | 15 Minutes             | <i>Nurse</i><br>CI Ward                   |
|  | 3.2 Document the admission on the patient's chart                             | None   | 5 Minutes              | <i>Nurse</i><br>CI Ward                   |
| <b>TOTAL:</b>  |   | None   | 38 Minutes             |   |

## 2. Elective Admission of Patients for Blood Transfusion

Elective admission for patients requiring Blood Transfusion

| <b>Office or Division:</b>   | Cancer Institute Ward (Nursing Services)                                       |  |                 |   |
|--|--|--|-----------------|---|
| <b>Classification:</b>   | Simple   |  |                 |   |
| <b>Type of Transaction:</b>  | G2C  |  |                 |   |
| <b>Who may avail:</b>  | All cancer patients requiring Blood Transfusion                                |  |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                 |   |
| Accomplished Kaalaman Form (1 original) and Case Record  |  | Malasakit Center   |                 |   |
| Blue Card (1 original)   |  | Department of Out Patient Services – Palistahan - Window C |                 |   |
| White card (1 original)  |  | Medical Social Service Office at Cancer Institute          |                 |   |
| Admitting Orders   |  | Attending Physician  |                 |   |
| Accomplished PhilHealth CF2 form (1 original)  |  | PhilHealth Office  |                 |   |
| Accomplished Clinical Abstract   |  | Attending Physician  |                 |   |
| Proof of availability of blood products (preferably a deposit slip)  |  | PGH Blood Bank   |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                        |
| 1. Present the admission requirements at Nurse Station   | 1. Check the completeness of the above requirements                            | None   | 3 Minutes       | <i>Nurse/Nursing Attendant</i><br>CI Ward |
|  | 1.1 Orient patient (and watcher) on unit/facility rules and policies           | None   | 5 Minutes       | <i>Nurse</i><br>CI Ward                   |
| 2. Read and signify consent by signing consent for admission, chemotherapy and Fall Prevention waiver form | 2.1 Secure consent for admission, chemotherapy and Fall Prevention waiver form | None   | 5 Minutes       | <i>Nurse</i><br>CI Ward                   |
| 3. Wait to be assisted to the assigned bed<br><b>3.</b>  | 3. Assist patient to assigned bed  | None   | 5 Minutes       | <i>Nurse</i><br>CI Ward                   |
|  | 3.1 Perform history taking with initial vital signs                            | None   | 15 Minutes      | <i>Nurse</i><br>CI Ward                   |
|  | 3.2 Document the admission on the patient's chart                              | None   | 5 Minutes       | <i>Nurse</i><br>CI Ward                   |
| <b>TOTAL:</b>  |  | None   | 38 Minutes      |   |

### 3. Elective Admission of Patient to High Dose Brachytherapy

Elective admission of patients requiring High Dose Brachytherapy treatment

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   | Cancer Institute High Dose Brachytherapy Section (Nursing Services)           |  |                        |  |
| <b>Classification:</b>   | Simple  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C   |  |                        |  |
| <b>Who may avail:</b>  | All cancer patients requiring High Dose Brachytherapy Treatment               |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                                     |                        |  |
| Latest laboratory results of CBC and Urinalysis                                    |   | Diagnostic Laboratory                                      |                        |  |
| Blue Card (1 original)   |   | Department of Out Patient Services – Palistahan - Window C |                        |  |
| White card (if necessary) (1 original)   |   | Medical Social Service Office at Cancer Institute          |                        |  |
| Medical Clearance (if applicable)  |   | Internal Medicine  |                        |  |
| Anesthesia evaluation  |   | Pain Clinic – Dept. of Outpatient Services                 |                        |  |
| PhilHealth validation  |   | PhilHealth Office -PGH                                     |                        |  |
| Proof of payment for the procedure if without or exhausted PhilHealth benefits     |   | Cashier  |                        |  |
| Proof of payment for Brachytherapy kit if without or exhausted PhilHealth benefits |   | Cashier  |                        |  |
|  |   |  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                |
| 1. Arrive at Nurse Station on the day and predetermined time of admission          | 1. Check the completeness of the above requirements                           | None   | 10 Minutes             | Nurse<br>CI Ward                         |
|  | 1.1 Orient patient (and watcher) on unit/facility rules and policies          | None   | 10 Minutes             | Nurse<br>CI Ward                         |
| 2. Read and signify consent by signing consent for admission                       | 2. Secure consent for the procedure   | None   | 5 Minutes              | Nurse<br>CI Ward                         |
| 3. If without or exhausted PhilHealth benefits, pay at the Cashier                 | 3. Send patient's watcher to the cashier with the charge slip for the payment | Refer to approved schedule of fees                         | 10 Minutes             | Nurse/<br>Administrative Aide<br>CI Ward |
|  | 3.1 Ask for receipt for Brachytherapy kit (if applicable)                     | None   | 15 Minutes             | Nurse/<br>Administrative Aide<br>CI Ward |

|  |  |                                    |                   |   |
|--|--|------------------------------------|-------------------|---|
| 4. Wait to be assisted to the assigned bed | 3.2 Procure Brachytherapy kit at the Pharmacy        | None                               | 3 Minutes         | Nurse/<br>Administrative<br>Aide<br>CI Ward |
|  | 4. Assist patient to bed of assignment               | None                               | 4 Minutes         | Nurse/<br>Administrative<br>Aide<br>CI Ward |
|  | 4.1 Assess and prepare the patient for the procedure | None                               | 10 Minutes        | Nurse/<br>Administrative<br>Aide<br>CI Ward |
| <b>TOTAL:</b>                              |  | Refer to approved schedule of fees | 1 Hour, 7 Minutes |   |

#### 4. Elective Admission of Patient to Low Dose Brachytherapy

Elective admission of patients requiring Low Dose Brachytherapy treatment

|  |   |  |                        |                           |
|--|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | Cancer Institute Low Dose Brachytherapy Section (Nursing Services)                            |  |                        |                           |
| <b>Classification:</b>   | Simple  |  |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |  |                        |                           |
| <b>Who may avail:</b>  | All cancer patients requiring Low Dose Brachytherapy Treatment and Radio Active Iodine Uptake |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                                 |                        |                           |
| Accomplished Kaalaman Form and Case Record   |   | Malasakit Center                                       |                        |                           |
| Admitting Orders   |   | Attending Physician                                    |                        |                           |
| Accomplished Clinical Abstract   |   | Attending Physician                                    |                        |                           |
| Negative Pregnancy test result   |   | Diagnostic Laboratory                                  |                        |                           |
| Blue Card (1 original)   |   | Department of Out Patient Services Palistahan Window C |                        |                           |
| White card (1 original)  |   | Medical Social Service Office at Cancer Institute      |                        |                           |
| Medical Clearance (if applicable)  |   | Internal Medicine                                      |                        |                           |
| PhilHealth Monitoring Sheet  |   | PhilHealth Office - PGH                                |                        |                           |
| Attendance of Responsible Watcher to the orientation on low dose brachytherapy/Radio Active Iodine         |   | Attendance logbook at Nurse Station                    |                        |                           |
|  |   |  |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                 | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Arrive at Nurse Station on the day and predetermined time of admission                                  | 1. Validate watchers orientation of the procedure   | None   | 5 Minutes              | Nurse CI Ward             |
|  | 1.1 Orient patient (and watcher) to unit/facility rules and policies                          | None   | 10 Minutes             | Nurse CI Ward             |
| 2. Read and signify consent by signing consent for admission, chemotherapy and Fall Prevention waiver form | 2.1 Secure consent for admission, procedure and Fall Prevention Waiver form                   | None   | 5 Minutes              | Nurse CI Ward             |
| 3. Wait to be assisted to the assigned bed   | 3. Assist patient to assigned bed   | None   | 5 Minutes              | Nurse CI Ward             |



|               |   |      |            |                         |
|---------------|---|------|------------|-------------------------|
|               | 3.1 Perform history taking with initial vital signs | None | 15 Minutes | <i>Nurse</i><br>CI Ward |
|               | 3.2 Document the admission                          | None | 5 Minutes  | <i>Nurse</i><br>CI Ward |
| <b>TOTAL:</b> |   | None | 45 Minutes |                         |

## 5. Discharge of Patient from Cancer Institute

Discharge of elective patient from Cancer Institute

|  |  |                        |                        |                                       |
|--|--|------------------------|------------------------|---------------------------------------|
| <b>Office or Division:</b>               | Cancer Institute Ward (Nursing Services)   |                        |                        |                                       |
| <b>Classification:</b>                   | Simple   |                        |                        |                                       |
| <b>Type of Transaction:</b>              | G2C  |                        |                        |                                       |
| <b>Who may avail:</b>                    | All cancer patients who have completed their chemotherapy regimen, high and low dose brachytherapy treatment and blood transfusion |                        |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>         |  | <b>WHERE TO SECURE</b> |                        |                                       |
| Discharge Orders                         |  | Attending Physician    |                        |                                       |
| Accomplished Discharge Summary           |  | Attending Physician    |                        |                                       |
| Accomplished Clinical Abstract           |  | Attending Physician    |                        |                                       |
| Accomplished PhilHealth CF2 and CF4 form |  | Attending Physician    |                        |                                       |
| Pertinent laboratory results             |  | Nurse in Charge        |                        |                                       |
| Parenteral flow sheet                    |  | Nurse in Charge        |                        |                                       |
| Justification Letter (if needed)         |  | Attending Physician    |                        |                                       |
|  |  |                        |                        |                                       |
| <b>CLIENT STEPS</b>                      | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Ask for discharge papers              | 1. Facilitate a written discharge order  | None                   | 30 Minutes             | <i>Nurse</i><br>CI Ward               |
| 2. Submit all the requirements           | 2. Check the completeness of the requirements  | None                   | 30 Minutes             | <i>Nurse</i><br>CI Ward               |
| 3. Proceed to Malasakit Center           | 3. Send watcher to the Malasakit Center for clearance  | None                   | 30 Minutes             | <i>Nurse</i><br>CI Ward               |
| 4. Return to Nurse Station               | 4. Provide Health education to watcher and patient   | None                   | 5 Minutes              | <i>Nurse</i><br>CI Ward               |
|  | 4.1 Assist in the discharge of patient   | None                   | 10 Minutes             | <i>Administrative Aide</i><br>CI Ward |
| <b>TOTAL:</b>                            |  | None                   | 1 Hour, 45 Minutes     |                                       |

## 6. Outpatient Consultation for Breast Cancer Patients

Consultation for Cancer Institute Outpatient Services Breast Care Clinic (CI-OPS BCC);  
Mondays to Fridays 8:00 am to 4:00 pm

|   |   |  |                        |   |
|---|---|--|------------------------|---|
| <b>Office or Division:</b>  | Cancer Institute Out Patient Services (Nursing Services)                      |  |                        |   |
| <b>Classification:</b>  | Simple  |  |                        |   |
| <b>Type of Transaction:</b>   | G2C   |  |                        |   |
| <b>Who may avail:</b>   | All breast cancer patients requiring consult, and chemotherapy                |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                                   |                        |   |
| Blue Card (1 original)  |   | Department of Out Patient Services - Palistahan Window C |                        |   |
| Result of biopsy (histopath)  |   | Diagnostic Center  |                        |   |
| Retrieved Chart   |   | Medical Records Division                                 |                        |   |
|   |   |  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Register and submit Blue Card at the guard before 8:00 am; wait to be called | 1. List down name of patient and time of arrival                              | None   | 5 Minutes              | <i>Guard on duty</i><br>CI-OPS            |
|   | 1.1 Give the Blue Cards to the nursing attendant                              | None   | 5 Minutes              | <i>Guard on duty</i><br>CI-OPS            |
|   | 1.2 Verify the above requirements   | None   | 5 Minutes              | <i>Nurse</i><br>CI-OPS                    |
|   | 1.3 Encode the patient information in the CARROT system                       | None   | 3 Minutes              | <i>Nurse/ Nursing Attendant</i><br>CI-OPS |
|   | 1.4 Queue patient for consultation to attending physician                     | None   | 4 Hours                | <i>Nurse/ Nursing Attendant</i><br>CI-OPS |
| 2. Consult with doctor  | 2. Conduct the examination of patient   | None   | 30 Minutes             | <i>Medical Officer</i><br>CI-OPS          |
|   | 2.1 Assist physician during conduct of consultation                           |  |                        | <i>Nurse</i><br>CI-OPS                    |
| 3. Submit the chart to the Nurse to complete the Outpatient Services consult    | 3. Provide health education on home care, follow up and necessary diagnostics | None   | 10 Minutes             | <i>Nurse</i><br>CI-OPS                    |
|   | 3.1 Schedule patient for follow up and/or procedures                          | None   | 5 Minutes              | <i>Nurse</i><br>CI-OPS                    |

|               |   |      |                        |                        |
|---------------|---|------|------------------------|------------------------|
|               | 3.2 Issue referral slip and instructs patient on appropriate clinic/ department (if applicable) | None | 5 Minutes              | <i>Nurse</i><br>CI-OPS |
|               | 3.3 Return blue card to the patient with schedule and appointments                              | None | 3 Minutes              | <i>Nurse</i><br>CI-OPS |
| <b>TOTAL:</b> |   | None | 5 Hours,<br>16 Minutes |                        |

## 7. Outpatient Consultation for Gynecological Oncology Patients

Consultation for Cancer Institute Outpatient Services (CI-OPS) Clinic Room 101  
(Gynecological Oncology; Mondays to Fridays 8:00 am to 4:00 pm)

| <b>Office or Division:</b>  | Cancer Institute Out Patient Services (Nursing Services)                      |  |                 |                                |
|---|---|--|-----------------|--------------------------------|
| <b>Classification:</b>  | Simple  |  |                 |                                |
| <b>Type of Transaction:</b>   | G2C   |  |                 |                                |
| <b>Who may avail:</b>   | All gynecological cancer patients requiring consult and chemotherapy          |  |                 |                                |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |                                |
| Blue Card (1 original)  |   | Department of Out Patient Services – Palistahan - Window C |                 |                                |
| Histopath result  |   | Diagnostic Laboratory                                      |                 |                                |
| CBC result (within 1 week of consult)   |   | Diagnostic Laboratory                                      |                 |                                |
| Retrieved Chart   |   | Medical Records Division                                   |                 |                                |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE             |
| 1. Register and Submit blue card at the guard before 8:00 am; wait to be called | 1. Verify the above requirements  | None   | 5 Minutes       | Guard on duty CI-OPS           |
|   | 1.1 Instruct watcher to list name of patient and time of arrival              | None   | 3 Minutes       | Guard on duty CI-OPS           |
|   | 1.2 Give the Blue Card to the Nursing Attendant                               | None   | 5 Minutes       | Guard on duty CI-OPS           |
|   | 1.3 Encode the patient information in the CARROT system                       | None   | 3 Minutes       | Nurse/Nursing Attendant CI-OPS |
|   | 1.4 Queue patient for consultation to attending physician                     | None   | 1 Hour          | Nurse/Nursing Attendant CI-OPS |
| 2. Consult with doctor  | 2. Conduct the examination of patient   | None   | 30 Minutes      | Medical Officer CI-OPS         |
|   | 2.1 Facilitate consult  |  |                 | Nurse CI-OPS                   |
| 3. Submit the chart to complete the Out Patient Service consult                 | 3. Provide health education on home care, follow up and necessary diagnostics | None   | 10 Minutes      | Nurse CI-OPS                   |

|               |  |      |                       |                        |
|---------------|--|------|-----------------------|------------------------|
|               | 3.1 Schedule patient for follow up and/or procedures   | None | 5 Minutes             | <i>Nurse</i><br>CI-OPS |
|               | 3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable) | None | 5 Minutes             | <i>Nurse</i><br>CI-OPS |
|               | 3.3 Return the Blue Card to the patient with schedule and appointments                         | None | 3 Minutes             | <i>Nurse</i><br>CI-OPS |
| <b>TOTAL:</b> |  | None | 2 Hours,<br>9 Minutes |                        |

## 8. Outpatient Consultation for Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Patients

Consultation for Cancer Institute Outpatient Services (CI-OPS) Clinic Room 107 (Medical Oncology - Mondays, Tuesdays and Wednesdays 8:00 am to 4:00 pm; Multiple Disciplinary Committee - Thursdays 8:00 am to 4:00 pm; Adult Hematology - Fridays 8:00 am to 4:00 pm)

| <b>Office or Division:</b>   | Cancer Institute Out Patient Services (Nursing Services)   |   |                 |                                |
|--|--|---|-----------------|--------------------------------|
| <b>Classification:</b>   | Simple   |   |                 |                                |
| <b>Type of Transaction:</b>  | G2C  |   |                 |                                |
| <b>Who may avail:</b>  | All cancer patients requiring consult from Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Services |   |                 |                                |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |                                |
| Blue Card (1 original)   |  | Department of Outpatient Services – Palistahan - Window C |                 |                                |
| Retrieved Chart  |  | Medical Records Division                                  |                 |                                |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE             |
| 1. Register and submits Blue Card at the guard before 8:00 am; wait to be called | 1. Verify the above requirements   | None  | 5 Minutes       | Guard on duty CI-OPS           |
|  | 1.1 Instruct watcher to list name of patient and time of arrival   | None  | 3 Minutes       | Guard on duty CI-OPS           |
|  | 1.2 Give the Blue Card to the nursing attendant  | None  | 5 Minutes       | Guard on duty CI-OPS           |
|  | 1.3 Encode the patient information in the CARROT system  | None  | 3 Minutes       | Nurse/Nursing Attendant CI-OPS |
|  | 1.4 Queue patient for consultation to attending physician  | None  | 2 Hours         | Nurse/Nursing Attendant CI-OPS |
| 2. Consult with doctor.  | 2. Conduct the examination of patient<br>2.1 Assist physician during conduct of consultation                               | None  | 30 Minutes      | Nurse CI-OPS                   |
| 3. Submit the chart to complete the OPS consult                                  | 3. Provide health education on home care, follow up and necessary diagnostics  | None  | 10 Minutes      | Nurse CI-OPS                   |

|               |   |      |                       |                        |
|---------------|---|------|-----------------------|------------------------|
|               | 3.1 Schedule patient for follow up and/or procedures  | None | 5 Minutes             | <i>Nurse</i><br>CI-OPS |
|               | 3.2 Issue referral slip and instruct patient on appropriate clinic/department (if applicable) | None | 5 Minutes             | <i>Nurse</i><br>CI-OPS |
|               | 3.3 Return Blue Card to the patient with schedule and appointments                            | None | 3 Minutes             | <i>Nurse</i><br>CI-OPS |
| <b>TOTAL:</b> |   | None | 3 Hours,<br>9 Minutes |                        |



## 9. Outpatient Consultation for Pediatric Hematology Oncology

Consultation of Cancer Institute Outpatient Services (CI-OPS) Pediatric Hematology Patients  
(Room 108; Tuesdays, Thursdays and Fridays 1:00 p.m. to 5:00 pm)

| <b>Office or Division:</b>                 | Cancer Institute Out Patient Services (Nursing Services)  |  |                 |  |
|--|---|--|-----------------|--|
| <b>Classification:</b>                     | Simple  |  |                 |  |
| <b>Type of Transaction:</b>                | G2C   |  |                 |  |
| <b>Who may avail:</b>                      | All cancer pediatric patients requiring Chemotherapy treatment, Bone Marrow Aspirate, Intrathecal infusion and biopsy |  |                 |  |
| CHECKLIST OF REQUIREMENTS                  |   | WHERE TO SECURE  |                 |  |
| Blue Card (1 original)                     |   | Department of Out Patient Services – Palistahan - Window C |                 |  |
| Retrieved Chart                            |   | Medical Records Division                                   |                 |  |
| CBC result (within 1 day of consult)       |   | Diagnostic Laboratory                                      |                 |  |
| CLIENT STEPS                               | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                       |
| 1. Submit Blue Card at the Nurse Station   | 1. Verify the above requirements  | None   | 3 Minutes       | <i>Nurse/Nursing Attendant</i><br>CI-OPS |
| 2. Register patient name                   | 2. Instruct watcher to list name of patient and time of arrival   | None   | 5 Minutes       | <i>Nurse/Nursing Attendant</i><br>CI-OPS |
|  | 2.1 Encode the patient information in the CARROT system   | None   | 3 Minutes       | <i>Nurse/Nursing Attendant</i><br>CI-OPS |
|  | 2.2 Queue patient for consultation to attending physician   | None   | 2 Hours         | <i>Nurse/Nursing Attendant</i><br>CI-OPS |
| 3. Consult with doctor regarding procedure | 3. Assist primary service during conduct of consultation  | None   | 15 Minutes      | <i>Nurse</i><br>CI-OPS                   |
|  | 3.1 Assist anesthesiologist during conduct of consultation  | None   | 15 Minutes      | <i>Nurse</i><br>CI-OPS                   |
|  | 3.2 Assist in the conduction of the collective orientation of watchers whose patients are cleared                     | None   | 15 Minutes      | <i>Nurse</i><br>CI-OPS                   |

|  |  |      |                        |                        |
|--|--|------|------------------------|------------------------|
|  | for the procedure<br>(Bone Marrow Aspirate, Intrathecal chemotherapy and biopsy)               |      |                        |                        |
| 4. Read and signify consent by signing consent for procedure     | 4. Secure consent for procedure  | None | 5 Minutes              | <i>Nurse</i><br>CI-OPS |
|  | 4.1 Queue patient for the procedure  | None | 2 Hours                | <i>Nurse</i><br>CI-OPS |
|  | 4.2 Assist the patient to the area of procedure  | None | 5 Minutes              | <i>Nurse</i><br>CI-OPS |
|  | 4.3 Assist the physician in the performance of the procedure                                   | None | 30 Minutes             | <i>Nurse</i><br>CI-OPS |
| 5. Submit the chart to complete the Out Patient Services consult | 5. Provide health education on home care, follow up and necessary diagnostics                  | None | 10 Minutes             | <i>Nurse</i><br>CI-OPS |
|  | 5.1 Schedule patient for follow up and/or procedures   | None | 5 Minutes              | <i>Nurse</i><br>CI-OPS |
|  | 5.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable) | None | 5 Minutes              | <i>Nurse</i><br>CI-OPS |
|  | 5.3 Return Blue Card to the patient with schedule and appointments                             | None | 3 Minutes              | <i>Nurse</i><br>CI-OPS |
| <b>TOTAL:</b>  |  | None | 5 Hours,<br>59 Minutes |                        |

## 10. Outpatient Consultation for Radiation Oncology Patients

Consultation of Cancer Institute Outpatient Services (CI-OPS) Radiation Oncology Patients  
(Room 108; Mondays to Fridays 8:00 pm to 12:00 pm)

|   |  |  |                        |  |
|---|--|--|------------------------|--|
| <b>Office or Division:</b>                                  | Cancer Institute Out Patient Services (Nursing Services)                                       |  |                        |  |
| <b>Classification:</b>                                      | Simple   |  |                        |  |
| <b>Type of Transaction:</b>                                 | G2C  |  |                        |  |
| <b>Who may avail:</b>                                       | All cancer patients requiring Radiation and consult to Radiation Oncology                      |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                            |  | <b>WHERE TO SECURE</b>                                     |                        |  |
| Blue Card (1 original)                                      |  | Department of Out Patient Services – Palistahan - Window C |                        |  |
| Retrieved Chart   |  | Medical Records Division                                   |                        |  |
|   |  |  |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                |
| 1. Register and Surrender blue card at the nurses' station  | 1. Verify the above requirements   | None   | 3 Minutes              | <i>Nurse/Nursing Attendant</i><br>CI-OPS |
| 2. Register patient name                                    | 2. Instruct watcher to list name of patient and time of arrival                                | None   | 5 Minutes              | <i>Nurse/Nursing Attendant</i><br>CI-OPS |
|   | 2.1 Encode the patient information in the CARROT system  | None   | 3 Minutes              | <i>Nurse/Nursing Attendant</i><br>CI-OPS |
| 3. Consult with doctor                                      | 3. Facilitate consult  | None   | 30 Minutes             | <i>Nurse</i><br>CI-OPS                   |
| 4. Submit chart to complete the Out Patient Service consult | 4. Provide health education on home care, follow up and necessary diagnostics                  | None   | 10 Minutes             | <i>Nurse</i><br>CI-OPS                   |
|   | 4.1 Schedule patient for follow up and/or procedures   | None   | 5 Minutes              | <i>Nurse</i><br>CI-OPS                   |
|   | 4.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable) | None   | 5 Minutes              | <i>Nurse</i><br>CI-OPS                   |
|   | 4.3 Return blue card to the patient with schedule and appointments                             | None   | 3 Minutes              | <i>Nurse</i><br>CI-OPS                   |
| <b>TOTAL:</b>   |  | None   | 1 Hour, 4 Minutes      |  |

## 11. Administration of Chemotherapy as Outpatient Basis

Administration of chemotherapy drugs in the Ambulatory Chemotherapy Unit

|   |   |                          |                        |                           |
|---|---|--------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>                                      | Cancer Institute Outpatient Services (Nursing Services)   |                          |                        |                           |
| <b>Classification:</b>  | Simple  |                          |                        |                           |
| <b>Type of Transaction:</b>                                     | G2C   |                          |                        |                           |
| <b>Who may avail:</b>   | All Cancer patients requiring chemotherapy infusion as Outpatient basis   |                          |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                |   | <b>WHERE TO SECURE</b>   |                        |                           |
| Retrieved Chart   |   | Medical Records Division |                        |                           |
|   |   |                          |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit requirement for chemotherapy                          | 1. Verify for the above requirement   | None                     | 3 minutes              | <i>Nurse</i><br>CI-OPS    |
|   | 1.1 Orient patient (and watcher) to procedure   | None                     | 5 minutes              | <i>Nurse</i><br>CI-OPS    |
| 2. Read and signify consent by signing consent for chemotherapy | 2. Secure consent for procedure   | None                     | 5 minutes              | <i>Nurse</i><br>CI-OPS    |
|   | 2.1 Queue patient for the procedure and the issuance of chemotherapy drugs  | None                     | 3 hours                | <i>Nurse</i><br>CI-OPS    |
|   | 2.2 Retrieve the chemotherapy drug and needs of the patient from the Oncology Pharmacy once available   | None                     | 20 minutes             | <i>Nurse</i><br>CI-OPS    |
|   | 2.3 Administer the prescribed chemotherapy infusion (this includes: establishing an Intravenous fluid access, infusion of prehydration, giving of pre medications and post hydration) | None                     | 5 hours                | <i>Nurse</i><br>CI-OPS    |
| 3. Complete the infusion of Chemotherapy                        | 3. Assess for post chemotherapy adverse reactions   | None                     | 10 minutes             | <i>Nurse</i><br>CI-OPS    |

|                         |   |      |                        |                        |
|-------------------------|---|------|------------------------|------------------------|
| Regimen for the consult | 3.1 Provide health education on home care: including delayed reactions and their appropriate treatment, follow up and necessary diagnostics | None | 10 minutes             | <i>Nurse</i><br>CI-OPS |
| <b>TOTAL:</b>           |   | None | 8 Hours,<br>53 Minutes |                        |

## **Department of Dermatology**

### **External Services**

## 1. Outpatient Consultation for NEW Dermatology Patients

Consultation for new patients at the Department of Dermatology

|   |   |  |                             |   |
|---|---|--|-----------------------------|---|
| <b>Office or Division:</b>                              |   | Department of Dermatology                  |                             |   |
| <b>Classification:</b>                                  |   | Simple                                     |                             |   |
| <b>Type of Transaction:</b>                             |   | G2C  |                             |   |
| <b>Who may avail:</b>                                   |   | All patients who need Dermatology Services |                             |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                        |   | <b>WHERE TO SECURE</b>                     |                             |   |
| Blue Card (1 original)                                  |   | DOPS                                       |                             |   |
| <b>CLIENT STEPS</b>                                     | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                     | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b>   |
| 1. Present blue card at Dermatology Department          | 1. Verify that patient has blue card and case number.<br>1.1 Secure passcode to access electronic medical record for consultation.<br>1.2 Queue patient for consultation to attending physician | None                                       | 20 minutes                  | <i>Ward Clerk/Nursing Attendant/ Encoder/ Nurse Dermatology Department</i><br><br><i>Medical Records Officer Outpatient Services Department</i> |
| 2. Consult with doctor at Dermatology Department        | 2. Conduct consultation<br>2.1 Update electronic medical record.<br>2.2 Schedule patient for follow up and/or procedures  | None                                       | 35 minutes                  | <i>Doctor of Clinic Dermatology Department</i>  |
| 3. Complete discharge process at Dermatology Department | 3. Provide health education on home care, follow up and necessary diagnostics.<br>3.1 Return blue card to patient.  | None                                       | 5 minutes                   | <i>Nurse in Charge Dermatology Department</i>   |
| <b>TOTAL:</b>   |   | None                                       | Processing Time: 60 minutes |   |

## 2. Outpatient Consultation for Old Dermatology Patients

Consultation for old patients at the Department of Dermatology

|  |  |  |                               |   |
|--|--|--|-------------------------------|---|
| <b>Office or Division:</b>   |  | Department of Dermatology                  |                               |   |
| <b>Classification:</b>   |  | Simple                                     |                               |   |
| <b>Type of Transaction:</b>  |  | G2C  |                               |   |
| <b>Who may avail:</b>  |  | All patients who need Dermatology Services |                               |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                       |  | <b>WHERE TO SECURE</b>                     |                               |   |
| Blue Card (1 original)   |  | DOPS                                       |                               |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                     | <b>PROCESSING TIME</b>        | <b>PERSON RESPONSIBLE</b>   |
| 1. Present blue card with schedule to clinic for retrieval of records. | 1. Check blue card and verify schedule of consultation with the attending physician.<br>1.1 Secure passcode to access electronic medical record for consultation.<br>1.2 Queue patient for consultation to attending physician | None                                       | 20 minutes                    | <i>Ward Clerk/<br/>Nursing Attendant/<br/>Encoder/Nurse<br/>Dermatology<br/>Department</i><br><br><i>Medical Records<br/>Officer<br/>Outpatient Services<br/>Department</i> |
| 2. Consult with doctor at the Dermatology Department                   | 2. Conduct the consultation<br>2.1 Update electronic medical record.<br>2.2 Schedule patient for follow up and/or procedures   | None                                       | 35 minutes                    | <i>Attending<br/>Physician<br/>Dermatology<br/>Department</i>   |
| 3. Complete discharge process  | 3. Provide health education on home care, follow up and necessary diagnostics.<br>3.1 Return blue card to patient  | None                                       | 5 minutes                     | <i>Nurse-in-Charge<br/>Dermatology<br/>Department</i>   |
| <b>TOTAL:</b>  |  | None                                       | Processing Time<br>60 minutes |   |



### 3. Outpatient Dermatological Procedures, Department of Dermatology (With PhilHealth Coverage)

Services which are covered by PhilHealth for patients at the Department of Out Patient Services

|   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| <b>Office or Division:</b>                              |   | Department of Dermatology  |                                      |  |
| <b>Classification:</b>                                  |   | Simple   |                                      |  |
| <b>Type of Transaction:</b>                             |   | G2C  |                                      |  |
| <b>Who may avail:</b>                                   |   | Patients scheduled for Biopsy, Ungiectomy, Dermatologic Surgery/Excision |                                      |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                        |   |  | <b>WHERE TO SECURE</b>               |  |
| Blue Card (1 original)                                  |   |  | DOPS                                 |  |
| Procedure Form with Schedule                            |   |  | Attending Physician                  |  |
| PhilHealth assessment form                              |   |  | PhilHealth Express Office (Room 116) |  |
| Procedural needs c/o PhilHealth                         |   |  | DOPS Pharmacy                        |  |
| <b>CLIENT STEPS</b>                                     | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>               | <b>PERSON RESPONSIBLE</b>  |
| 1. Present self on day of schedule with blue card.      | 1. Validates schedule.  | None   | 5 minutes                            | <i>Nurse in Charge/ Ward Clerk</i><br>Dermatology Department   |
| 2. Settle financial obligations.                        | 2. Accomplish all necessary forms<br><br>2.2 Issue charge slip<br><br>2.3 Coordinate with PhilHealth Express Office   | Refer to approved schedule of fees                                       | 25 minutes                           | <i>Attending Physician</i><br>Dermatology Department<br><br><i>Ward Clerk</i><br><i>Nurse</i><br>Dermatology Department              |
| 3. Return to nurse's station at the Dermatology clinic. | 3. Prepare needs for procedure<br><br>3.1 Secure passcode for access of electronic medical record.<br><br>3.2 Prepares needs for procedure<br><br>3.3 Provides pre- |  | 20 minutes                           | <i>Nurse in Charge/ Ward Clerk</i><br>Dermatology Department<br><br><i>Medical Records Officer</i><br>Outpatient Services Department |

|                               |   |                                    |   |  |
|-------------------------------|---|------------------------------------|---|--|
|                               | operative instructions and takes pre-operative vital signs                                    |                                    |   |  |
| 4. Undergo procedure          | 4. Conduct procedure.<br><br>Note: Procedure is variable and depends on the type of case done | None                               | Variable  | <i>Attending Physician/<br/>Surgical Team<br/>Dermatology Department</i> |
| 5. Complete discharge process | 5. Instruct patient on home care and follow up  | None                               | 10 minutes  | <i>Attending Physician<br/>Dermatology Department</i>                    |
| <b>TOTAL:</b>                 |   | Refer to approved schedule of fees | Processing Time:<br>60 minutes<br>Actual Surgery:<br>Variable |  |

#### 4. Outpatient Dermatological Procedures, Department of Dermatology (Without PhilHealth Coverage, Payable to CASHIER)

Dermatological Services which are not covered by PhilHealth for patients at the Department of Out Patient Services including Electrosurgery under Eutectic Mixture of Local Anesthetics (EMLA), Electrosurgery under Local Anesthesia (EDLA), Acne Surgery, Direct Immunofluorescence, Phototherapy, Laser

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>  |   | Department of Dermatology   |                        |  |
| <b>Classification:</b>  |   | Simple  |                        |  |
| <b>Type of Transaction:</b>   |   | G2C   |                        |  |
| <b>Who may avail:</b>   |   | Patients scheduled EMLA, EDLA, Acne Surgery, DIF, Phototherapy, Laser |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |  |
| Blue Card (1 original)  |   | DOPS  |                        |  |
| Procedure Form with Schedule  |   | Attending Physician   |                        |  |
| Procedure Needs   |   | Attending Physician's Prescription                                    |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present self on day of schedule with blue card at Dermatology Department | 1. Validates schedule<br><br>1.1 Issue appropriate charge slip and directs to cashier.  | None  | 10 minutes             | <i>Nurse in charge/<br/>Nursing Attendant<br/>Dermatology<br/>Department</i>   |
| 2. Pay charges to cashier   | 2. Accept payment and issue Official Receipt  | Refer to the Approved schedule of fees                                | 10 minutes             | <i>DOPS Cashier<br/>Cash Division</i>  |
| 3. Return to nurse's station at the Dermatology clinic.                     | 3. Prepare needs for procedure<br><br>3.1 Secure passcode for access of electronic medical record.<br><br>3.2 Prepares needs for procedure<br><br>3.3 Provides pre-operative instructions and | None  | 10 minutes             | <i>Nurse in charge/<br/>Nursing Attendant<br/>Dermatology<br/>Department<br/><br/>Medical Records<br/>Officer<br/>Outpatient<br/>Services Department</i> |

|                               |   |      |  |  |
|-------------------------------|---|------|--|--|
|                               | takes pre-operative vital signs   |      |  |  |
| 4. Undergo procedure          | 4. Conduct procedure<br><br>Note:<br>Procedure is variable and depends on the type of case done | None | Variable   | <i>Attending Physician Nurse</i><br>Dermatology Department |
| 5. Complete discharge process | 5. Instruct patient on home care and follow up  | None | 10 minutes   | <i>Attending Physician</i><br>Dermatology Department       |
| <b>TOTAL:</b>                 |   | None | Processing Time:<br>40minutes<br><br>Actual Surgery:<br>Variable |  |

# **Department of Emergency Medicine**

## **External Services**

## 1. Patient Consultation at the DEM

Patient consultation at the Department of Emergency Medicine (DEM) covers activities from receiving of patient at the Triage Area up to disposition

|  |   |                        |                        |  |
|--|---|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Department of Emergency Medicine  |                        |                        |  |
| <b>Classification:</b>   | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>  | G2C   |                        |                        |  |
| <b>Who may avail:</b>  | All patients who need emergency services  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   |                        | <b>WHERE TO SECURE</b> |  |
| PIS Form (Patient Information Sheet) (1 original)  |   |                        | DEM Triage             |  |
| Blue Card (1 original)   |   |                        | Medical Records        |  |
| Clinical Abstract (1 original)   |   |                        | Medical Records        |  |
| Discharge Summary (1 original)   |   |                        | Medical Records        |  |
| Discharge Slip (1 original)  |   |                        | Medical Records        |  |
| Prescription (1 original)  |   |                        |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Consult at the Triage Area of Emergency Department  | 1.0 Prioritize patient according to Emergency Severity Index<br>Adult and Trauma<br>Pediatric Non-Trauma (<19 years old)<br><br>1. 1 Issue Patient Information Sheet (PIS) form to patients' representative | None                   | 10 Minutes             | <i>Doctor/Nurse</i><br>DEM   |
| 2. Submit Patient information sheet (PIS) Form to the ED Medical Records Section for registration and proceed to Medical Social Service for evaluation | 2.0 Check completeness of PIS form, issue blue card, and patient consult/OPD chart<br><br>2.1 Evaluate for MSS classification and Philhealth registration   | None                   | 10 Minutes             | <i>Administrative Staff</i><br>Medical Records<br>DEM<br><br><i>Social Worker</i><br>Medical Social Service<br>DEM |
| 3. Proceed to patient treatment area based on emergency severity index   | 3.0 Attend to patient according to ESI category <ul style="list-style-type: none"> <li>Assessment, initial management, diagnostics, referrals</li> </ul>  | None                   | 30 Minutes to 1 hour   | <i>Doctor</i><br>DEM   |

|  |   |      |                                       |                          |
|--|---|------|---------------------------------------|--------------------------|
|  | 3.1 Establish IV access, administer medications, insertion of contraptions as needed  | None | 30 Minutes to 1 hour                  | Nurse DEM                |
| 4. Stay at the patient treatment area for observation, monitoring, and final disposition | 4.0 Reassess patients after initial management<br><br>4.1 Identify disposition status: <i>Admit, Discharge, or Transfer to hospital of choice</i>   | None | 15 Minutes to 4 hours                 | Doctor DEM               |
| 5. Prepare for admission, discharge, or transfer to hospital of choice                   | 5.0 Accomplish necessary documents and direct patient to areas based on patient disposition status <ul style="list-style-type: none"> <li>• Admit – direct patient to designated ward</li> <li>• Discharge – endorse <b>discharge slip, discharge summary, clinical abstract, and prescription (if necessary)</b> to patient and/or patient's representative</li> <li>• THOC – endorse <b>discharge summary and clinical abstract</b> to patient and/or patient's representative</li> </ul><br>5.1 Admission or Discharge from ED | None | 30 Minutes to 1 hour                  | Doctor/Nurse DEM         |
|  |   | None | 10 minutes to 23 hours and 59 minutes | Institutional Worker DEM |
| <b>TOTAL:</b>  |   | None | 1 Hour, 55 Minutes to                 |                          |

|  |  |                            |  |
|--|--|----------------------------|--|
|  |  | 23 hours and<br>59 minutes |  |
|--|--|----------------------------|--|



# **Department of Family and Community Medicine**

## **External Services**

## 1. Consultation – Ambulatory Unit

Involves examination, diagnosis and treatment of patients with a Family Medicine related complaint at the Ambulatory Clinic and Out Patient Services

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>   | Department of Family and Community Medicine (DFCM)   |   |                        |  |
| <b>Classification:</b>   | Simple   |   |                        |  |
| <b>Type of Transaction:</b>  | G2C  |   |                        |  |
| <b>Who may avail:</b>  | All individuals with a chief complaint related to Family Medicine  |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                        |                        |  |
| Referral from other departments or institutions (as applicable) (1 original)     |  | Referring physician                           |                        |  |
| Blue card (1 original)   |  | ER Palistahan                                 |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| <b>DECKED TO DFCM AS PRIMARY SERVICE</b>   |  |   |                        |  |
| 1. Proceed to the Ambulatory Unit after being triaged by DEM for chief complaint | 1. Receive patient and perform thorough history taking and physical examination<br><br>1.1 Give advice regarding the appropriate diagnostic and therapeutic management | None  | 1 hour 30 minutes      | <i>Physician and Intern DFCM</i>                     |
| 2. Give consent to further management  | 2. Perform the appropriate diagnostic and therapeutic management   | Please refer to the approved Schedule of Fees | 3 hours 15 minutes     | <i>Physician and Intern/ Radiology or Laboratory</i> |
| <b>TOTAL:</b>  |  |   | 4 hours and 15 minutes |  |
| <b>REFERRED TO OTHER SERVICES FOR CO-MANAGING</b>                                |  |   |                        |  |
| 1. Wait to be seen by other services   | 1. Call the patient  | None  | 1 hour                 | <i>Physician from other service</i>                  |
|  | 1.1 Receive patient and perform thorough history taking and physical examination<br><br>1.2 Give advice regarding appropriate diagnostic and therapeutic management    | None<br><br>None                              | 30 minutes             | <i>Physician from other service</i>                  |

|                                       |  |   |            |   |
|---------------------------------------|--|---|------------|---|
| 2. Give consent to further management | 3. Perform appropriate diagnostic and therapeutic management | None  | 30 minutes | <i>Physician from other service Radiology or Laboratory</i> |
| <b>TOTAL:</b>                         |  | Please refer to the approved Schedule of Fees | 3 hours    |   |

## 2. Consultation – UP Health Services Unit

Involves examination, diagnosis and treatment of patients with a Family Medicine related complaint at the Ambulatory Clinic and Out Patient Services

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>   | Department of Family and Community Medicine (DFCM)   |   |                        |  |
| <b>Classification:</b>   | Simple   |   |                        |  |
| <b>Type of Transaction:</b>  | G2C  |   |                        |  |
| <b>Who may avail:</b>  | All individuals with a chief complaint related to Family Medicine  |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                        |                        |  |
| Referral from other departments or institutions (as applicable) (1 original) |  | Viewed via OCRA                               |                        |  |
| Blue card (1 original)   |  | Malasakit Center PGH                          |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| <b>DECKED TO DFCM AS PRIMARY SERVICE</b>                                     |  |   |                        |  |
| 1. Go to the UPHS Unit   | 1. Receive patient and perform thorough history taking and physical examination<br>1.1 Give advice regarding the appropriate diagnostic and therapeutic management | None  | 30 minutes             | <i>Physician and Intern UPHS</i>                     |
| 2. Give consent to further management  | 2. Perform the appropriate diagnostic and therapeutic management   | Please refer to the approved Schedule of Fees | 15 minutes             | <i>Physician and Intern/ Radiology or Laboratory</i> |
| <b>TOTAL:</b>  |  | Please refer to the approved Schedule of Fees | 45 minutes             |  |

### 3. Consultation – Family Practice Center (FPC), Hospice Clinic

The Family Practice Center is the outpatient ambulatory unit of the Department of Family and Community Medicine. It is a primary care center which simulate the family practice, which is the comprehensive medical care with emphasis on the family unit and where the physician's continuing care is not limited by the patient's age or sex nor by the organ system or disease entity.

The Family Health Service is the service arm of the Family Practice Center that caters to the Patient-Centered (except individual primary care) and Family-Focused Services.

|  |   |                        |                        |  |
|--|---|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Department of Family and Community Medicine (DFCM)  |                        |                        |  |
| <b>Classification:</b>   | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>  | G2C   |                        |                        |  |
| <b>Who may avail:</b>  | All individuals with a primary care complaint and desirous of a comprehensive, continuing and family-focused medical care.  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |  |
| Referral from other departments or institutions (as applicable) (1 original) |   | Viewed via OCRA        |                        |  |
| Blue card (if on follow up) (1 original)                                     |   | DOPS Palistahan        |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| <b>NEW PATIENT</b>   |   |                        |                        |  |
| 1. Proceed to the FPC Clinic   | 1. Receive patient's name   | None                   | 10 minutes             | <i>Nurse on duty</i><br>FPC Clinic         |
| 2. Wait to be called for vital signs   | 2. Call the name of patient and take vital signs  | None                   | 10 minutes             | <i>Nurse on duty</i><br>FPC Clinic         |
| 3. Wait to be called for initial interview                                   | 3. Put name of patient on queue   | None                   | 2 hours                | <i>Physician and interns</i><br>FPC Clinic |
| 4. Enter the clinic once called  | 4. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan<br>4.1 Give prescriptions and/or laboratory requests as needed<br>4.2 Send the patient to the nurse for scheduling | None                   | 1 hour                 | <i>Physician and Interns</i><br>FPC Clinic |

|  |   |      |                        |                                    |
|--|---|------|------------------------|------------------------------------|
| 5. Give the chart to the nurse for scheduling via OCRA | 6. Give the instructions regarding the laboratory and/or medications prescribed<br>5.1 Give schedule of follow up or consult to subspecialty clinic   | None | 10 minutes             | <i>Nurse on duty</i><br>FPC Clinic |
| <b>TOTAL:</b>  |   | None | 3 hours,<br>30 minutes |                                    |
| <b>FOLLOW UP CONSULT</b>                               |   |      |                        |                                    |
| 1. Proceed to the FPC Clinic                           | 1. Receive patient's name   | None | 5 minutes              | <i>Nurse on duty</i><br>FPC Clinic |
| 2. Wait to be called for vital signs                   | 2. Call the name of patient and take vital signs  | None | 10 minutes             | <i>Nurse on duty</i><br>FPC Clinic |
| 3. Wait to be called for initial interview             | 3. Put name of patient on queue   | None | 2 hours                | <i>Nurse on duty</i><br>FPC Clinic |
| 4. Enter the clinic once called                        | 3. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan<br>4.1 Give prescriptions and/or laboratory requests as needed<br>4.2 Send the patient to the nurse for scheduling | None | 30 minutes             | <i>Physician</i><br>FPC Clinic     |
| 5. Give the chart to the nurse for scheduling via OCRA | 5. Give the instructions regarding the laboratory and/or medications prescribed<br>5.1 Give schedule of follow up or consult to subspecialty clinic   | None | 10 minutes             | <i>Nurse on duty</i><br>FPC Clinic |
| <b>TOTAL:</b>  |   | None | 2 hours,<br>55 minutes |                                    |

#### 4. Scheduling of Consult at OPD

Providing a follow up schedule for consultation at the OPD

|  |   |   |                        |                                   |
|--|---|---|------------------------|-----------------------------------|
| <b>Office or Division:</b>                                   | Department of Family and Community Medicine (DFCM)  |   |                        |                                   |
| <b>Classification:</b>                                       | Simple  |   |                        |                                   |
| <b>Type of Transaction:</b>                                  | G2C   |   |                        |                                   |
| <b>Who may avail:</b>  | Patient who were advised to follow up at the OPD  |   |                        |                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |   | <b>WHERE TO SECURE</b>                  |                        |                                   |
| Blue card (1 original)                                       |   | DOPS Palistahan                         |                        |                                   |
| Physician advises patient to follow up or consult at the FPC |   | Written in Blue card or viewed via OCRA |                        |                                   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>         |
| <b>New Patient</b>   |   |   |                        |                                   |
| 1. Secure schedule via OCRA                                  | 1. Schedule the patient on earliest available clinic slot   | None                                    | 5 minutes              | <i>Clinic Encoder Information</i> |
| <b>TOTAL:</b>  |   | None                                    | 5 minutes              |                                   |
| <b>Follow Up Consult</b>                                     |   |   |                        |                                   |
| 1. Bring Blue card to the nurse after concluding consult     | 1. Receive the blue card and note physician's orders for follow up<br>1.1 Write the follow up schedule<br>1.2 Return Blue card to patient | None                                    | 5 minutes              | <i>Nurse on duty DFCM Clinic</i>  |
| <b>TOTAL:</b>  |   | None                                    | 5 minutes              |                                   |

## 5. Pap Smear

Providing a Pap smear to Patient of DFCM

|  |  |                        |                        |                                  |
|--|--|------------------------|------------------------|----------------------------------|
| <b>Office or Division:</b>                                       | Department of Family and Community Medicine (DFCM)   |                        |                        |                                  |
| <b>Classification:</b>   | Simple   |                        |                        |                                  |
| <b>Type of Transaction:</b>                                      | G2C  |                        |                        |                                  |
| <b>Who may avail:</b>  | Patient who were advised for Pap Smear procedure   |                        |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                 |  | <b>WHERE TO SECURE</b> |                        |                                  |
| Blue card (1 original)   |  | DOPS Palistahan        |                        |                                  |
| Physician advice to follow up or consult at the Specialty Clinic |  | Viewed via OCRA        |                        |                                  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| <b>Pap Smear Procedure</b>                                       |  |                        |                        |                                  |
| 1. Go to the DFCM Clinic   | 1. Receive Blue card   | None                   | 5 minutes              | <i>Nurse on duty DFCM Clinic</i> |
| 2. Wait to be called for vital signs                             | 2. Call the name of patient and take vital signs   | None                   | 10 minutes             | <i>Nurse on duty DFCM Clinic</i> |
| 3. Wait to be called for initial interview                       | 3. Put patient name on queue   | None                   | 2 hours                | <i>Nurse on duty DFCM Clinic</i> |
| 4. Enter the clinic once called                                  | 4. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management | None                   | 30 minutes             | <i>Physician DFCM Clinic</i>     |
| 5. Give consent to further management                            | 5. Perform Pap smear and therapeutic management<br>5.1 Give prescriptions and/or laboratory requests as needed   | None                   | 30 minutes             | <i>Physician DFCM Clinic</i>     |
| 6. Go to Cashier and pay for the procedure                       | 6.1 Accept the payment and issue official receipt  | PHP 150.00             | 15 minutes             | <i>PGH Cashier</i>               |
| 7. Give the Blue card to the nurse for scheduling via OCRA       | 7. Give the additional instructions regarding the Pap Smear<br>7.1 Give schedule of follow up.   | None                   | 10 minutes             | <i>Nurse on duty DFCM Clinic</i> |
| <b>TOTAL:</b>  |  | PHP 150.00             | 3 hours, 40 minutes    |                                  |



## 6. NGT Insertion/ Removal

Providing NGT Insertion/ Removal to Patient of DFCM

|  |  |                              |                        |                                     |
|--|--|------------------------------|------------------------|-------------------------------------|
| <b>Office or Division:</b>                                       | Department of Family and Community Medicine (DFCM)   |                              |                        |                                     |
| <b>Classification:</b>   | Simple   |                              |                        |                                     |
| <b>Type of Transaction:</b>                                      | G2C  |                              |                        |                                     |
| <b>Who may avail:</b>  | Patient who were advised for NGT Insertion / Removal   |                              |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                 |  | <b>WHERE TO SECURE</b>       |                        |                                     |
| Blue card (1 original)   |  | DOPS Palistahan              |                        |                                     |
| Physician advice to follow up or consult at the Specialty Clinic |  | Viewed via OCRA              |                        |                                     |
| Naso-Gastric Tube  |  | Pharmacy, Outside Pharmacies |                        |                                     |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| <b>NGT Insertion/ Removal Procedure</b>                          |  |                              |                        |                                     |
| 1. Go to the DFCM Clinic   | 1. Receive Blue card   | None                         | 5 minutes              | <i>Nurse on duty</i><br>DFCM Clinic |
| 2. Wait to be called for vital signs                             | 2. Call the name of patient and take vital signs   | None                         | 10 minutes             | <i>Nurse on duty</i><br>DFCM Clinic |
| 3. Wait to be called for initial interview                       | 3. Put name of patient on queue  | None                         | 2 hours                | <i>Nurse on duty</i><br>DFCM Clinic |
| 4. Enter the clinic once called                                  | 4. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management | None                         | 30 minutes             | <i>Physician</i><br>DFCM Clinic     |
| 5. Give consent to further management                            | 5. Perform NGT Insertion/ Removal and therapeutic management<br>5.1 Give prescriptions and/or laboratory requests as needed  | None                         | 30 minutes             | <i>Physician</i><br>DFCM Clinic     |
| 6. Give the Blue card to the nurse for scheduling via OCRA       | 6. Give the additional instructions regarding the NGT Insertion/ Removal<br>6.2 Give schedule of follow up.  | None                         | 10 minutes             | <i>Nurse on duty</i><br>DFCM Clinic |
| <b>TOTAL:</b>  |  | None                         | 3 hours, 25 minutes    |                                     |

## 7. IM Injection of Medications

Providing IM Injection of Medications to Patient of DFCM

|  |  |                              |                        |                                     |
|--|--|------------------------------|------------------------|-------------------------------------|
| <b>Office or Division:</b>                                       | Department of Family and Community Medicine (DFCM)   |                              |                        |                                     |
| <b>Classification:</b>   | Simple   |                              |                        |                                     |
| <b>Type of Transaction:</b>                                      | G2C  |                              |                        |                                     |
| <b>Who may avail:</b>  | Patient who were advised for <b>IM Injection of Medications</b>  |                              |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                 |  | <b>WHERE TO SECURE</b>       |                        |                                     |
| Blue card (1 original)   |  | DOPS Palistahan              |                        |                                     |
| Physician advice to follow up or consult at the Specialty Clinic |  | Viewed via OCRA              |                        |                                     |
| Medicine   |  | Pharmacy, Outside pharmacies |                        |                                     |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| <b>IM Injection of Medications Procedure</b>                     |  |                              |                        |                                     |
| 1. Go to the DFCM Clinic   | 1. Receive Blue card   | None                         | 5 minutes              | <i>Nurse on duty</i><br>DFCM Clinic |
| 2. Wait to be called for vital signs                             | 2. Call the name of patient and take vital signs   | None                         | 10 minutes             | <i>Nurse on duty</i><br>DFCM Clinic |
| 3. Wait to be called for initial interview                       | 3. Put name of patient on queue  | None                         | 2 hours                | <i>Nurse on duty</i><br>DFCM Clinic |
| 4. Enter the clinic once called                                  | 4. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management | None                         | 30 minutes             | <i>Physician</i><br>DFCM Clinic     |
| 5. Give consent to further management                            | 5. Perform IM Injection of Medications and therapeutic management<br>5.1 Give prescriptions and/or laboratory requests as needed   | None                         | 30 minutes             | <i>Physician</i><br>DFCM Clinic     |
| 6. Give the Blue card to the nurse for scheduling                | 6. Give the additional instructions regarding the IM Injection of Medications<br>6.1 Give schedule of follow up.   | None                         | 10 minutes             | <i>Nurse on duty</i><br>DFCM Clinic |
| <b>TOTAL:</b>  |  | None                         | 3 hours, 25 minutes    |                                     |

## 8. Foley Catheter Insertion and Removal

Providing Foley Catheter Insertion and Removal to Patient of DFCM

|  |  |                              |                        |                                     |
|--|--|------------------------------|------------------------|-------------------------------------|
| <b>Office or Division:</b>                                       | Department of Family and Community Medicine (DFCM)   |                              |                        |                                     |
| <b>Classification:</b>   | Simple   |                              |                        |                                     |
| <b>Type of Transaction:</b>                                      | G2C  |                              |                        |                                     |
| <b>Who may avail:</b>  | Patient who were advised for <b>Foley Catheter Insertion and Removal</b>   |                              |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                 |  | <b>WHERE TO SECURE</b>       |                        |                                     |
| Blue card (1 original)   |  | DOPS Palistahan              |                        |                                     |
| Physician advice to follow up or consult at the Specialty Clinic |  | Viewed via OCRA              |                        |                                     |
| Foley Catheter   |  | Pharmacy, Outside pharmacies |                        |                                     |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| <b>Foley Catheter Insertion and Removal Procedure</b>            |  |                              |                        |                                     |
| 1. Go to the DFCM Clinic   | 1. Receive Blue card   | None                         | 5 minutes              | <i>Nurse on duty</i><br>DFCM Clinic |
| 2. Wait to be called for vital signs                             | 2. Call the name of patient and take vital signs   | None                         | 10 minutes             | <i>Nurse on duty</i><br>DFCM Clinic |
| 3. Wait to be called for initial interview                       | 2. Put name of patient on queue  | None                         | 2 hours                | <i>Nurse on duty</i><br>DFCM Clinic |
| 4. Enter the clinic once called                                  | 4. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management | None                         | 30 minutes             | <i>Physician</i><br>DFCM Clinic     |
| 5. Give consent to further management                            | 5. Do Foley Catheter Insertion and Removal and therapeutic management<br>5.1 Give prescriptions and/or laboratory requests as needed                                       | None                         | 30 minutes             | <i>Physician</i><br>DFCM Clinic     |
| 6. Give the Blue card to the nurse for scheduling via OCRA       | 6. Give the additional instructions regarding the Foley Catheter Insertion and Removal<br>6.1 Give schedule of follow up.  | None                         | 10 minutes             | <i>Nurse on duty</i><br>DFCM Clinic |

|               |      |                        |  |
|---------------|------|------------------------|--|
| <b>TOTAL:</b> | None | 3 hours,<br>25 minutes |  |
|---------------|------|------------------------|--|

## 9. Ward Admission from ER

Patients with anticipated prolonged ER (Ambulatory) stay will be admitted to the ward

|   |   |                           |                        |  |
|---|---|---------------------------|------------------------|--|
| <b>Office or Division:</b>  | Department of Family and Community Medicine (DFCM)  |                           |                        |  |
| <b>Classification:</b>  | Simple  |                           |                        |  |
| <b>Type of Transaction:</b>   | G2C   |                           |                        |  |
| <b>Who may avail:</b>   | Patients with anticipated prolonged ER (Ambulatory) stay who will be admitted to the ward |                           |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>    |                        |  |
| Admitting orders  |   | Physician                 |                        |  |
| Availability of ward bed  |   | Pay Admitting             |                        |  |
| Management plan conferred with consultant in charge                                 |   | Physician                 |                        |  |
| Completed work up   |   | Laboratory, Imaging       |                        |  |
| Physician advice for surgical management as inpatient                               |   | Chart entry and ASI form  |                        |  |
| Available funding   |   | Various sources available |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1. Wait for advice from the attending physician                                     | 1. Assess patient who needs more than 24 hours stay in the hospital                       | None                      | 12 hours               | <i>Nurse on duty, Physician Ambulatory</i> |
|   | 1.1 Insert admitting orders in the chart and endorse to ER nurses                         |                           | 30 minutes             | <i>Physician Ambulatory</i>                |
| 2. Receive message, confirm completion of requirements, and readiness for admission | 2. Accept endorsement   | None                      | 1 hour                 | <i>Nurse on duty Ambulatory</i>            |
|   | 2.1 Patient endorsed to ward nurses   |                           |                        |  |
| <b>TOTAL:</b>   |   | None                      | 13 hours, 30 minutes   |  |

## 10. Outpatient Consultation – Face-to Face at the Cancer Institute Hospice Clinic

Covers activities involved in the examination, diagnosis and treatment of patients with a Supportive, Hospice, and Palliative Medicine related complaint at Room 110, 1st Floor, Cancer Institute

| <b>Office or Division:</b>   | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM) |   |                 |  |
|--|--|---|-----------------|--|
| <b>Classification:</b>   | Simple   |   |                 |  |
| <b>Type of Transaction:</b>  | G2C  |   |                 |  |
| <b>Who may avail:</b>  | All Supportive, Hospice, and Palliative Medicine cancer patients requiring consult                                   |   |                 |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                                 |                 |  |
| Referral from other departments or institutions (as applicable) (1 original) |  | Referring physician                             |                 |  |
| Blue card (1 original)   |  | Department of Out Patient Services - Palistahan |                 |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                                 | PROCESSING TIME | PERSON RESPONSIBLE                           |
| 1. Register and Submit blue card to the guard                                | 1. Verify requirements   | None  | 5 minutes       | <i>Guard on duty</i><br>CI – OPS             |
|  | 1.1 Instruct the patient or their watcher to list the name of the patient and time of arrival                        | None  | 5 minutes       | <i>Guard on duty</i><br>CI – OPS             |
|  | 1.2 Give the Blue Card to Medical Records  | None  | 5 minutes       | <i>Guard on duty</i><br>CI – OPS             |
|  | 1.3 Encode the patient information and prepare the patient chart   | None  | 20 minutes      | <i>Clerk on duty</i><br>CI – Medical Records |
| 2. Wait to be called for initial interview                                   | 2.1 Receive patient chart  | None  | 5 minutes       | <i>Fellow/ Resident in charge</i>            |
|  | 2.2 Put name of patient on queue   | None  | 5 minutes       | Hospice Clinic                               |

|  |   |      |                     |   |
|--|---|------|---------------------|---|
| 3. Enter the clinic once called  | 3. Call the name of the patient and conduct appropriate history taking, physical examination, and explanation of the findings and management plan | None | 1 hour              | <i>Fellow/<br/>Resident in charge</i><br>Hospice Clinic |
| 4. Give consent to and undergo further management                        | 4. Perform appropriate diagnostic and therapeutic management  | None | 30 minutes          | <i>Fellow/<br/>Resident in charge</i><br>Hospice Clinic |
| 5. Receive discharge instructions, prescriptions, and follow up schedule | 5.1 Give prescriptions and/or laboratory requests as needed with appropriate instructions   | None | 10 minutes          | <i>Fellow/<br/>Resident in charge</i><br>Hospice Clinic |
|  | 5.2 Give follow up schedule   | None | 5 minutes           | <i>Fellow/<br/>Resident in charge</i><br>Hospice Clinic |
|  | 5.3 Complete the patient chart and submit   | None | 15 minutes          | <i>Fellow/<br/>Resident in charge</i><br>Hospice Clinic |
| <b>TOTAL:</b>  |   |      | 2 hours, 45 minutes |   |

## 11. Outpatient Referral for Enrollment to the Home Care Program

Covers activities involved in the examination, diagnosis and treatment of patients with a Supportive, Hospice, and Palliative Medicine related complaint via telemedicine.

|  |  |  |                        |                                     |
|--|--|--|------------------------|-------------------------------------|
| <b>Office or Division:</b>   |  | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM) |                        |                                     |
| <b>Classification:</b>   |  | Simple   |                        |                                     |
| <b>Type of Transaction:</b>  |  | G2C  |                        |                                     |
| <b>Who may avail:</b>  |  | Supportive, Hospice, and Palliative Medicine patients who fulfill the Home Care Program enrollment criteria          |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                                     |
| Referral from other departments or institutions (as applicable) (1 original) |  | Referring physician  |                        |                                     |
| Latest diagnostic results (as applicable)                                    |  | Referring physician  |                        |                                     |
| Blue card (1 original)   |  | Department of Out Patient Services - Palistahan  |                        |                                     |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. Wait for home care consultation   | 1.1 Receive referral and latest diagnostics from referring physician | None   | 15 minutes             | <i>Fellow in charge SHPM</i>        |
|  | 1.2 Schedule patient for home care consultation                      | None   | Up to 14 days          | <i>Fellow/ Nurse in charge SHPM</i> |
|  | 1.3 Inform patient of schedule                                       | None   | 5 minutes              | <i>Fellow/ Nurse in charge SHPM</i> |
|  | 1.4 Coordinate transportation for schedule home care consultation    | None   | 15 minutes             | <i>Fellow/ Nurse in charge SHPM</i> |



|  |   |      |                              |                                     |
|--|---|------|------------------------------|-------------------------------------|
| 2. Give consent to and undergo further management                        | 2.1 Prepare home care consultation supplies   | None | 15 minutes                   | <i>Nurse in charge SHPM</i>         |
|  | 2.2 Receive home care consultation supplies and proceed with transportation to patient home                       | None | 1 hour                       | <i>Fellow/ Nurse in charge SHPM</i> |
|  | 2.3 Conduct appropriate history taking, physical examination, and explanation of the findings and management plan | None | 1 hour                       | <i>Fellow in charge SHPM</i>        |
|  | 2.4 Perform appropriate diagnostic and therapeutic management   | None | 30 minutes                   | <i>Fellow in charge SHPM</i>        |
| 3. Receive discharge instructions, prescriptions, and follow up schedule | 3.1 Give prescriptions and/or laboratory requests as needed with appropriate instructions                         | None | 10 minutes                   | <i>Fellow in charge SHPM</i>        |
|  | 3.2 Give follow up schedule   | None | 5 minutes                    | <i>Fellow/ Nurse in charge SHPM</i> |
|  | 3.4 Complete the patient chart and submit   | None | 15 minutes                   | <i>Fellow/ in charge SHPM</i>       |
| <b>TOTAL:</b>  |   |      | 14 days, 3 hours, 45 minutes |                                     |

## 12. Elective Admission to the Cancer Institute Hospice Unit/PhilHealth Ward

Covers activities for the elective admission for patients requiring in-patient hospice and palliative care

| <b>Office or Division:</b>  | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)         |   |                 |                     |
|---|--|---|-----------------|---------------------|
| <b>Classification:</b>  | Simple   |   |                 |                     |
| <b>Type of Transaction:</b>   | G2C  |   |                 |                     |
| <b>Who may avail:</b>   | All SHPM cancer patients requiring inpatient hospice and palliative care and who fulfill the Hospice Unit admission criteria |   |                 |                     |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                                 |                 |                     |
| Accomplished Kaalaman Form (1 original) and Case Record                             |  | Malasakit Center                                |                 |                     |
| Blue Card (1 original)  |  | Department of Out Patient Services – Palistahan |                 |                     |
| Availability of ward bed  |  | Wards   |                 |                     |
| Admitting orders  |  | Physician                                       |                 |                     |
| Advance care directives form indicating Do not Resuscitate – Do not Intubate status |  | Physician                                       |                 |                     |
| Negative SARS-Cov 2 RT-PCR results  |  | Diagnostics Laboratory                          |                 |                     |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                                 | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Present the admission requirements at nurse's station                            | 1.1 Check requirements   | None  | 5 minutes       | Nurse on duty<br>CI |
|   | 1.2 Orient patient to unit rules and policies  | None  | 5 minutes       | Nurse on duty<br>CI |
|   | 1.3 Secure consent for admission and Fall Prevention waiver form   | None  | 5 minutes       | Nurse on duty<br>CI |
|   | 1.4 Assist patient to assigned bed   | None  | 5 minutes       | Nurse on duty<br>CI |
|   | 1.5 Secure initial history with initial vital signs  | None  | 15 minutes      | Nurse on duty<br>CI |
|   | 1.6 Document admission   | None  | 5 minutes       | Nurse on duty<br>CI |
| <b>TOTAL:</b>   |  | None  | 40 minutes      |                     |

### 13. Discharge of Patient from Cancer Institute Hospice Unit

Covers activities for the discharge of elective patient from the Cancer Institute Hospice Unit

| <b>Office or Division:</b>       | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM) |                     |                 |                    |
|----------------------------------|--|---------------------|-----------------|--------------------|
| <b>Classification:</b>           | Simple   |                     |                 |                    |
| <b>Type of Transaction:</b>      | G2C  |                     |                 |                    |
| <b>Who may avail:</b>            | All SHPM cancer patients who have been deemed fit for discharge from the Hospice Unit                                |                     |                 |                    |
| CHECKLIST OF REQUIREMENTS        |  | WHERE TO SECURE     |                 |                    |
| Discharge Orders                 |  | Attending Physician |                 |                    |
| Accomplished Discharge Summary   |  | Attending Physician |                 |                    |
| Accomplished Clinical Abstract   |  | Attending Physician |                 |                    |
| Accomplished CF2 and CF4 form    |  | Attending Physician |                 |                    |
| Endorsement Letter               |  | Attending Physician |                 |                    |
| Justification Letter (if needed) |  | Attending Physician |                 |                    |
| Pertinent laboratory results     |  | Nurse in Charge     |                 |                    |
| Parenteral flow sheet            |  | Nurse in Charge     |                 |                    |
| CLIENT STEPS                     | AGENCY ACTION  | FEES TO BE PAID     | PROCESSING TIME | PERSON RESPONSIBLE |

|  |   |      |            |   |
|--|---|------|------------|---|
| 1. Ask for discharge papers and receive health education | 1.1 Facilitate a written discharge order  | None | 30 minutes | <i>Nurse in charge</i><br>CI                        |
|  | 1.2 Ask for the photocopy of the PhilHealth requirements: <ul style="list-style-type: none"> <li>• Accomplished clinical abstract</li> <li>• Accomplished discharge summary</li> <li>• Therapeutic sheet</li> <li>• Doctor's order of discharge</li> <li>• Pertinent laboratory results</li> <li>• Parenteral flow sheet</li> <li>• Justification Letter (if needed)</li> </ul> | None | 30 minutes | <i>Nurse in charge</i><br>CI                        |
|  | 1.3 Send watcher to the Malasakit center for clearance (Refer to Malasakit Center process of securing a clearance)  | None | 30 minutes | <i>Nurse in charge</i><br>CI                        |
|  | 1.4 Prepare endorsement letter, diagnostic request, prescription, follow-up schedule  | None | 15 minutes | <i>Fellow/Resident in charge</i><br>SHPM            |
|  | 1.5 Provide patient with health education, discharge instructions, and discharge papers   | None | 10 minutes | <i>Fellow/Resident / Nurse in charge</i><br>SHPM/CI |
|  | 1.6 Assist in discharge of patient  | None | 5 minutes  | <i>Administrative Aide</i><br>CI                    |
| <b>TOTAL:</b>  |   | None | 2 hours    |   |

## 14. Emergency Room Referral for Co-Managing Service

Covers activities involved in emergency room referrals for co-managing service from patient assessment up to documentation of findings and management in the patient chart

| <b>Office or Division:</b>  |   | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)       |                     |                                       |
|---|---|--|---------------------|---------------------------------------|
| <b>Classification:</b>  |   | Simple   |                     |                                       |
| <b>Type of Transaction:</b>   |   | G2C  |                     |                                       |
| <b>Who may avail:</b>   |   | Emergency room patients requiring palliative and hospice evaluation and management as deemed by their attending physicians |                     |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |   | <b>WHERE TO SECURE</b>   |                     |                                       |
| Phone and written chart referral to SHPM for co-managing service    |   | Attending Physician  |                     |                                       |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESS-ING TIME    | PERSON RESPONSIBLE                    |
| 1. Wait for emergency room hospice and palliative care consultation | 1.1 Receive referral from attending physician   | None   | 15 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|   | 1.2 Secure and review patient chart   | None   | 30 minutes          | <i>Fellow/Resident in charge SHPM</i> |
| 2. Receive hospice and palliative care assessment and management    | 2.1 Conduct appropriate history taking, physical examination, and explanation of the findings and management plan | None   | 1 hour              | <i>Fellow/Resident in charge SHPM</i> |
|   | 2.2 Perform appropriate diagnostic and therapeutic management as needed   | None   | 30 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|   | 2.3 Document findings and plan on patient chart   | None   | 30 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|   | 2.4 Give prescriptions and/or laboratory requests as needed   | None   | 15 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|   | 2.5 Endorse plan, diagnostic requests, and prescriptions to nurse in charge                                       | None   | 15 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|   | <b>TOTAL:</b>   |  | 3 hours, 15 minutes |                                       |

## 15. Emergency Room Referral for Primary Service

Covers activities involved in emergency room referrals for primary service from patient assessment up to documentation of findings and management in the patient chart

|   |   |  |                        |                                       |
|---|---|--|------------------------|---------------------------------------|
| <b>Office or Division:</b>  |   | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)       |                        |                                       |
| <b>Classification:</b>  |   | Simple   |                        |                                       |
| <b>Type of Transaction:</b>   |   | G2C  |                        |                                       |
| <b>Who may avail:</b>   |   | Emergency room patients requiring palliative and hospice evaluation and management as deemed by their attending physicians |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |   | <b>WHERE TO SECURE</b>   |                        |                                       |
| Phone and written chart referral to SHPM for co-managing service    |   | Attending Physician  |                        |                                       |
| Chart entry of referral for transfer of service                     |   | Attending Physician  |                        |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                          | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Wait for emergency room hospice and palliative care consultation | 1.1 Receive referral from attending physician | None   | 15 minutes             | <i>Fellow/Resident in charge SHPM</i> |
|   | 1.2 Secure and review patient chart           | None   | 30 minutes             | <i>Fellow/Resident in charge SHPM</i> |

|  |   |      |            |                                       |
|--|---|------|------------|---------------------------------------|
| 2. Receive hospice and palliative care assessment and management | 2.1 Conduct appropriate history taking, physical examination, and explanation of the findings and management plan | None | 1 hour     | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.2 Perform appropriate diagnostic and therapeutic management as needed   | None | 30 minutes | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.3 Document findings and plan on patient chart including acceptance of patient as primary service                | None | 30 minutes | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.4 Give prescriptions and/or laboratory requests as needed   | None | 15 minutes | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.6 Endorse plan, diagnostic requests, and prescriptions to nurse in charge                                       | None | 15 minutes | <i>Fellow/Resident in charge SHPM</i> |
| <b>TOTAL:</b>  |   | None | 5 hours    |                                       |

## 16. Ward Admission from ER

Covers activities involved in admission of patients from the emergency room to an appropriate ward or bed under Supportive, Hospice, and Palliative Medicine

|  |  |  |                        |                                       |
|--|--|--|------------------------|---------------------------------------|
| <b>Office or Division:</b>                         |  | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)       |                        |                                       |
| <b>Classification:</b>                             |  | Simple   |                        |                                       |
| <b>Type of Transaction:</b>                        |  | G2C  |                        |                                       |
| <b>Who may avail:</b>                              |  | Emergency room patients requiring palliative and hospice evaluation and management as deemed by their attending physicians |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |  | <b>WHERE TO SECURE</b>   |                        |                                       |
| Admitting orders                                   |  | Physician  |                        |                                       |
| Availability of ward bed                           |  | Wards  |                        |                                       |
| SARS-Cov 2 RT-PCR result                           |  | Diagnostics Laboratory   |                        |                                       |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Receive advice from the physician               | 1.1 Inform patient of disposition for admission  | None   | 15 minutes             | <i>Fellow/Resident in charge SHPM</i> |
|  | 1.2 Document admitting orders in patient chart   | None   | 15 minutes             | <i>Fellow/Resident in charge SHPM</i> |
|  | 1.3 Prepare diagnostic requests and prescriptions as needed                            | None   | 15 minutes             | <i>Fellow/Resident in charge SHPM</i> |
|  | 1.4 Endorse management plan, diagnostic requests, and prescriptions to nurse in charge | None   |                        | <i>Fellow/Resident in charge SHPM</i> |
| 2. Receive confirmation of readiness for admission | 2.1 Endorse patient to ward nurse on duty  | None   | 12 hours               | <i>Nurse in charge DEM</i>            |
|  | 2.2 Assist in patient transfer to ward   | None   | 30 minutes             | <i>Nurse in charge DEM</i>            |
| <b>TOTAL:</b>                                      |  | None   | 13 hours, 30 minutes   |                                       |



## 17. Emergency Room Referral for Transition to Home Care

Covers activities involved in emergency room patients requiring palliative and hospice care and referred for assistance in transition to home care

|   |  |  |                        |                                |  |
|---|--|--|------------------------|--------------------------------|--|
| <b>Office or Division:</b>  |  | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM) |                        |                                |  |
| <b>Classification:</b>  |  | Simple   |                        |                                |  |
| <b>Type of Transaction:</b>   |  | G2C  |                        |                                |  |
| <b>Who may avail:</b>   |  | Emergency room patients requiring palliative and hospice care requiring assistance in transition to home care        |                        |                                |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                                |  |
| Phone and written chart referral to SHPM for transfer of service  |  | Attending Physician  |                        |                                |  |
| Endorsement Letter  |  | SHPM Physician   |                        |                                |  |
| Diagnostic requests and prescription as needed  |  | SHPM Physician   |                        |                                |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |  |
| 1. Wait for emergency room hospice and palliative care consultation   | 1.1 Receive referral from attending physician  | None   | 15 minutes             | Fellow/Resident in charge SHPM |  |
|   | 1.2 Secure and review patient chart  | None   | 30 minutes             | Fellow/Resident in charge SHPM |  |
| 2. Receive hospice and palliative care assessment and management, including instructions in transition to home care | 2.1 Conduct appropriate history taking, physical examination, evaluation of home care needs, and explanation of the findings and management plan | None   | 1 hour                 | Fellow/Resident in charge SHPM |  |
|   | 2.2 Perform appropriate diagnostic and therapeutic management as needed  | None   | 30 minutes             | Fellow/Resident in charge SHPM |  |
|   | 2.3 Document findings and plan in patient chart  | None   | 30 minutes             | Fellow/Resident in charge SHPM |  |

|   |  |      |                     |                                       |
|---|--|------|---------------------|---------------------------------------|
| 3. Facilitate instructions on needs to be secured for transition to home care | 3.1 Document in chart if no objections to discharge patient or if still with needs to be secured for transition to home care | None | 15 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|   | 3.2 Endorse needs for transition to home care to referring physician   | None | 15 minutes          | <i>Fellow/Resident in charge SHPM</i> |
| 4. Receive discharge instructions   | 4.1 Provide endorsement letter, discharge instructions, diagnostic requests, and prescriptions as needed                     | None | 15 minutes          | <i>Fellow/Resident in charge SHPM</i> |
| <b>TOTAL:</b>   |  | None | 3 hours, 30 minutes |                                       |

## 18. Inpatient Referral for Assessment or Comanagement

Covers activities involved from receiving in-patient referral for supportive, hospice, and palliative care up to the documentation of the findings and plan in the patient chart

|   |   |  |                        |                                       |
|---|---|--|------------------------|---------------------------------------|
| <b>Office or Division:</b>  |   | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM) |                        |                                       |
| <b>Classification:</b>  |   | Simple   |                        |                                       |
| <b>Type of Transaction:</b>   |   | G2C  |                        |                                       |
| <b>Who may avail:</b>   |   | All admitted patients requiring supportive, hospice, and palliative care   |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |                                       |
| Phone and written chart referral to SHPM indicating reason for referral |   | Attending Physician  |                        |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                          | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Wait for inpatient hospice and palliative care consultation          | 1.1 Receive referral from attending physician | None   | 15 minutes             | <i>Fellow/Resident in charge SHPM</i> |
|   | 1.2 Secure and review patient chart           | None   | 30 minutes             | <i>Fellow/Resident in charge SHPM</i> |

|  |   |      |                     |                                       |
|--|---|------|---------------------|---------------------------------------|
| 2. Receive hospice and palliative care assessment and management | 2.1 Conduct appropriate history taking, physical examination, and explanation of the findings and management plan | None | 1 hour              | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.2 Perform appropriate diagnostic and therapeutic management as needed   | None | 30 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.3 Document findings and plan on patient chart   | None | 30 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.4 Give prescriptions and/or laboratory requests as needed   | None | 15 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.6 Endorse plan, diagnostic requests, and prescriptions to nurse in charge                                       | None | 15 minutes          | <i>Fellow/Resident in charge SHPM</i> |
|  | <b>TOTAL:</b>   | None | 3 hours, 15 minutes |                                       |

## 19. Inpatient Referral for Transition to Home Care

Covers activities involved from receiving in-patient referral for transition to home care up to the patient's discharge

|   |  |  |                        |                                |  |
|---|--|--|------------------------|--------------------------------|--|
| <b>Office or Division:</b>  |  | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM) |                        |                                |  |
| <b>Classification:</b>  |  | Simple   |                        |                                |  |
| <b>Type of Transaction:</b>   |  | G2C  |                        |                                |  |
| <b>Who may avail:</b>   |  | All admitted patients requiring supportive, hospice, and palliative care at home                                     |                        |                                |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                                |  |
| Phone and written chart referral to SHPM indicating reason for referral   |  | Attending Physician  |                        |                                |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |  |
| 1. Wait for emergency room hospice and palliative care consultation   | 1.1 Receive referral from attending physician  | None   | 15 minutes             | Fellow/Resident in charge SHPM |  |
|   | 1.2 Secure and review patient chart  | None   | 30 minutes             | Fellow/Resident in charge SHPM |  |
| 2. Receive hospice and palliative care assessment and management, including instructions in transition to home care | 2.1 Conduct appropriate history taking, physical examination, evaluation of home care needs, and explanation of the findings and management plan | None   | 1 hour                 | Fellow/Resident in charge SHPM |  |
|   | 2.2 Perform appropriate diagnostic and therapeutic management as needed  | None   | 30 minutes             | Fellow/Resident in charge SHPM |  |
|   | 2.3 Document findings and plan in patient chart  | None   | 30 minutes             | Fellow/Resident in charge SHPM |  |

|   |   |      |                             |                                       |
|---|---|------|-----------------------------|---------------------------------------|
| 3. Facilitate instructions on needs to be secured for transition to home care | 3.1 Document in chart if no objections to discharge patient or document needs for transition to home care that still need to be secured | None | 15 minutes                  | <i>Fellow/Resident in charge SHPM</i> |
|   | 3.2 Endorse management plan and needs for transition to home to referring physician and nurse in charge                                 | None | 15 minutes                  | <i>Fellow/Resident in charge SHPM</i> |
|   | 3.3 Update status of needs to be secured  | None | Up to 7 days                | <i>Fellow/Resident in charge SHPM</i> |
| 4. Receive discharge instructions   | 4.1 Provide endorsement letter, discharge instructions, diagnostic requests, and prescriptions as needed                                | None | 15 minutes                  | <i>Fellow/Resident in charge SHPM</i> |
| <b>TOTAL:</b>   |   | None | 7 days, 3 hours, 30 minutes |                                       |

## 20. Inpatient Referral for Enrollment to the Home Care Program

Covers activities involved from receiving in-patient referral for enrollment to the home care program up to the documentation of the findings and plan in the patient chart

|  |  |  |                        |                                       |
|--|--|--|------------------------|---------------------------------------|
| <b>Office or Division:</b>   |  | Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM) |                        |                                       |
| <b>Classification:</b>   |  | Simple   |                        |                                       |
| <b>Type of Transaction:</b>  |  | G2C  |                        |                                       |
| <b>Who may avail:</b>  |  | All Supportive, Hospice, and Palliative Medicine patients who fulfill the Home Care Program enrollment criteria      |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                                       |
| Phone and written chart referral to SHPM indicating referral for enrollment to the Home Care Program |  | Attending Physician  |                        |                                       |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Wait for inpatient hospice and palliative care consultation                                       | 1.1 Receive referral from attending physician  | None   | 15 minutes             | <i>Fellow/Resident in charge SHPM</i> |
|  | 1.2 Secure and review patient chart  | None   | 30 minutes             | <i>Fellow/Resident in charge SHPM</i> |
| 2. Receive hospice and palliative care assessment and management                                     | 2.1 Conduct appropriate history taking, physical examination, evaluation of home care needs, and explanation of the findings and management plan | None   | 1 hour                 | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.2 Perform appropriate diagnostic and therapeutic management as needed  | None   | 30 minutes             | <i>Fellow/Resident in charge SHPM</i> |
|  | 2.3 Document findings and plan in patient chart  | None   | 30 minutes             | <i>Fellow/Resident in charge SHPM</i> |

|   |   |      |                             |                                       |
|---|---|------|-----------------------------|---------------------------------------|
| 3. Facilitate instructions on needs to be secured for transition to home care | 3.1 Document in chart if no objections to discharge patient or document needs for transition to home care that still need to be secured | None | 15 minutes                  | <i>Fellow/Resident in charge SHPM</i> |
|   | 3.2 Endorse management plan and needs for transition to home to referring physician and nurse in charge                                 | None | 15 minutes                  | <i>Fellow/Resident in charge SHPM</i> |
|   | 3.3 Update status of needs to be secured  | None | up to 7 days                | <i>Fellow/Resident in charge SHPM</i> |
| 4. Receive discharge instructions   | 4.1 Provide endorsement letter, discharge instructions, diagnostic requests, and prescriptions as needed                                | None | 15 minutes                  | <i>Fellow/Resident in charge SHPM</i> |
|   | 4.2 Provide schedule of home visit  | None | 5 minutes                   | <i>Fellow/Resident in charge SHPM</i> |
| <b>TOTAL:</b>   |   | None | 7 days, 3 hours, 35 minutes |                                       |



## 21. Issuance of Fit to Work/ Medical Certificate to OPD Patients

Issuance of Fit to Work/ Medical Certificate to OPD Patients

|  |   |                        |                        |                                     |
|--|---|------------------------|------------------------|-------------------------------------|
| <b>Office or Division:</b>   | Department of Family and Community Medicine (DFCM)                  |                        |                        |                                     |
| <b>Classification:</b>   | Simple  |                        |                        |                                     |
| <b>Type of Transaction:</b>  | G2C   |                        |                        |                                     |
| <b>Who may avail:</b>  | DFCM Patient requesting for fit to work/medical certificate         |                        |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |                                     |
| Medical Record   |   | OPD Medical Records    |                        |                                     |
| Blue card (1 original)   |   | DOPS Palistahan        |                        |                                     |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. Go to the DFCM Clinic   | 1. Receive and interview the patient for the purpose of the request | None                   | 1 hour                 | <i>Physician</i><br>DFCM Clinic     |
| 2. Wait for text/call from Medical Records for issuance of Fit to Work/Medical Certificate | 2. Refer to Medical Records via OCRA                                | None                   | 72 hrs                 | <i>Nurse in duty</i><br>DFCM Clinic |
| <b>TOTAL:</b>  |   | None                   | 73 hours               |                                     |

## 22. Residency and Fellowship Training - Application

Processing applications for Residency and Fellowship Training Programs

| <b>Office or Division:</b>   | Department of Family and Community Medicine (DFCM)  |  |                  |   |
|--|---|--|------------------|---|
| <b>Classification:</b>   | Complex   |  |                  |   |
| <b>Type of Transaction:</b>  | G2C   |  |                  |   |
| <b>Who may avail:</b>  | All applicants for Residency and Fellowship Program   |  |                  |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE  |                  |   |
| <ul style="list-style-type: none"> <li>• Endorsement of DDHO with the application form (2 copies)</li> <li>• Letter of intent</li> <li>• 2x2 picture</li> <li>• Certificate of class rank</li> <li>• Photocopies of the following: <ul style="list-style-type: none"> <li>- Transcript of Records (TOR)</li> <li>- Medical Diploma</li> <li>- PRC Board Rating</li> <li>- Certificate of Internship</li> </ul> </li> <li>• Certificate of Residency – <i>for fellowship</i></li> </ul> |   | Deputy Director for health Operations<br><br>From the applicant<br><br>Graduate School<br>Graduate School<br>Medical School<br>Medical School<br>Philippine Regulatory Commission (PRC)<br>Training Hospital |                  |   |
| <b>Other Requirements :</b>  |   |  |                  |   |
| Letter of intent (1 original copy )  |   |  |                  |   |
| Picture 2x2in  |   |  |                  |   |
| Certificate of Class Rank  |   |  |                  |   |
| Photocopies:   |   |  |                  |   |
| - Transcript of Records (TOR)  |   |  |                  |   |
| - Medical Diploma  |   |  |                  |   |
| - PRC Board Rating   |   |  |                  |   |
| - Certificate of Internship  |   |  |                  |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID  | PROCESS-ING TIME | PERSON RESPONSIBLE                          |
| 1. Submit application form and complete requirements to the Deputy Director for Health Operations  | 1. Accept Residents and Fellowship Training Application                                       | PHP 100.00 (application)   | 1 day            | <i>Administrative staff</i><br>ODDHO        |
|  | a. Forward application to the department  | PHP 500.00 (exam fee)  |                  |   |
|  | b. Instruct to attend pre-residency activities  |  |                  |   |
| 2. Receive acceptance/rejection letter   | 2. Deliberate and send acceptance/ rejection letter<br>2.1 Submit accepted applicants to DDHO | None   | 7 days           | <i>Residency Training Committee</i><br>DFCM |
| <b>TOTAL:</b>  |   | PHP 600.00   | 8 days           |   |

## 23. Issuance of Clearance to Graduate/ Retired and Resigned DFCM Employees

Processing and issuance of clearance to graduate, retired or resigned DFCM employee

|   |  |                                      |                        |   |
|---|--|--------------------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Family and Community Medicine (DFCM)                   |                                      |                        |   |
| <b>Classification:</b>  | Complex  |                                      |                        |   |
| <b>Type of Transaction:</b>   | G2C  |                                      |                        |   |
| <b>Who may avail:</b>   | All graduated/retired/resigned DFCM employees in the DFCM            |                                      |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>               |                        |   |
| <input type="checkbox"/> Clearance form from the Administrative Assistant.<br><input type="checkbox"/> Fully accomplished clearance form with complete signature (1 original) |  | DFCM Office<br><br>From the employee |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Ask Clearance form from the Administrative Assistant   | 1. Provide clearance form  | None                                 | 5 minutes              | <i>Administrative staff DFCM</i>                                    |
| 2. Submit fully accomplished clearance form to the DFCM Office  | 2.1 Receive the fully accomplished clearance form to the DFCM Office | None                                 | 10 days                | <i>Administrative Assistant and the graduated/retired/ resigned</i> |
| <b>TOTAL:</b>   |  | None                                 | 10 days and 5 minutes  |   |

## 24. Annual Post Graduate Course

### Annual Conduct of Post Graduate Course

|  |   |  |                         |   |
|--|---|--|-------------------------|---|
| <b>Office or Division:</b>                                     | Department of Family and Community Medicine (DFCM)  |  |                         |   |
| <b>Classification:</b>   | Simple  |  |                         |   |
| <b>Type of Transaction:</b>                                    | G2G   |  |                         |   |
| <b>Who may avail:</b>  | Physician   |  |                         |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                               |   | <b>WHERE TO SECURE</b>   |                         |   |
| Properly filled out registration form (1 original) and payment |   | Chief resident and Administrative Officer  |                         |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. See the postgraduate course schedule                        | 1. Post postgraduate course schedule and program  | None   | 5 minutes               | Chief Resident DFCM                         |
| 2. Register and pay for the event                              | 2. List registered attendees<br>2.1 Receive cash payment or confirm payment made through bank | <b>Pre-registration Fee:</b><br>Resident Physicians/ Medical Students/ Allied Health Professionals PHP 2,500.00;<br>Consultants/ Government Physicians/ General Practitioners PHP 3,000;<br>Onsite registration fee:<br>Resident Physicians/ Medical Students/ Allied Health Professionals PHP 3,000.00;<br>Consultants/ Government Physicians/ General Practitioners PHP 3,500.00 | 1 hour                  | Chief Resident/ Registration Committee DFCM |
| <b>TOTAL:</b>  |   | Refer to above rates   | 1 hour, 5 minutes       |   |

## 25. Issuance of Post Graduate Course Certificate

Issuance of certificates for Post Graduate Course

|                                      |  |                           |                        |  |
|--------------------------------------|--|---------------------------|------------------------|--|
| <b>Office or Division:</b>           | Department of Family and Community Medicine (DFCM)   |                           |                        |  |
| <b>Classification:</b>               | Simple   |                           |                        |  |
| <b>Type of Transaction:</b>          | G2G  |                           |                        |  |
| <b>Who may avail:</b>                | Physician  |                           |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>     |  | <b>WHERE TO SECURE</b>    |                        |  |
| Attendance signature                 |  | Postgraduate course event |                        |  |
| <b>CLIENT STEPS</b>                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                  |
| 1. Sign the attendance               | 1. Provide attendance sheet<br><br>1.1 Submit the name of participants to society or government agency | None                      | 5 minutes              | <i>Chief Resident/<br/>Registration Committee<br/>DFCM</i> |
| 2. Receive certificate of attendance | 2. Issue certificate of attendance   | None                      | 5 minutes              | <i>Chief Resident/<br/>Registration Committee<br/>DFCM</i> |
| <b>TOTAL:</b>                        |  | None                      | 10 minutes             |  |

## 26. Acceptance of Observership (Rotators)

Clinical Observership in the Department of Family and Community Medicine (DFCM)

|   |  |                        |                        |                                    |
|---|--|------------------------|------------------------|------------------------------------|
| <b>Office or Division:</b>  | Department of Family and Community Medicine (DFCM)   |                        |                        |                                    |
| <b>Classification:</b>  | Highly technical   |                        |                        |                                    |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |                                    |
| <b>Who may avail:</b>   | Physician  |                        |                        |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |                                    |
| Letter of intent/approved letter by the PGH-Director (observers outside of PGH)<br>(1 original) |  | PGH Director's Office  |                        |                                    |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>          |
| 1. Present letter of intent to the department   | 1. Receive the letter  | None                   | 5 minutes              | <i>Administrative Assistant</i>    |
|   | 1.1 Forward the letter to the Administrative Officer to prepare endorsement letter to the Director and forward to the Department Chair for signature | None                   | 1 day                  | <i>Administrative Officer DFCM</i> |

|   |   |      |            |   |
|---|---|------|------------|---|
| 2. Wait for the letter to be approved and the MOA to be prepared                                    | 2. Forward letter to the Director's Office, Through Channels for approval   | None | 10 minutes | <i>Administrative Assistant/ Utility Worker DFCM</i>                  |
|   | 2.1 Receive the letter for recommending approval by the Deputy Director and forwards to Director's Office for approval. | None | 1 day      | DDHO  |
|   | 2.2 Receive/ approve the letter and forwards to the Legal Office for preparation of Memorandum of Agreement (MOA)       | None | 1 day      | Director's Office   |
|   | 2.3 Receive approved letter and prepares the MOA  | None | 1 day      | Legal Office  |
|   | 2.4 Forward the MOA to the Department of Family and Community Medicine (DFCM)   | None | 1 day      | Legal Office  |
|   | 2.5 Receive the MOA and forward it to the Department Chair for signing  | None | 1 day      | <i>Administrative Assistant/Administrative Officer/ Chairman DFCM</i> |
| 3. Receive MOA for signature of the authorized signatories  | 3. Release the MOA to the rotator for signing and have it signed by the signatories in their hospital                   | None | 5 minutes  | <i>Administrative Assistant</i>                                       |
| 4. Submit the signed and notarized MOA to Department of Family and Community Medicine Office (DFCM) | 4. Receive/ Record the MOA and forward to the DDHO/ Directors Office  | None | 10 minutes | <i>Administrative Assistant</i>                                       |
|   | 4.1 Sign the MOA  | None | 1 day      | <i>Executive Secretary DDHO/ Director</i>                             |
|   | 4.2 Forward the fully accomplished MOA to the Department of Family and Community Medicine (DFCM) for notary             | None | 1 day      | <i>Administrative Assistant DFCM</i>                                  |
|   | 4.3 Receive the fully   | None | 5 minutes  | <i>Administrative</i>   |

|   |  |   |                                      |  |
|---|--|---|--------------------------------------|--|
| 5. Receive the MOA for notary   | 5.Wait for the notarized MOA   | None  | 5 minutes                            | <i>Administrative Assistant</i>                |
| 6.Submit notarized MOA (7sets including the original)   | 6.Receive the notarized MOA (7 sets including the original)                            | None  | 7 days                               | <i>Administrative Assistant</i>                |
|   | 6.1 .Record and forward the 4 copies of the MOA including the original to Legal Office | None  | 10 minutes                           | <i>Administrative Assistant/Utility Worker</i> |
| 7. Start the rotatorship  | 7.1 Release Payment Form to the rotator to pay the Rotator's Fee                       | None  | 5 minutes                            | <i>Administrative Assistant</i>                |
| 8. Proceed to the Cashier's Office to pay the Rotator's Fee and submit one (1) photo copy of the Official Receipt and Payment Form to Department of Family and Community Medicine Office (DFCM) | 8.Accept Photocopy of the OR and Payment Form  | <b>Rotators Fee:</b><br>Private Hospital:<br>PHP 4,983.00;<br><br>Public Hospital<br>PHP 2,491.50<br><br>International:<br>USD 200.00 | 15 minutes                           | <i>Administrative Assistant /Rotator</i>       |
| <b>TOTAL:</b>   |  | <b>Rotators Fee:</b><br>Private Hospital:<br>PHP 4,983.00;<br>Public Hospital<br>PHP 2,491.50<br>International:<br>USD 200.00         | 18 days,<br>1 hour and<br>10 minutes |  |



## 27. Preparation of Vouchers

Preparation and endorsement of vouchers

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Family and Community Medicine (DFCM)                                   |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                                       | G2B  |                        |                        |   |
| <b>Who may avail:</b>   | Suppliers  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                  |  | <b>WHERE TO SECURE</b> |                        |   |
| Approved Purchase Order   |  | Purchasing Office      |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                               |
| 1. Forward the approved Purchase Order with complete requirements | 1. Receive/ record the approved Purchase Order with complete requirements            | None                   | 5 minutes              | <i>Administrative Assistant</i><br>Purchasing Office    |
|   | 1.1 Forward to the Administrative Officer for the preparation of voucher             | None                   | 20 minutes             |   |
|   | 1.2 Forward the voucher to the Department Chair for signing                          | None                   | 1 hour                 | <i>Administrative Officer</i><br>DFCM                   |
|   | 1.3 Forward the voucher to the Accounting Division and wait for the approved voucher | None                   | 10 minutes             | <i>Administrative Assistant/ Utility Worker</i><br>DFCM |
| <b>TOTAL:</b>   |  | None                   | 1 hour and 35 minutes  |   |

# **Department of Family and Community Medicine**

## **Internal Services**

## 1. House Staff Lectures

Conduct of lectures for fellows, residents and students on a scheduled basis

|   |  |   |                        |                               |
|---|--|---|------------------------|-------------------------------|
| <b>Office or Division:</b>                | Department of Family and Community Medicine (DFCM) |   |                        |                               |
| <b>Classification:</b>                    | Simple   |   |                        |                               |
| <b>Type of Transaction:</b>               | G2C  |   |                        |                               |
| <b>Who may avail:</b>                     | Physicians/students                                |   |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>          |  | <b>WHERE TO SECURE</b>  |                        |                               |
| Monthly schedule of department activities |  | Chief resident  |                        |                               |
| <b>CLIENT STEPS</b>                       | <b>AGENCY ACTION</b>                               | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Receive schedule of lectures           | 1. Send schedule of lectures 1 week prior          | None  | 5 minutes              | <i>Chief Resident</i><br>DFCM |
| 2. Attend lecture                         | 2. Remind scheduled lecture 1 day prior            | <u><b>Outside Rotators</b></u><br><br>Private Hospital:<br>PHP 4,983.00<br><br>Government Hospital:<br>PHP 2,491.50 | 1 hour                 | <i>Chief Resident</i><br>DFCM |
| <b>TOTAL:</b>                             |  | <i>Please refer to above rates</i>  | 1 hour,<br>5 minutes   |                               |

## 2. Processing of Application Papers of Consultants for Medical Specialist Item

Processing of application papers of consultants for Medical Specialist item

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Family and Community Medicine (DFCM)                                |                        |                        |   |
| <b>Classification:</b>  | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C   |                        |                        |   |
| <b>Who may avail:</b>   | DFCM Consultants  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |   |
| Endorsement from the Department Chair   |   | DFCM Office            |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Proceed to the DFCM Office to submit resume  | 1. Prepare recommendation letter signed by the Department Chair and attach Resume | None                   | 1 day                  | <i>Administrative Assistant, Administrative Officer and Department Chair DFCM</i> |
| 2. Wait for the approval of the Director for the submission of requirements to the HRDD | 2. Submit the recommendation to the Director's Office (Through Channels)          | None                   | 1 hour                 | <i>Utility Worker/ Administrative Assistant DFCM</i>                              |
| <b>TOTAL:</b>   |   | None                   | 1 day, 1 hour          |   |

### 3. Granting the Use of the Department of Family and Community Medicine (DFCM) Conference Rooms

Processing of requests for the use of the DFCM conference rooms

|  |   |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>Office or Division:</b>                         | Department of Family and Community Medicine (DFCM)  |                        |                        |   |
| <b>Classification:</b>                             | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>                        | G2C   |                        |                        |   |
| <b>Who may avail:</b>                              | Other PGH Departments   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |   | <b>WHERE TO SECURE</b> |                        |   |
| Letter of request (1 original)                     |   | From the department    |                        |   |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Submit the letter of request to the DFCM Office | 1. Receive the letter of request and forward to the Administrative Officer                  | None                   | 5 minutes              | <i>Administrative Assistant</i><br>DFCM |
|  | 1.1 Check the availability of the room requested in the Department Calendar for Conferences | None                   | 5 minutes              | <i>Administrative Officer</i><br>DFCM   |
| 2. Wait for the reply                              | 2. Inform the requester if approved/denied  | None                   | 5 minutes              | <i>Administrative Officer</i><br>DFCM   |
| <b>TOTAL:</b>                                      |   | None                   | 15 minutes             |   |

#### 4. Provision of Evaluation Report for Product Sample (Medical Supplies, Office Supplies, Others)

Accomplishment of evaluation report for product sample (medical supplies, office supplies, and others)

|  |   |                        |                        |                                    |
|--|---|------------------------|------------------------|------------------------------------|
| <b>Office or Division:</b>                       | Department of Family and Community Medicine (DFCM)                |                        |                        |                                    |
| <b>Classification:</b>                           | Simple  |                        |                        |                                    |
| <b>Type of Transaction:</b>                      | G2C   |                        |                        |                                    |
| <b>Who may avail:</b>                            | Suppliers   |                        |                        |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                 |   | <b>WHERE TO SECURE</b> |                        |                                    |
| Product Sample Evaluation Form                   |   | From the Supplier      |                        |                                    |
| <b>CLIENT STEPS</b>                              | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>          |
| 1. Submit the product sample and evaluation form | 1. Receive the product sample and evaluation form                 | None                   | 5 minutes              | <i>Administrative Officer DFCM</i> |
|  | 1.1 Forward the product sample to the Head Nurses for evaluation. | None                   | 1 day                  | <i>Head Nurses</i>                 |
|  | 1.2 Wait for the results for the evaluation                       | None                   | 1 day                  | <i>Administrative Officer DFCM</i> |
|  | 1.3 Submit the evaluation form to Pedia Office                    | None                   | 5 minutes              | <i>Head Nurses</i>                 |
| <b>TOTAL:</b>                                    |   | None                   | 2 days, 10 minutes     |                                    |

## 5. Preparation/Submission of Consolidated Record of Attendance of Residents, Fellows, and Medical Specialists

Preparation and submission of CRA residents, fellows, and medical Specialists

|   |   |                        |                              |  |
|---|---|------------------------|------------------------------|--|
| <b>Office or Division:</b>  | Department of Family and Community Medicine (DFCM)                              |                        |                              |  |
| <b>Classification:</b>  | Simple  |                        |                              |  |
| <b>Type of Transaction:</b>   | G2C   |                        |                              |  |
| <b>Who may avail:</b>   | Medical Officers and Medical Specialists  |                        |                              |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |   | <b>WHERE TO SECURE</b> |                              |  |
| Signed DTR and approved leave application and CRA                   |   | DFCM                   |                              |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>                                  |
| 1. Submit the signed DTR and approved leave to the Pediatric Office | 1. Receive the signed DTR and leave form, if there is any                       | None                   | 5 minutes                    | <i>Administrative Officer</i><br>DFCM                      |
|   | 1.1 Prepare the Consolidated Record of Attendance (CRA)                         | None                   | 1 day                        | <i>Administrative Officer</i><br>DFCM                      |
|   | 1.2 Forward the CRA and DTRs to the Office of the Department Chair for approval | None                   | 2 hours                      | <i>Administrative Officer and Department Chair</i><br>DFCM |
|   | 1.3 Record and submit the CRA and DTRs to the HRDD                              | None                   | 2 hours                      | <i>Administrative Assistant / Utility Worker</i><br>DFCM   |
| <b>TOTAL:</b>   |   | None                   | 1 day, 4 hours and 5 minutes |  |

## 6. Issuance of Certification of Training (After Grades are Available)

Issuance of Certification of Training to trainees/observers

|  |   |  |                        |                                    |
|--|---|--|------------------------|------------------------------------|
| <b>Office or Division:</b>                                     | Department of Family and Community Medicine (DFCM)  |  |                        |                                    |
| <b>Classification:</b>   | Simple  |  |                        |                                    |
| <b>Type of Transaction:</b>                                    | G2C   |  |                        |                                    |
| <b>Who may avail:</b>  | All PGH DFCM trainees/ observers upon completion of their 1- day, 1- week, or 1- month training |  |                        |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                               |   | <b>WHERE TO SECURE</b>                                       |                        |                                    |
| Completion form / clearance form                               |   | Will be produced by the requesting party (trainee/ observer) |                        |                                    |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>          |
| 1. Present the completion form / clearance form to Admin Staff | 1. Issue Certification of Training upon receipt of request                                      | None   | 5 minutes              | <i>Education Committee</i><br>DFCM |
| 2. Provide signature   | 2. Request the trainee/ observer to sign as proof that the certificate has been claimed         | None   | 1 minute               | <i>Education Committee</i><br>DFCM |
| <b>TOTAL:</b>  |   | None   | 6 minutes              |                                    |



## 7. Issuance of Student Clearance

Issuance of student clearance upon completion of training

|   |  |                            |                        |   |
|---|--|----------------------------|------------------------|---|
| <b>Office or Division:</b>                                  | Department of Family and Community Medicine (DFCM)       |                            |                        |   |
| <b>Classification:</b>                                      | Simple   |                            |                        |   |
| <b>Type of Transaction:</b>                                 | G2C  |                            |                        |   |
| <b>Who may avail:</b>                                       | DFCM trainees upon completion of their 1- month training |                            |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                            |  | <b>WHERE TO SECURE</b>     |                        |   |
| Receipt of payment of affiliation fee (for non-UP)          |  | DFCM Office                |                        |   |
| No deficiencies   |  | As accomplished by trainee |                        |   |
| Daily time record   |  | As accomplished by trainee |                        |   |
| Monthly treatment record (as necessary)                     |  | As accomplished by trainee |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                     | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Present requirements to DFCM staff on site after 3:00 PM | 1. Verify that the requirements are complete             | None                       | 30 minutes             | <i>Education committee;<br/>Service Committee;<br/>Chief DFCM</i> |
|   | 1.1 Issue student clearance                              | None                       | 1 minute               | <i>Education Committee DFCM</i>                                   |
| <b>TOTAL:</b>   |  | None                       | 31 minutes             |   |

## **Department of Hospital Dentistry**

### **External Services**

## 1. Consultation

Check-up

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Department Dentistry  |   |                        |   |
| <b>Classification:</b>  | Simple  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | Patients needing dental management  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                              |                        |   |
| Blue Card (1 original)  |   | 1 <sup>st</sup> floor, Admitting Section, OPD Bldg. |                        |   |
| X-ray film  |   | Pharmacy  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. For old and new patients – present the Blue Card to the Admitting Officer. | 1. Check if the patient is included in the daily schedule.                            | None  | 3 minutes              | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
|   | 1.1 Get and record patients' vital signs in the RADISH System and update disposition. | None  | 5 minutes              | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
|   | 1.2. Refers the case to the available Junior Extern.                                  | None  | 2 minutes              | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
| 2. Enter the clinic once their name called.                                   | 2. Evaluate the patient including diagnostic exams, i.e. x-rays                       | None  | 30 minutes             | Extern-in-charge and Rad on duty  |
|   | 2.1 Give the payment slip and inform the patient to pay at the cashier                | (Please refer to succeeding table)                  | 1 minute               | Extern-in-charge and Rad on duty  |
| <b>TOTAL:</b>   |   | (Please refer to succeeding table)                  | 41 minutes             |   |

### Service Charge for Radiographs

| Radiographic Service     | Material  | Service Charge if with Blue Card | Service Charge if with Blue Card and Medical Social Services Card (White Card) | Service Charge if with Referral from other Hospital/ Clinic |
|--------------------------|-----------|----------------------------------|--|---|
| Periapical X-ray         | PHP 30.00 | PHP 15.00                        | PHP 0  | PHP 45.00   |
| Occlusal X-ray           | 200.00    | 35.00                            | 0.00   | 97.00   |
| Digital Periapical X-ray | 0.00      | 160.00                           | 140.00   | 265.00  |
| Digital Occlusal X-ray   | 0.00      | 335.00                           | 305.00   | 550.00  |

### Service Charge for Procedures

| Procedure                  | With Blue Card | With Blue and Medical Social Services Card (White Card) |
|----------------------------|----------------|---|
| Alveolectomy               | PHP 80.00      | None  |
| Alveoplasty                | 80.00          | None  |
| Apicoectomy                | 65.00          | None  |
| Curettage                  | 75.00          | None  |
| Cystectomy                 | 75.00          | None  |
| Frenectomy                 | 75.00          | None  |
| Gingivectomy               | 65.00          | None  |
| Incision and drainage      | 75.00          | None  |
| IDW-MMF                    | 95.00          | None  |
| Odontectomy                | 65.00          | None  |
| Operculectomy              | 60.00          | None  |
| Oro-Antral Management      | 75.00          | None  |
| Perio Therapy (Preventive) | 30.00          | None  |
| Perio Therapy (Treatment)  | 65.00          | None  |
| Pulpectomy                 | 35.00          | None  |
| Soft Tissue Excision       | 75.00          | None  |
| Hard Tissue Removal        | 75.00          | None  |
| Tooth Extraction           | 35.00          | None  |
| Vestibuloplasty            | 75.00          | None  |

## 2. Extraction

Removal of tooth

|   |   |  |                        |   |
|---|---|--|------------------------|---|
| <b>Office or Division:</b>  | Department of Dentistry   |  |                        |   |
| <b>Classification:</b>  | Simple  |  |                        |   |
| <b>Type of Transaction:</b>   | G2C   |  |                        |   |
| <b>Who may avail:</b>   | Patients needing dental management  |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                             |                        |   |
| Blue Card (1 original)  |   | 1 <sup>st</sup> floor Admitting Section, OPD Bldg. |                        |   |
| Anesthesia, needle, x-ray film  |   | Pharmacy   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. For old and new patients – present the Blue Card to the Admitting Officer. | 1. Check if the patient is included in the daily schedule.                            | None   | 3 minutes              | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
|   | 1.1 Get and record patients' vital signs in the RADISH System and update disposition. | None   | 5 minutes              | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
|   | 1.2. Refers the case to the available Junior Extern.                                  | None   | 2 minutes              | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
| 2. Enter the clinic once their name is called.                                | 2. Evaluate the patient including diagnostic exams, i.e. x-rays                       | None   | 30 minutes             | Extern-in-charge and Rad on duty  |
|   | 2.1 Give the payment slip and inform the patient to pay at the cashier                | P35.00 service charge per tooth extraction         | 3 minutes              | Extern-in-charge and Rad on duty  |
|   | 2.2. Do the Extraction  | None   | 15 minutes             | Extern In-charge  |
| <b>TOTAL:</b>   |   | P35.00 service charge per tooth extraction         | 59 minutes             | Extern-in-charge  |

### 3. Oral Prophylaxis (currently unavailable due to pandemic)

Cleaning of teeth

|  |   |  |                        |                                    |
|--|---|--|------------------------|------------------------------------|
| <b>Office or Division:</b>                 | Department of Dentistry                                   |  |                        |                                    |
| <b>Classification:</b>                     | Simple  |  |                        |                                    |
| <b>Type of Transaction:</b>                | G2C   |  |                        |                                    |
| <b>Who may avail:</b>                      | UP-Manila employees, UP Students, and PGH employees       |  |                        |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>           |   | <b>WHERE TO SECURE</b>   |                        |                                    |
| Blue card (1 original)                     |   | Health Service/Employees Clinic/Admitting Section OPD Building |                        |                                    |
| Referral form (1 original)                 |   | Health Service/Employees Clinic                                |                        |                                    |
| <b>CLIENT STEPS</b>                        | <b>AGENCY ACTION</b>                                      | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>          |
| 1. Present the Blue Card and referral form | 1. Inform the consultant of the day regarding the request | None   | 2 minutes              | Administrative Aide/Ward Assistant |
|  | 1.1 Give schedule/ appointment slip                       | None   | 3 minutes              | Dental Consultant of the day       |
|  | 1.2 Do the oral prophylaxis                               | None   | 30 minutes             | Dental Consultant of the day       |
|  |   |  |                        |                                    |
| <b>TOTAL:</b>                              |   | None   | 35 minutes             |                                    |

#### 4. Periapical X-ray, Occlusal X-ray, Digital Periapical X-ray and Digital Occlusal X-ray

Provision of radiographic examination

|  |   |  |                           |                                    |
|--|---|--|---------------------------|------------------------------------|
| <b>Office or Division:</b>                         | Department of Dentistry   |  |                           |                                    |
| <b>Classification:</b>                             | Simple  |  |                           |                                    |
| <b>Type of Transaction:</b>                        | G2C   |  |                           |                                    |
| <b>Who may avail:</b>                              | Patients needing radiographic examination   |  |                           |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |   | <b>WHERE TO SECURE</b>                             |                           |                                    |
| Blue Card or stub (1 original)                     |   | 1 <sup>st</sup> floor Admitting Section, OPD Bldg. |                           |                                    |
| Referral letter (1 original)                       |   | From other hospital/clinic outside PGH             |                           |                                    |
| X-ray film   |   | Pharmacy   |                           |                                    |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                             | <b>PROCESSING TIME</b>    | <b>PERSON RESPONSIBLE</b>          |
| 1. Present the Blue Card or stub and referral form | 1. Inform the Rad on Duty for x-ray requests. Write the name, age and gender of the patient in radiograph form. | None   | 2 minutes                 | Administrative Aide/Ward Assistant |
|  | 1.1 Take the radiograph   | None   | 10 minutes per radiograph | Extern Rad on Duty                 |
|  | 1.2 Give payment slip and inform the patient to pay at the cashier  | (Please refer to succeeding table)                 | 1 minute                  | Extern Rad on Duty                 |
| 2. Present the receipt for the payment slip        | 2. Give the x-ray result  | None   | 1 minute                  | Extern Rad on Duty                 |
| <b>TOTAL:</b>                                      |   | (Please refer to succeeding table)                 | 14 minutes per radiograph |                                    |

#### Service Charge for Radiographs

| Radiographic Service     | Material  | Service Charge if with Blue Card | Service Charge if with Blue Card and Medical Social Services Card (White Card) | Service Charge if with Referral from other Hospital/ Clinic |
|--------------------------|-----------|----------------------------------|--|---|
| Periapical X-ray         | PHP 30.00 | PHP 15.00                        | PHP 0  | PHP 45.00   |
| Occlusal X-ray           | 200.00    | 35.00                            | 0.00   | 97.00   |
| Digital Periapical X-ray | 0.00      | 160.00                           | 140.00   | 265.00  |
| Digital Occlusal X-ray   | 0.00      | 335.00                           | 305.00   | 550.00  |

## 5. Special Cases – Odontectomy, Biopsy, Curettage, Cystectomy, Frenectomy, Incision and Drainage, Oro-antral management, Vestibuloplasty, Operculectomy, Apicoectomy, Gingivectomy, Interdental Wiring and Maxillo-mandibular Fixation (IDW-MMF)

Minor surgical procedures

| <b>Office or Division:</b>   | Department of Dentistry                                    |  |                 |   |
|--|--|--|-----------------|---|
| <b>Classification:</b>   | Highly technical   |  |                 |   |
| <b>Type of Transaction:</b>  | G2C  |  |                 |   |
| <b>Who may avail:</b>  | Patients with special cases                                |  |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                                    |                 |   |
| Blue Card (1 original)   |  | 1 <sup>st</sup> floor Admitting Section, OPD Bldg. |                 |   |
| Materials:<br>0.12% Chlorhexidine Gluconate (Orahex)<br>oral mouthwash 120ml<br>70% Isopropyl Alcohol<br>Dental Anesthesia<br>Dental needle<br>Suction connecting tube (round white connectors)<br>0.9% NSS solution for irrigation 1 liter<br>Vicryl suture 4-O RB1<br>Roeko surgical suction tip with microtip<br>Asepto Syringe<br>4"x4" operating sponge / gauze<br>Blade #15<br>Gel foam<br>Bone wax<br>Surgical Bur #4 (High speed handpiece)<br>Surgical Bur #701, 702 or 703 (High speed handpiece)<br>Surgical Bur #701 or 702 (Low speed straight handpiece)<br>Specimen bottle<br>Iodoform emulsion<br>Dead soft wire<br>Erich arch bar<br>Orthodontic wax<br>Orthodontic elastics<br>X-ray films |  | Pharmacy, Dental Stores                            |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                                    | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. For old and new patients – present the Blue Card to the Admitting Officer.  | 1. Check if the patient is included in the daily schedule. | None   | 3 minutes       | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |



|  |  |                                     |                                    |   |
|--|--|-------------------------------------|------------------------------------|---|
|  | 1.1 Get and record patients' vital signs in the RADISH System and update disposition.  | None                                | 5 minutes                          | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
|  | 1.2 Deck the patient to a Senior Extern  | None                                | 2 minutes                          | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
| 2. Enter the clinic once their name is called. | 2. Evaluate the patient including diagnostic exams, i.e. x-rays, impression taking   | None                                | 1 hour                             | Senior Extern-in-charge   |
|  | 2.1 Give the payment slip and list of materials needed for surgery; and inform the patient to pay at the cashier and buy the materials. Ask the patient to process PhilHealth requirements and secure materials for surgery. | (Please refer to succeeding tables) | 10 minutes                         | Senior Extern-in-charge   |
|  | 2.2 Schedule the patient for the procedure   | None                                | 2 minutes                          | Senior Extern-in-charge   |
|  | 2.3 Discuss the special case with the consultant   | None                                | 14 days                            | Senior Extern-in-charge   |
|  | 2.4 Do the procedure   | None                                | 2 hours                            | Senior Extern-in-charge   |
| <b>TOTAL:</b>                                  |  | (Please refer to succeeding tables) | 14 days,<br>3 hours,<br>22 minutes |   |

### Service Charge for Radiographs

| Radiographic Service     | Material  | Service Charge if with Blue Card | Service Charge if with Blue Card and Medical Social Services Card (White Card) | Service Charge if with Referral from other Hospital/ Clinic |
|--------------------------|-----------|----------------------------------|--|---|
| Periapical X-ray         | PHP 30.00 | PHP 15.00                        | PHP 0  | PHP 45.00   |
| Occlusal X-ray           | 200.00    | 35.00                            | 0.00   | 97.00   |
| Digital Periapical X-ray | 0.00      | 160.00                           | 140.00   | 265.00  |
| Digital Occlusal X-ray   | 0.00      | 335.00                           | 305.00   | 550.00  |

### Service Charge for Procedures

| Procedure                  | With Blue Card | With Blue and Medical Social Services Card (White Card) |
|----------------------------|----------------|---|
| Alveolectomy               | PHP 80.00      | None  |
| Alveoplasty                | 80.00          | None  |
| Apicoectomy                | 65.00          | None  |
| Curettage                  | 75.00          | None  |
| Cystectomy                 | 75.00          | None  |
| Frenectomy                 | 75.00          | None  |
| Gingivectomy               | 65.00          | None  |
| Incision and drainage      | 75.00          | None  |
| IDW-MMF                    | 95.00          | None  |
| Odontectomy                | 65.00          | None  |
| Operculectomy              | 60.00          | None  |
| Oro-Antral Management      | 75.00          | None  |
| Perio Therapy (Preventive) | 30.00          | None  |
| Perio Therapy (Treatment)  | 65.00          | None  |
| Pulpectomy                 | 35.00          | None  |
| Soft Tissue Excision       | 75.00          | None  |
| Hard Tissue Removal        | 75.00          | None  |
| Tooth Extraction           | 35.00          | None  |
| Vestibuloplasty            | 75.00          | None  |

## 6. Oral Rehabilitation of Medically Compromised Patients

| <b>Office or Division:</b>   | Department of Dentistry                                    |  |                 |   |
|--|--|--|-----------------|---|
| <b>Classification:</b>   | Highly technical   |  |                 |   |
| <b>Type of Transaction:</b>  | G2C  |  |                 |   |
| <b>Who may avail:</b>  | Medically compromised patients needing dental management   |  |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                                    |                 |   |
| Blue card or stub (1 original)   |  | 1 <sup>st</sup> floor Admitting Section, OPD Bldg. |                 |   |
| Materials:<br>1% Povidone-Iodine oral antiseptic 60ml<br>10% Povidone-Iodine skin antiseptic 60 ml<br>7.5% Povidone-Iodine skin cleanser 60 ml<br>Suction connecting tube (white round rubber connector on both ends)<br>Micropore Tape 1"<br>0.9% NSS solution for irrigation 1L<br>D5NR solution 1L<br>Vicryl suture 4-0 RB1<br>Asepto Syringe<br>Roeko Surgical suction tip with microtip<br>4x8 Gauze (sterile)<br>Cotton Balls<br>Gel foam (sterile)<br>Bone Wax<br>Surgical gloves size 6.0<br>Surgical gloves size 6.5<br>Surgical gloves size 7.0<br>70% Isopropyl Alcohol<br>Dental Anesthesia<br>Dental Needle<br>Glass Ionomer Cement / Filling Material (GC Fuji 9)<br>Feather Blade #15<br>Restorative burs<br>X-ray films<br>Specimen bottle |  | OPD Pharmacy, Dental Stores                        |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                                    | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. For old and new patients – present the Blue Card to the Admitting Officer.  | 1. Check if the patient is included in the daily schedule. | None   | 3 minutes       | Admitting Officer of the day/<br>Ward Assistant/<br>Administrative Aide |
|  | 1.1 Get and record patients' vital signs in                | None   | 5 minutes       | Admitting Officer of the  |

|  |   |                                    |                                 |   |
|--|---|------------------------------------|---------------------------------|---|
|  | the RADISH System and update disposition.   |                                    |                                 | day/<br>Ward<br>Assistant/<br>Administrative<br>Aide                                |
|  | 1.2 Deck the patient to a Senior Extern   | None                               | 2 minutes                       | Admitting<br>Officer of the<br>day/<br>Ward<br>Assistant/<br>Administrative<br>Aide |
| 2. Enter the clinic once their name is called.                                 | 2. Evaluate the patient including diagnostic exams, i.e. x-rays, impression taking  | None                               | 1 hour                          | Senior Extern-in-charge   |
|  | 2.1 Give the payment slip and list of materials needed for surgery; and inform the patient to pay at the cashier and buy the materials. Ask the patient to process PhilHealth requirements. | (Please refer to succeeding table) | 10 minutes                      | Senior Extern-in-charge   |
|  | 2.2 Schedule the patient for the procedure at OR  | None                               | 2 minutes                       | Senior Extern-in-charge   |
|  | 2.3 Discuss the special case with the consultant  | None                               | 14 days                         | Senior Extern-in-charge   |
| 3. Present the blue card and all the materials needed for oral rehabilitation. | 3. Admit the patient in the ward with available bed. Drop referrals to co-managing services.  | None                               | 4 hours                         | Senior Extern-in-charge   |
|  | 3.1 Do the procedure at the OR  | None                               | 4 hours                         | Senior Extern-in-charge   |
| <b>TOTAL:</b>  |   | (Please refer to succeeding table) | 14 days, 9 hours and 22 minutes |   |

### Service Charge for Radiographs

| <b>Radiographic Service</b> | <b>Material</b> | <b>Service Charge if with Blue Card</b> | <b>Service Charge if with Blue Card and Medical Social Services Card (White Card)</b> | <b>Service Charge if with Referral from other Hospital/ Clinic</b> |
|-----------------------------|-----------------|---|---|--|
| Periapical X-ray            | PHP 30.00       | PHP 15.00                               | PHP 0   | PHP 45.00  |
| Occlusal X-ray              | 200.00          | 35.00                                   | 0.00  | 97.00  |
| Digital Periapical X-ray    | 0.00            | 160.00                                  | 140.00  | 265.00   |
| Digital Occlusal X-ray      | 0.00            | 335.00                                  | 305.00  | 550.00   |

## 7. Externship Training Program in Oral Surgery

Training in Oral Surgery for Licensed Dentists

|  |   |  |                        |                           |
|--|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Dentistry   |  |                        |                           |
| <b>Classification:</b>   | Simple  |  |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |  |                        |                           |
| <b>Who may avail:</b>  | Licensed dentist who wants to train in Oral Surgery   |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |                           |
| Accomplished application form (1 original)   |   | Department of Dentistry  |                        |                           |
| Two (2) 2"x2" pictures   |   | Applicant  |                        |                           |
| Certified true copy of the applicant's Transcript of Records   |   | Dental School where the applicant graduated from   |                        |                           |
| Certified true copy of diploma   |   | University where the applicant graduated from  |                        |                           |
| Certified true copy of dental board rating   |   | PRC  |                        |                           |
| Certified true copy of Certificate of Registration   |   | PRC  |                        |                           |
| Two (2) sealed letters of recommendation attesting that the applicant has the ability and good moral character to pursue the program addressed to the Chairman of the Department of Dentistry. |   | One letter must come from the Dean of the Dental School from which the applicant graduated and one from a dental faculty |                        |                           |
| A short essay of not more than 200 words and not less than 150 words as to why the applicant is seeking admission to the program   |   |  |                        |                           |
| All the requirements must be submitted in a folder with plastic jacket.  |   |  |                        |                           |
| *All admission requirements must be submitted not later than one (1) month before the starting date of the program period.   |   |  |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the application requirements   | 1. Receive the application requirements<br>1.1. Inform the applicant of the examination schedule. First Wednesday of the last month of every quarter. | PHP 500.00   | 3 minutes              | Department Secretary      |
|  |   | None   | 2 minutes              | Department Secretary      |
| 2. Pass the evaluation examination and submit to a personal interview  | 2. Give the evaluation examination and interview  | None   | 1 day                  | Dental Consultants        |
| 3. Pay the training fee  | 3. Receive the training   | PHP  | 5 minutes              | Department                |

|   |   |                  |                      |                                      |
|---|---|------------------|----------------------|--------------------------------------|
| and start the seven-months training program | fee<br><br>3.1 Pay to the PGH Cashier all the new extern's training fee; receive the Official Receipt | 40,000.00        | 30 minutes           | Secretary<br><br>Administrative Aide |
| <b>TOTAL:</b>                               |   | PHP<br>40,500.00 | 1 day,<br>40 minutes |                                      |

## 8. Internship Training Program in Oral Surgery

Extensive training in Oral Surgery for Licensed Dentists

|   |  |                               |                        |                           |
|---|--|-------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Dentistry  |                               |                        |                           |
| <b>Classification:</b>  | Simple   |                               |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                               |                        |                           |
| <b>Who may avail:</b>   | Licensed dentists who completed the UP-PGH Externship Program in Oral Surgery              |                               |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                      |  | <b>WHERE TO SECURE</b>        |                        |                           |
| Certificate of Completion   |  | Department of Dentistry       |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Apply for the Internship Program in Oral Surgery                   | 1. Receive the application requirements  | None                          | 2 minutes              | Dental Consultants        |
| 2. Pass the evaluation examination and submit to a personal interview | 2. Give the evaluation examination and interview   | None                          | 180 minutes            | Dental Consultants        |
| 3. Pay the training fee and start the one-year training program       | 3. Receive the training fee  | Training Fee:<br>PHP 6,000.00 | 5 minutes              | Department Secretary      |
|   | 3.1 Pay to the PGH Cashier all the new intern's training fee; receive the Official Receipt |                               | 30 minutes             | Administrative Aide       |
| <b>TOTAL:</b>   |  | PHP 6,000.00                  | 3 hours, 37 minutes    |                           |



## **Department of Laboratories**

### **External Services**

## 1. Residency Training – Selection Process

A four year residency training in combined Anatomic Pathology and Clinical Pathology (AP-CP) fully accredited by the Philippine Society of Pathologist (PSP). It is composed of 24 months of rotation in AP interdigitating with 24 months of rotation in CP

| <b>Office or Division:</b>   | Department of Laboratories – Residents Room                        |   |                 |  |
|--|--|---|-----------------|--|
| <b>Classification:</b>   | Highly Technical   |   |                 |  |
| <b>Type of Transaction:</b>  | G2C  |   |                 |  |
| <b>Who may avail:</b>  | Residency Training Applicants                                      |   |                 |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |  |
| 1. Complete and appropriately filled-out application form (1 original)                                       |  | Office of the Deputy Director for Health Operations (ODDHO) |                 |  |
| 2. Transcript of Records (1 original)  |  | School attended   |                 |  |
| 3. Curriculum Vitae (1 original)   |  | Furnished by applicant                                      |                 |  |
| 4. Medical School Diploma 1 original)  |  | School attended   |                 |  |
| 5. Certificate of Class Rank (1 original)  |  | School attended   |                 |  |
| 6. Certificate of Good Moral Character (1 original)  |  | School attended   |                 |  |
| 7. Certificate of Internship (1 original)  |  | Hospital attended   |                 |  |
| 8. PRC Board Rating Result (1 original, 2 authenticated)   |  | PRC Office  |                 |  |
| 9. PRC License (1 original, 2 authenticated)   |  | PRC Office  |                 |  |
| 10. Qualifying Examination (Basic Anatomic and Clinical Pathology)   |  | UP-PGH Department of Laboratories                           |                 |  |
| 11. Observership   |  | UP-PGH Department of Laboratories                           |                 |  |
| 12. Interview  |  | UP-PGH Department of Laboratories                           |                 |  |
| 13. Reporting  |  | UP-PGH Department of Laboratories                           |                 |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                                   |
| 1. Submit requirements to the ODDHO  | 1. Receive requirements  | Php 200.00  | 20 minutes      | <i>Executive Assistant</i><br>ODDHO                  |
|  | 1.1. Forward requirements and list of applicants to the Department | None  | 1 day           |  |
| 2. Take the Qualifying Examination in the Department of Laboratories (Basic Anatomic and Clinical Pathology) | 2. Facilitate examination  | None  | 3 hours         | <i>Medical Officer</i><br>Department of Laboratories |
|  | 2.1. Check and compute scores                                      |   | 2 hours         |  |

|   |   |            |                                 |   |
|---|---|------------|---------------------------------|---|
|   |   |            |                                 |   |
| 3.Participate in observership in the Department of Laboratories       | 3. Provide schedule for observers                                       | None       | 1 hour                          | Medical Officer                         |
|   | 3.1.Orient and provide feedback to applicants during their observership | None       | 10 days                         | Medical Officer                         |
| 4.Report an assigned topic in the Department of Laboratories          | 4. Evaluate and rate the reporting                                      | None       | 25 minutes                      | Medical Specialists and Medical Officer |
| 5.Undergo interview   | 5. Interview the applicants   | None       | 1 day                           | Medical Specialist                      |
| 6.Receive the result of application in the Department of Laboratories | 6. Deliberation of each applicant                                       | None       | 5 days                          | Medical Specialists and Medical Officer |
|   | 6.1.Furnish final list of accepted applicants                           | None       | 1 hour                          | Medical Officer                         |
| <b>TOTAL:</b>   |   | Php 200.00 | 17 days, 7 hours and 45 minutes |   |

## 2. Acceptance of Deliveries of Chemicals and Reagents

Acceptance of deliveries of chemicals and reagents used in processing of laboratory examination

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                                      | Department of Laboratories – Chairman's Office   |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                                     | G2B  |                        |                        |   |
| <b>Who may avail:</b>   | Suppliers  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                |  | <b>WHERE TO SECURE</b> |                        |   |
| 1. Purchase Order (PO) with complete attachments (1 original)   |  | Purchasing Office      |                        |   |
| 2. Sales Invoice (1 original, 5 photocopy)                      |  | Supplier               |                        |   |
| 3. 5 photocopy of PO  |  | Supplier               |                        |   |
| 4. Items or Products  |  | Supplier               |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Submit all requirements in the Department of Laboratories    | 1. Receive and validates documents   | None                   | 5 minutes              | Administrative Assistant/<br>Administrative Officer |
| 2. Present the items/products to the Department of Laboratories | 2. Accept and proceed to stockroom for checking, validation and counting of items/products | None                   | 2 hours                | Administrative Assistant/<br>Administrative Officer |
|   | 2.1 Sign Sale Invoice  |                        | 2 minutes              |   |
| <b>TOTAL:</b>   |  | None                   | 2 hours and 7 minutes  |   |

### 3. Acceptance of Evaluation Form for Chemicals/ Reagents/ Medical/ Office and Housekeeping Supplies

Evaluation for chemicals and reagents not included in the bidding and medical, office and housekeeping supplies requested for the department

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Laboratories – Chairman's Office |                        |                        |   |
| <b>Classification:</b>  | Complex  |                        |                        |   |
| <b>Type of Transaction:</b>   | G2B  |                        |                        |   |
| <b>Who may avail:</b>   | Suppliers                                      |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| 1. Properly filled-out evaluation form                                      |  | BAC Office             |                        |   |
| 2. Item/Product   |  | Supplier               |                        |   |
|   |  |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                           | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Submit evaluation form to the Department of Laboratories                 | 1. Receive evaluation form                     | None                   | 2 minutes              | Administrative Assistant/<br>Administrative Officer |
| 2. Submit the item/product for evaluation to the Department of Laboratories | 2. Receive item/product (for evaluation)       | None                   | 7 days                 | Administrative Assistant/<br>Administrative Officer |
| <b>TOTAL:</b>   |  | None                   | 7 days and 2 minutes   |   |

#### 4. Inter-Institutional Observership

Provision of training for Residents from other institutions in the field of Anatomic and Clinical Pathology for a specified duration. This service is availed by other hospital institutions who would like to provide additional skills and knowledge for their respective residents.

| <b>Office or Division:</b>  | Department of Laboratories – Chairman's Office |                        |                      |   |
|---|--|------------------------|----------------------|---|
| <b>Classification:</b>  | Complex  |                        |                      |   |
| <b>Type of Transaction:</b>   | G2C  |                        |                      |   |
| <b>Who may avail:</b>   | All Residents                                  |                        |                      |   |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE        |                      |   |
| 1. Letter of Intent   |  | Furnished by requester |                      |   |
| 2. Memorandum of Agreement  |  | Legal Office           |                      |   |
| 3. Observership Fee   |  | Cashier                |                      |   |
| CLIENT STEPS  | AGENCY ACTION                                  | FEES TO BE PAID        | PROCESSING TIME      | PERSON RESPONSIBLE                                  |
| 1. Submit letter of intent address to the PGH Director thru the Chair of the Department of Laboratories | 1. Receive letter of intent                    | None                   | 7 days               | Administrative Assistant/<br>Administrative Officer |
| 1.1. Indicate the period of training  |  |                        |                      |   |
| 1.2 Pay Observership Fee to the Cashier Services  | 1.1 Issue charges slip                         | Php 4,983.00/ month    | 2 minutes            |   |
| <b>TOTAL:</b>   |  | Php 4,983.00/ month    | 7 days and 2 minutes |   |

## 5. Slide Photomicrography

Provision of photomicrography services of surgical pathology cases submitted to the department. The service is availed by other department within the hospital or other institutions.

| <b>Office or Division:</b>  | Department of Laboratories – Resident's Room/Chairman's Office |                        |                              |   |
|---|--|------------------------|------------------------------|---|
| <b>Classification:</b>  | Complex  |                        |                              |   |
| <b>Type of Transaction:</b>   | G2C  |                        |                              |   |
| <b>Who may avail:</b>   | All Residents  |                        |                              |   |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE        |                              |   |
| 1. Letter of Intent   |  | Furnished by requester |                              |   |
| 2. Payment/Official Receipt   |  | Cashier                |                              |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID        | PROCESSING TIME              | PERSON RESPONSIBLE  |
| 1. Submit letter of intent address to the Chair of the Department of Laboratories | 1. Receive letter of intent                                    | None                   | 2 minutes                    | Administrative Assistant/<br>Administrative Officer /<br>Resident in Charge |
|   | 1.1 Approval of the Chair                                      | None                   | 2 minutes                    | Chairman  |
|   | 1.2 Retrieve slides from Stockroom files                       | None                   | 2 days                       | Administrative Aide   |
|   | 1.3 Check pictures and number of copies of pictures            | None                   | 1 hour                       | Medical Officer in charge   |
|   | 1.4 Issue Charge Slip  | Php 120.00             | 2 minutes                    | Administrative Assistant/<br>Administrative Officer                         |
| 2. Present the Official Receipt to the Chairman's Office                          | 2. Give photo in CD  | None                   | 2 minutes                    | Administrative Assistant/<br>Administrative Officer                         |
| <b>TOTAL:</b>   |  | Php 120.00 /picture    | 2 days, 1 hour and 8 minutes |   |

## 6. Issuance of Blood Collecting Tubes and Specimen Containers

Provision of blood collecting tubes and specimen containers to different wards of the hospital.

|   |   |                          |                        |   |
|---|---|--------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Laboratories – Chairman's Office          |                          |                        |   |
| <b>Classification:</b>  | Simple  |                          |                        |   |
| <b>Type of Transaction:</b>   | G2C   |                          |                        |   |
| <b>Who may avail:</b>   | Service wards of the hospital (IWs/NAs)                 |                          |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |   | <b>WHERE TO SECURE</b>   |                        |   |
| 1. Approved Requisition and Issue Slip                              |   | Respective service wards |                        |   |
| 2. Trolley/reusable bag   |   | Respective service wards |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                    | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Submit Requisition and Issue Slip (RIS) to the Chairman's Office | 1. Receive Requisition and Issue Slip (RIS)             | None                     | 5 minutes              | Administrative Assistant/<br>Administrative Officer |
| 2. Get the supplies from the Department of Laboratories             | 2. Issue blood collecting tubes and specimen containers | None                     | 30 minutes             | Administrative Assistant/<br>Administrative Officer |
| <b>TOTAL:</b>   |   | None                     | 35 minutes             |   |



## 7. Processing of Blood Typing (including Emergency Typing)

Provide blood type of patient for possible blood transfusion

| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank  |   |  |                              |
|---|--|---|--|------------------------------|
| <b>Classification:</b>  | Highly Technical   |   |  |                              |
| <b>Type of Transaction:</b>   | G2C  |   |  |                              |
| <b>Who may avail:</b>   | All Patients   |   |  |                              |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                         |  |                              |
| 1. Completely filled up laboratory request form   |  | Attending Physician/Nurse on Duty       |  |                              |
| 2. Blood specimen whole blood (2-4ml) EDTA Tube if neonates whole blood (1-2 ml microtainer EDTA with complete label (Name of Patient, Date and Time, extracted by) |  | Attending Physician/Nurse on Duty       |  |                              |
| 3. Payment/Official Receipt   |  | Cashier                                 |  |                              |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                         | PROCESSING TIME                                  | PERSON RESPONSIBLE           |
| 1. Present laboratory request to the Laboratory Information Section   | 1. Receive and charge the blood typing request: for <b>“emergency”</b> - instruct client to bring the specimen and request immediately to Blood Bank | None                                    | 5 minutes  | Laboratory Information Staff |
| 2. Pay the blood typing test to the Cashier Services  | 2. Accept the payment and issue the receipt  | *Refer to the approved schedule of fees | 15 minutes                                       | Cashier                      |
| 3. Submit the laboratory request form completely filled up with blood specimen sample properly labeled to the Blood Bank Section                                    | 3. Check and verify the laboratory request form and blood specimen. Processed the blood typing. Print  | None                                    | 1 hour (for emergency 30 minutes )               | Medical Technologist         |
| 4. Claim the result in the Laboratory Information Section   | 4. Print the result and sent to Laboratory Information Section   | None                                    | 5 Minutes  | Laboratory Information Staff |
| <b>TOTAL:</b>   |  | *Refer to the approved schedule of fees | 1 hour and 25 minutes (for emergency 30 minutes) |                              |

## 8. Processing of ABO Typing Discrepancy Investigation

Resolving the front and reverse blood typing of the patient

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank  |   |                        |  |
| <b>Classification:</b>  | Highly Technical   |   |                        |  |
| <b>Type of Transaction:</b>   | G2C  |   |                        |  |
| <b>Who may avail:</b>   | All Patients   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                  |                        |  |
| 1. Completely filled up laboratory request form   |  | Attending Physician/Nurse on Duty       |                        |  |
| 2. Blood specimen whole blood (5 ml) EDTA Tube/plain tube if neonates whole blood (4ml) with complete label (Name of Patient, Date and Time, extracted by)      |  | Attending Physician/Nurse on Duty       |                        |  |
| 3. Payment/Official Receipt   |  | Cashier                                 |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Present laboratory request to Laboratory Information Section to charge ABO typing discrepancy request  | 1. Receive and charge the ABO blood discrepancy request:   | None                                    | 5 minutes              | Laboratory Information Staff                                 |
| 2. Pay the ABO typing discrepancy test to the Cashier   | 2. Accept the payment and issue the receipt  | *Refer to the approved schedule of fees | 15 minutes             | Cashier  |
| 3. Submit the laboratory request form completely filled up with blood specimen sample properly labeled to the Blood Bank Section together with proof of payment | 3. Check and verify the laboratory request form, blood specimen and proof of payment. Processed the ABO typing discrepancy.<br><br>3.1 If not resolved, inform NOD, Pathologist rotator and refer to Hematologist Fellow | None                                    | 1day:24 hours          | Medical Technologist/ Pathology Rotator/ Hematologist Fellow |
| <b>TOTAL:</b>   |  | *Refer to the approved schedule of fees | 1 day and 20 minutes   |  |

## 9. Processing of Direct Coombs, Indirect Agglutination Test, Antibody Screening

Detection of antibody present in the red blood cells and serum of the patient/blood unit

|   |  |   |                        |                              |
|---|--|---|------------------------|------------------------------|
| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank  |   |                        |                              |
| <b>Classification:</b>  | Highly Technical   |   |                        |                              |
| <b>Type of Transaction:</b>   | G2C  |   |                        |                              |
| <b>Who may avail:</b>   | All Patients   |   |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                  |                        |                              |
| 1. Completely filled up laboratory request form   |  | Attending Physician/Nurse on Duty       |                        |                              |
| 2. Blood specimen whole blood (2-4ml) EDTA Tube if neonates whole blood (1-2ml) microtainer EDTA with complete label (Name of Patient, Date and Time, extracted by).  |  | Attending Physician/Nurse on Duty       |                        |                              |
| 3. Payment/Official Receipt   |  | Cashier                                 |                        |                              |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. Present laboratory request form to Laboratory Information Section to charge Direct Coombs, Indirect Agglutination Test, Antibody Screening   | 1. Receive and charge Direct Coombs, Indirect Agglutination Test, Antibody Screening request   | None                                    | 5 minutes              | Laboratory Information Staff |
| 2. Pay the Direct Coombs, Indirect Agglutination Test, Antibody Screening to the Cashier  | 2. Accept the payment and issue the receipt  | *Refer to the approved schedule of fees | 10 minutes             | Cashier                      |
| 3. Submit the laboratory request form completely filled up Direct Coombs, Indirect Agglutination Test, Antibody Screening with blood specimen sample properly labeled to the Blood Bank Section. Present the official receipt | 3. Check and verify the laboratory request form, blood specimen and proof of payment. Processed the Direct Coombs, Indirect Agglutination Test, Antibody Screening | None                                    | 1 hour                 | Medical Technologist         |
| <b>TOTAL:</b>   |  | *Refer to the approved schedule of fees | 1 hour and 15 minutes  |                              |

## 10. Processing of Crossmatching (including emergency Crossmatching)

Compatibility testing for antibody occurs when donor red cells are incubated with recipients' serum and upon addition of anti-human globulin result in to no agglutination

|   |   |   |   |                              |
|---|---|---|---|------------------------------|
| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank   |   |   |                              |
| <b>Classification:</b>  | Highly Technical  |   |   |                              |
| <b>Type of Transaction:</b>   | G2C   |   |   |                              |
| <b>Who may avail:</b>   | All Patients  |   |   |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                  |   |                              |
| 1. Completely filled up laboratory request form   |   | Attending Physician/Nurse on Duty       |   |                              |
| 2. Blood specimen whole blood (2-4 ml) in EDTA. If neonates, 1-2ml microtainer EDTA with complete label (Name of Patient, Date and Time, extracted by).   |   | Attending Physician/Nurse on Duty       |   |                              |
| 3. Payment/Official Receipt   |   | Cashier                                 |   |                              |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b>                                      | <b>PERSON RESPONSIBLE</b>    |
| 1. Present laboratory request form to Laboratory Information Section to charge crossmatching request  | 1. Receive and charge crossmatching request( <b>for emergency crossmatching</b> )                                 | None                                    | 5 minutes   | Laboratory Information Staff |
| 2. Patient/Agent must go to cashier and pay the crossmatching test  | 2. Accept the payment and issue the receipt   | *Refer to the approved schedule of fees | 15 minutes  | Cashier                      |
| 3. Submit the laboratory request form completely filled up blood specimen sample properly labeled to the Blood Bank Section. Present the official receipt | 3. Check and verify the laboratory request form, blood specimen and proof of payment. Processed the crossmatching | None                                    | 4 hours (for emergency crossmatching 1 hour)                | Medical Technologist         |
| <b>TOTAL:</b>   |   | *Refer to the approved schedule of fees | 4 hours and 20 minutes (for emergency crossmatching 1 hour) |                              |

## 11. Processing of Difficult Crossmatching

Resolving the incompatibility testing of patient to blood unit

|  |  |   |                                 |                              |
|--|--|---|---------------------------------|------------------------------|
| <b>Office or Division:</b>   | Department of Laboratories – Blood Bank  |   |                                 |                              |
| <b>Classification:</b>   | Highly Technical   |   |                                 |                              |
| <b>Type of Transaction:</b>  | G2C  |   |                                 |                              |
| <b>Who may avail:</b>  | Patients with incompatible result in crossmatching   |   |                                 |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                  |                                 |                              |
| 1. Completely filled up laboratory request form  |  | Attending Physician/Nurse on Duty       |                                 |                              |
| 2. Blood specimen whole blood (5ml) EDTA tube/ (10ml) plain tube if neonates whole blood (4ml) microtainer EDTA with complete label (Name of Patient, Date and time, extracted by) |  | Attending Physician/Nurse on Duty       |                                 |                              |
| 3. Payment/Official Receipt  |  | Cashier                                 |                                 |                              |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b>          | <b>PERSON RESPONSIBLE</b>    |
| 1. Present laboratory request form to the Laboratory Information Section to charge <b>Difficult crossmatching</b> request  | 1. Receive and charge <b>difficult crossmatching</b> request   | None                                    | 5 minutes                       | Laboratory Information Staff |
| 2. Pay the <b>Difficult</b> crossmatching test to the cashier  | 2. Accept the payment and issue the receipt  | *Refer to the approved schedule of fees | 15 minutes                      | Cashier                      |
| 3. Submit the laboratory request form completely filled up blood specimen sample properly labeled to the Blood Bank Section. Present the official receipt                          | 3. Check and verify the laboratory request form, blood specimen and proof of payment. Processed the <b>Difficultcross matching</b><br>3.1 If not resolve inform NOD/RIC and refer to Pathologist rotator and Hematologist Fellow | None                                    | 1day:24 hours<br><br>15 minutes | Medical Technologist         |
| <b>TOTAL:</b>  |  | *Refer to the approved schedule of fees | 1 day and 35 minutes            |                              |

## 12. Blood Donor Registration

Acceptance and screening of qualified donor

|   |   |                            |                        |                           |
|---|---|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank                 |                            |                        |                           |
| <b>Classification:</b>  | Simple  |                            |                        |                           |
| <b>Type of Transaction:</b>   | G2C   |                            |                        |                           |
| <b>Who may avail:</b>   | All Donors (Volunteer, Autologous, Donor with patients) |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>     |                        |                           |
| 1. Valid ID (1 original)<br>(any of this : PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID) |   | Government Agency          |                        |                           |
| 2. Donor Form (1 original)  |   | Blood Donor Center Counter |                        |                           |
| 3. Blue Card (1 original)   |   | Admitting Section          |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                    | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit Donor Form to the Blood Bank Section  | 1.Receive, check and verify the request for Donor Form  | None                       | 1 minute               | Medical Technologist      |
| 2. Present valid ID in the Blood Bank Section   | 2. Receive, check and verify valid ID presented         | None                       | 1 minute               | Medical Technologist      |
| 3. Donor register in the Blood Bank Section   | 3.Log donor 's name, patient's name and ward            | None                       | 3 hours                | Medical Technologist      |
| <b>TOTAL:</b>   |   | None                       | 3 hours and 2 minutes  |                           |

### 13. Conducting of Donor Pep Talk

Provision of information regarding the mode of transmission transmissible infection

|   |  |                            |                        |                           |
|---|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank  |                            |                        |                           |
| <b>Classification:</b>  | Highly Technical   |                            |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                            |                        |                           |
| <b>Who may avail:</b>   | All Donors (Volunteer, Autologous, Donor with patients)  |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>     |                        |                           |
| 1. Valid ID (1 original)<br>(any of this : PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID) |  | Qualified Donor            |                        |                           |
| 2. Donor Form completely filled up (1 original)   |  | Blood Donor Center Counter |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit Donor Form to the Blood Bank Section  | 1. Receive, check and verify the request for Donor Form.   | None                       | 2 minutes              | Medical Technologist      |
| 2. Present valid ID in the Blood Bank Section   | 2. Accept the donor  | None                       | 3 minutes              | Medical Technologist      |
| 3. Attend donor Pep Talk in the Blood Bank Section  | 3. Conduct pep talk regarding the flow of donation and mode of transfer of transfusion transmissible infection | None                       | 15 minutes             | Medical Technologist      |
| <b>TOTAL:</b>   |  | None                       | 20 minutes             |                           |

## 14. Donor Interview, Encoding Biometrics, Image Capturing, Barcoding and Physical Examination

This process is for collecting data of blood donor

|   |  |                            |                        |                           |
|---|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank  |                            |                        |                           |
| <b>Classification:</b>  | Highly Technical   |                            |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                            |                        |                           |
| <b>Who may avail:</b>   | All Donors (Volunteer, Autologous, Donor with patients)  |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>     |                        |                           |
| 1. Valid ID (1 original)<br>(any of this : PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID) |  | Qualified Donor            |                        |                           |
| 2. Donor Form completely filled up<br>(1 original)  |  | Blood Donor Center Counter |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1.Submit Donor Form to the Blood Bank Section   | 1. Receive, check and verify the request for Donor Form.   | None                       | 2 minutes              | Medical Technologist      |
| 2. Present valid ID in the Blood Bank Section   | 2. Accept the donor  | None                       | 3 minutes              | Medical Technologist      |
| 3. Wait for the QUE assigned in the donor form in the Blood Bank Section  | 3. Call donor for interview<br><br>3.1 Process the biometrics, image capturing and barcoding<br><br>3.2 Perform the physical examination | None                       | 30 minutes             | Medical Technologist      |
| <b>TOTAL:</b>   |  | None                       | 35 minutes             |                           |



## 15. Blood Donation at Blood Donor Center

Hemoglobin determination and serological examination (Transmission Transmissible Infection)

| <b>Office or Division:</b>   | Department of Laboratories – Blood Bank   |                            |                 |                      |
|--|---|----------------------------|-----------------|----------------------|
| <b>Classification:</b>   | Highly Technical  |                            |                 |                      |
| <b>Type of Transaction:</b>  | G2C   |                            |                 |                      |
| <b>Who may avail:</b>  | All Donors (Volunteer, Autologous, Donor with patients)   |                            |                 |                      |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE            |                 |                      |
| 1. Valid ID (1 original)<br>(any of this : PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID)        |   | Qualified Donor            |                 |                      |
| 2. Donor Form completely filled up with physical examination report (1 original)   |   | Blood Donor Center Counter |                 |                      |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID            | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Submit Donor Form completely filled up with physical examination report to the Blood Bank Section<br><br>1.1. Donor will wait in the waiting area | 1. Accept Donor Form with valid ID  | None                       | 5 minutes       | Medical Technologist |
|  | 1. 1 Ask the full name of the Donor, check and disinfect the site of phlebotomy of the donor before extraction.   | None                       | 5 minutes       | Medical Technologist |
|  | 1.2 Get blood specimen and drop to copper sulfate for hemoglobin test<br><br>▪ If low hemoglobin – <b>donor is rejected</b><br><br>▪ If normal hemoglobin proceeds to Serological Examination | None                       | 2 minutes       | Medical Technologist |
|  | 1.3. Process screening serological examination (for transmissible transfusion infection (TTI's, HbsAg, syphilis, HCV, HIV   | None                       | 3 hours         | Medical Technologist |

|   |   |      |                        |                      |
|---|---|------|------------------------|----------------------|
|   | and Malaria) <b>if non-reactive</b> call the donor for bleeding if reactive advice the donor to wait for repeat testing/wait for the doctor call. |      |                        |                      |
| 2. Proceed to bleeding area in the Blood Bank Section | 2. Instruct the donor to read the donor instruction   | None | 1 minute               | Medical Technologist |
|   | 2.1 Ask full name of donor  | None | 1 minute               | Medical Technologist |
|   | 2.2 Ask donor will sign the form  | None | 1 minute               | Qualified Donor      |
|   | 2.3 Check and disinfect the site of phlebotomy  | None | 2 minutes              | Medical Technologist |
|   | 2.4 Start the bleeding process  | None | 30 minutes             | Medical Technologist |
|   | 2.5 Extract blood specimen from the blood unit of the donor in EDTA tube with donor barcode. Release the blood issuance form to the donor         | None | 15 minutes             | Medical Technologist |
|   | 2.6. Encode the specimen for blood typing   | None | 15 minutes             | Medical Technologist |
| <b>TOTAL:</b>   |   | None | 4 hours and 17 minutes |                      |

## 16. Autologous Donor

Phlebotomy for future procedure

|  |   |                            |                        |                           |
|--|---|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Laboratories – Blood Bank   |                            |                        |                           |
| <b>Classification:</b>   | Highly Technical  |                            |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |                            |                        |                           |
| <b>Who may avail:</b>  | Patient advice to donate their own blood  |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>     |                        |                           |
| 1. Donor Form completely filled up (1 original)  |   | Blood Donor Center Counter |                        |                           |
| 2. Donor Form completely filled up consent for autologous blood donation (1 original)  |   | Blood Donor Center Counter |                        |                           |
| 3. Completely filled up permission for autologous blood donation (1 original)  |   | Attending Physician        |                        |                           |
| 4. Valid ID (1 original)<br>(any of this: PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID) |   | Government Agency          |                        |                           |
| 5. Blood collecting bag (Triple)   |   | Blood Donor Center         |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit all requirements to the Blood Donor Center Counter   | 1. Receive, check and verify all requirements<br><br>1.1 Interview and do the physical examination of the donor   | None                       | 2 minutes              | Medical Technologist      |
| 2. Proceed to screening area in the Blood Bank Section   | 2. Do the biometrics, imaging capture and barcoding   | None                       | 3 minutes              | Medical Technologist      |
| 3. Proceed to blood extraction area in the Blood Bank Section  | 3. Extract blood specimen and drop to copper sulfate for hemoglobin test.<br>▪ If low hemoglobin – <b>donor is rejected</b><br><br>▪ If normal hemoglobin, instruct the donor to proceed to the bleeding area | None                       | 5 minutes              | Medical Technologist      |

|   |  |      |                       |                      |
|---|--|------|-----------------------|----------------------|
|   | donor.   |      |                       |                      |
| 4. Proceed to bleeding area in the Blood Bank Section | 4. Check and disinfect the site of phlebotomy and perform the bleeding process | None | 1 hour                | Medical Technologist |
|   | <b>TOTAL:</b>  | None | 1 hour and 10 minutes |                      |

## 17. Donor Counseling

For reactive Transfusion Transmissible Infection

|   |  |                            |                        |                           |
|---|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank              |                            |                        |                           |
| <b>Classification:</b>  | Highly Technical                                     |                            |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                            |                        |                           |
| <b>Who may avail:</b>   | All Deferred Donor                                   |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>     |                        |                           |
| 1. Donor Form completely filled up (1 original)   |  | Blood Donor Center Counter |                        |                           |
| 2. Completely filled up laboratory examination for processing of blood donors reactive to Transfusion Transmissible Infections (HbsAg, Syphilis, HIV, HCV, Malaria) |  | Blood Donor Center Counter |                        |                           |
| 3. Valid ID (1 original) (any of this (PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID)                           |  | Furnish by Donor           |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                 | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1.Wait the doctor's call/medical technologist in the Blood Bank Section   | 1. Call the pathologist on duty for donor counseling | None                       | 15 minutes             | Pathologist Rotator       |
| <b>TOTAL:</b>   |  | None                       | 15 minutes             |                           |

## 18. Processing of Plateletpheresis

Collection of maximum of 8 units of platelet concentrates from a single donor through apheresis machine

|  |   |   |                            |                                 |
|--|---|---|----------------------------|---------------------------------|
| <b>Office or Division:</b>   | Department of Laboratories – Blood Bank   |   |                            |                                 |
| <b>Classification:</b>   | Highly Technical  |   |                            |                                 |
| <b>Type of Transaction:</b>  | G2C   |   |                            |                                 |
| <b>Who may avail:</b>  | All Qualified Donor with Prominent Vein   |   |                            |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   |   | <b>WHERE TO SECURE</b>     |                                 |
| 1. Donor Form completely filled up (1 original)  |   |   | Blood Donor Center Counter |                                 |
| 2. Laboratory Examination Form (back of Donor Form) fully accomplished for <b>Non-Reactive to</b> Transfusion Transmissible Infections, HBsAg, Syphilis, HIV, HCV, Malaria |   |   | Blood Donor Center Counter |                                 |
| 3. Complete Blood Count (CBC) and Blood Typing Result  |   |   | Hematology and Blood Bank  |                                 |
| 4. Apheresis Kit with Anticoagulant (ACD) 2 (500ml)  |   |   | Blood Donor Center         |                                 |
| 5. Apheresis Machine   |   |   | Blood Donor Center         |                                 |
| 6. Payment/Official Receipt  |   |   | Cashier                    |                                 |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b>     | <b>PERSON RESPONSIBLE</b>       |
| 1. Submit Donor Form in the Blood Bank Section   | 1. Receive, check and verify Donor Form   | None                                    | 2 minutes                  | Medical Technologist            |
| 2. Pay the procedure in the Cashier Services   | 2. Receive payment for the procedure  | *Refer to the approved schedule of fees | 15 minutes                 | Laboratory Information/ Cashier |
| 3. Submit Laboratory request form and proof of payment In the Blood Bank Section   | 3. Receive laboratory request form and proof of payment   | None                                    | 2 minutes                  | Medical Technologist            |
| 4. Proceed to Pheresis Room in the Blood Bank Section  | 4. Disinfect the arm, look for prominent vein (site of phlebotomy)<br>4.1 Start the running procedure | None                                    | 1 minute<br>3 hours        | Medical Technologist            |
| <b>TOTAL:</b>  |   | *Refer to the approved schedule of fees | 3 hours and 20 minutes     |                                 |

## 19. Processing of Therapeutic Plasma Exchange Procedure

Plasma removal with fluid exchange through apheresis machine

| <b>Office or Division:</b>                                  | Department of Laboratories – Blood Bank   |                     |                 |  |
|---|---|---------------------|-----------------|--|
| <b>Classification:</b>                                      | Highly Technical  |                     |                 |  |
| <b>Type of Transaction:</b>                                 | G2C   |                     |                 |  |
| <b>Who may avail:</b>                                       | All Patients with Myasthenia Gravis, GuillanBarre Syndrome, Thrombotic Thrombocytopenic Purpura, NeuromyelitisOptica, Vasculitis and Multiple Sclerosis |                     |                 |  |
| CHECKLIST OF REQUIREMENTS                                   |   | WHERE TO SECURE     |                 |  |
| 1. Referral Slip completely filled up (1 original)          |   | Attending Physician |                 |  |
| 2. Apheresis Kit with Anticoagulant (ACD) 2 (500ml)         |   | Blood Bank          |                 |  |
| 3. Thawed Fresh Frozen Plasma (Type Specific) 1000ml-2500ml |   | Blood Bank          |                 |  |
| 4. Intra-jugular/subclavian line                            |   | Attending Physician |                 |  |
| 5. Bovine Albumin 1000ml-2500ml                             |   | Attending Physician |                 |  |
| 6. Laboratory Request                                       |   | Attending Physician |                 |  |
| 7. Payment/Official Receipt                                 |   | Cashier             |                 |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID     | PROCESSING TIME | PERSON RESPONSIBLE                                   |
| 1. Submit Referral Slip to the Blood Bank Section           | 1. Receive referral slip<br><br>Note: Resident in Charge will coordinate with the Blood Bank Pathologists for possible TPE patient                      | None                | 1 minutes       | Medical Technologist                                 |
|   | 1.1 Check patient's intra-jugular/ subclavian/ femoral line if with access (good flow)  | None                | 1 minute        | Medical Technologist                                 |
|   | 1.2 Proceed with the TPE procedure  | None                | 4 hours         | Medical Technologist/ Pathologist/ Hematologist/ RIC |

|               |   |   |                       |                              |
|---------------|---|---|-----------------------|------------------------------|
|               | 1.3 Give the list of TPE kit for charging to Laboratory Information section | *Refer to the approved schedule of fees | 2 minutes             | Laboratory Information Staff |
| <b>TOTAL:</b> |   | *Refer to the approved schedule of fees | 4 hours 3 and minutes |                              |



## 20. Processing of Blood Product Request and Issuance of Blood Unit

Assign blood units to the patient

|  |   |                                   |                                |                           |
|--|---|-----------------------------------|--------------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Laboratories – Blood Bank   |                                   |                                |                           |
| <b>Classification:</b>   | Highly Technical  |                                   |                                |                           |
| <b>Type of Transaction:</b>  | G2C   |                                   |                                |                           |
| <b>Who may avail:</b>  | All Patients  |                                   |                                |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>            |                                |                           |
| 1. Blood Product Request if emergency(properly filled up)(1 original)  |   | Attending Physician               |                                |                           |
| 2. Completely filled up laboratory request form  |   | Attending Physician               |                                |                           |
| 3. Blood Specimen 2-4ml EDTA Tube  |   | Attending Physician               |                                |                           |
| 4. Proof of Donor (Blood Issuance and Replacement Form)  |   | Blood Bank                        |                                |                           |
| 5. Authority to Accept Blood Form  |   | Attending Physician/Nurse on Duty |                                |                           |
| 6. Page Number (if with donor)   |   | Blood Bank                        |                                |                           |
| 7. Payment/Official Receipt  |   | Cashier                           |                                |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b>         | <b>PERSON RESPONSIBLE</b> |
| 1.Submit the following to the Blood Bank Section<br><br>1.1. Blood Product Request Form<br>1.2. Laboratory Request Form<br>1.3. Blood Specimen 2.4ml EDTA Tube | 1. Receive, check and verify Blood Product Request Form, Laboratory Request Form and Blood Specimen | None                              | 2 minutes                      | Medical Technologist      |
| 2. Submit Proof of Donor (Blood Issuance and Replacement Form) to the Blood Bank Section   | 2. Receive, check and verify Proof of Donor   | None                              | 2 minutes                      | Medical Technologist      |
|  | 2.1. Assign control number, assign blood product, page number and issue blood product response form | None                              | 5 minutes                      | Medical Technologist      |
|  | 2.2. Process the crossmatching and blood typing   | None                              | 4 hours (for emergency 1 hour) | Medical Technologist      |
| 3. Submit Authority to Accept Blood to the Blood Bank Section(completely   | 3. Receive, check the Authority to Accept Blood   | None                              | 2 minutes                      | Medical Technologist      |

|  |   |   |  |                      |
|--|---|---|--|----------------------|
| filled up, indicating the component and number of units) |   |   |  |                      |
| 4. Present Proof of Payment to the Blood Bank Section    | 4. Verify if the Authority to Accept Blood is already paid as to proof of payment presented | None                                    | 2 minutes  | Medical Technologist |
|  | 4.1 Check logbook, signed and indicate the date and time of release of blood unit           | *Refer to the approved schedule of fees | 15 minutes   | Medical Technologist |
| 5. Sign the logbook in the Blood Bank Section            | 5. Release the blood unit   | None                                    | 5 minutes  | Medical Technologist |
| <b>TOTAL:</b>  |   | *Refer to the approved schedule of fees | 4 hours and 43 minutes (for emergency 1 hour and 43 minutes) |                      |

## 21. Issuance of Blood Donor and Replacement Form

Releasing of blood donor slip

|  |   |                        |                        |                           |
|--|---|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Laboratories – Blood Bank   |                        |                        |                           |
| <b>Classification:</b>   | Highly Technical  |                        |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |                        |                        |                           |
| <b>Who may avail:</b>  | All Patients with Donor and Agents  |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |                           |
| 1. Blue Card (1 original)  |   | Admitting Section      |                        |                           |
| 2. Letter to release donor slip  |   | Attending Physician    |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit Blue Card to the Blood Bank Section                            | 1. Receive, check and verify Blue Card  | None                   | 2 minutes              | Medical Technologist      |
| 2. Submit letter to release donor slip to the Blood Bank Section         | 2. Receive letter   | None                   | 2 minutes              | Medical Technologist      |
|  | 2.1. Issue Blood Donor slip a replacement form (indicating the blood component, serial and page number) | None                   | 1 hour                 | Medical Technologist      |
| 3. Return after 1 hour to claim the Donor slip in the Blood Bank Section | 3. Release the Donor slip to the client.  | None                   | 3 minutes              | Medical Technologist      |
| <b>TOTAL:</b>  |   | None                   | 1 hour and 7 minutes   |                           |

## 22. Issuance of Blood Typing and Coomb's Test Result

Releasing of result of the patient

|  |   |                                   |                        |                           |
|--|---|-----------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Laboratories – Blood Bank             |                                   |                        |                           |
| <b>Classification:</b>   | Simple  |                                   |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |                                   |                        |                           |
| <b>Who may avail:</b>  | All Patients and Agents                             |                                   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>            |                        |                           |
| 1. Blue Card (1 original)  |   | Admitting Section                 |                        |                           |
| 2. Authorization Letter  |   | Attending Physician/Nurse on Duty |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Present Blue Card to the Blood Bank Section                           | 1. Receive, check and verify case number of patient | None                              | 2 minutes              | Medical Technologist      |
| 2. Submit authorization letter to claim result to the Blood Bank Section | 2. Receive authorization letter                     | None                              | 2 minutes              | Medical Technologist      |
|  | 2.1 Issue Blood Typing and Coomb's Test Result      | None                              | 6 minutes              | Medical Technologist      |
| <b>TOTAL:</b>  |   | None                              | 10 minutes             |                           |

## 23. Receiving of Blood Units from Other Hospital and Issuance of Deposit Slip

Receive blood units for future use of the patient

| <b>Office or Division:</b>   | Department of Laboratories – Blood Bank             |                       |                 |                      |
|--|---|-----------------------|-----------------|----------------------|
| <b>Classification:</b>   | Highly Technical                                    |                       |                 |                      |
| <b>Type of Transaction:</b>  | G2C   |                       |                 |                      |
| <b>Who may avail:</b>  | All Patients with Deposit Blood and Other           |                       |                 |                      |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE       |                 |                      |
| 1. Blue Card (1 original)  |   | Admitting Section     |                 |                      |
| 2. Blood product from Other Institution (in Proper Storage)                  |   | Institution of Origin |                 |                      |
| 3. Blood Product Request (completely filled up) (1 original)                 |   | Attending Physician   |                 |                      |
| 4. Blood Component Result  |   | Blood Bank            |                 |                      |
| CLIENT STEPS   | AGENCY ACTION                                       | FEES TO BE PAID       | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Present Blue Card to the Blood Bank Section                               | 1. Receive, check and verify case number of patient | None                  | 2 minutes       | Medical Technologist |
| 2. Deposit the blood product in the Blood Bank Section                       | 2. Receive, check blood product unit                | None                  | 2 minutes       | Medical Technologist |
| 3. Submit blood component result to the Blood Bank Section (serology result) | 3. Receive blood component result                   | None                  | 2 minutes       | Medical Technologist |
| 4. Receive Deposit Slip from the Blood Bank Section                          | 4. Issue Deposit Slip                               | None                  | 6 minutes       | Medical Technologist |
| <b>TOTAL:</b>  |   | None                  | 12 minutes      |                      |

## 24. Purchase of Blood Product from Philippine Blood Center/ Philippine Red Cross and Other Institution

Purchase of blood product from other institution

| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank  |                                   |                 |                      |
|---|--|-----------------------------------|-----------------|----------------------|
| <b>Classification:</b>  | Highly Technical   |                                   |                 |                      |
| <b>Type of Transaction:</b>   | G2C  |                                   |                 |                      |
| <b>Who may avail:</b>   | All Patients Needs Transfusion   |                                   |                 |                      |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                   |                 |                      |
| 1. Blue Card (1 original)   |  | Admitting Section                 |                 |                      |
| 2. Blood Product Request Form (BPR)(completely filled up (1 original)               |  | Attending Physician/Nurse on Duty |                 |                      |
| 3. Blood Cold Chain (Blood Storage)   |  | Blood Bank                        |                 |                      |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                   | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Present Blue Card to the Blood Bank Section                                      | 1. Receive, check and verify case number of patient  | None                              | 2 minutes       | Medical Technologist |
| 2. Submit Blood Product Request Form to the Blood Bank Section                      | 2. Receive, check and sign blood product request form (indicate date and time received   | None                              | 2 minutes       | Medical Technologist |
|   | 2.1 Call the Philippine Blood Center/Philippine Red Cross (for availability of blood product)<br><br>2.2 <b>If available:</b> Ask for reference number ( a confirmation that the blood product is already reserve) | None                              | 10 minutes      | Medical Technologist |
| 3. Waiting for the instruction of Medical Technologist in the Blood Bank Section    | 3. Instruct patient's watcher to pick up the blood product   | None                              | 2 minutes       | Medical Technologist |
|   | 3.1 Give the Blood Product Request Form (with reference number)  | None                              | 2 minutes       | Medical Technologist |
| 4. Go to the Philippine Blood Center/ Philippine Red Cross to pick up blood product | 4. Waiting for the blood product from PBC or Phil. Red Cross   | None                              | 5 hours         | Patient's Watcher    |

|  |  |      |                        |                      |
|--|--|------|------------------------|----------------------|
| 5. Go to the Blood Bank Section<br>- give the blood product<br>- give serological/blood result<br>- present blue card    | 5. Receive, check and verify the blood product, serological/blood result and blue card | None | 5 minutes              | Medical Technologist |
| 6. Receive deposit slip from the Blood Bank Section and go back to ward and give to attending physician of nurse on duty | 6. Issue deposit slip  | None | 2 minutes              | Medical Technologist |
| <b>TOTAL:</b>  |  | None | 5 hours and 25 minutes |                      |

## 25. Sharing of Blood Products to Other Institution

Sharing of blood products to other institution

|   |  |   |                        |                           |
|---|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Laboratories – Blood Bank                                |   |                        |                           |
| <b>Classification:</b>  | Highly Technical   |   |                        |                           |
| <b>Type of Transaction:</b>   | G2B  |   |                        |                           |
| <b>Who may avail:</b>   | Other Hospital   |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  |   | <b>WHERE TO SECURE</b> |                           |
| 1. Request for Blood ( completely fill up) (1 original)   |  |   | Requesting Hospital    |                           |
| 2. Cold Chain (Blood Storage)   |  |   | Requesting Hospital    |                           |
| 3. Payment/Official Receipt   |  |   | Cashier                |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit Request for Blood to the Blood Bank Section   | 1.Receive, check and verify request for blood                          | None                                    | 2 minutes              | Medical Technologist      |
|   | 1.1 Instruct to pay the Request for Blood                              | *Refer to the approved schedule of fees | 2 minutes              | Medical Technologist      |
| 2. Present proof of payment to the Blood Bank Section   | 2. Receive and check proof of payment                                  | None                                    | 1 minute               | Medical Technologist      |
|   | 2.1 Check and verify result of blood product in Donor Logbook          | None                                    | 30 minutes             | Medical Technologist      |
|   | 2.2 Record the details in Sales Logbook                                | None                                    | 2 minutes              | Medical Technologist      |
| 3. Receive the blood product, blood component result from the Blood Bank Section (serology result)                              | 3. Release the blood product, blood component result (serology result) | None                                    | 2 minutes              | Medical Technologist      |
| 4. Sign the Sales Logbook in the Blood Bank Section and bring the blood product and component result to the requesting hospital | 4. Give the Sales Logbook to affix the signature                       | None                                    | 1 minute               | Medical Technologist      |
| <b>TOTAL:</b>   |  | *Refer to the approved schedule of fees | 40 minutes             |                           |



## 26. Processing of Hemoglobin, Serum Protein, Urine Electrophoresis

Determination of Hemoglobinopathy and gamopathy

| <b>Office or Division:</b>   | Department of Laboratories – Clinical Chemistry Section  |  |                 |                      |
|--|--|--|-----------------|----------------------|
| <b>Classification:</b>   | Highly Technical   |  |                 |                      |
| <b>Type of Transaction:</b>  | G2C  |  |                 |                      |
| <b>Who may avail:</b>  | All patients   |  |                 |                      |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                 |                      |
| 1. Completely filled up Laboratory request   |  | 1.For Inpatient- Attending physician/Nurse<br>For Outpatient- Lab Info<br>For Employees - UPHS |                 |                      |
| 2. Results of CBC, Ferritin, Iron, dTIBC for Hemoglobin<br>2.1 No blood transfusion for the last 3 months<br>2.2 3 months old and above, please refer to NIH<br>2.3 CBC result not more than 3 days  |  | 2.Hematology Section and Clinical Chemistry Section  |                 |                      |
| 3. Result of serum Total Protein for Protein<br>3.1 Fasting for at least 6 hours<br>3.2 No Beta Lactams intake (anti-bacterial drug) 3 days before testing<br>3.3 No X-ray contrast media 3 days before testing<br>3.4 No anticoagulant treatment (Heparin, Coumadin, Warfarin) within 24 hours before testing |  | 3.Clinical Chemistry Section   |                 |                      |
| 4. Payment / Official Receipt  |  | 4. Cashier   |                 |                      |
| 5. Acknowledgment receipt for Reader's fee   |  | 5. Clinical Chemistry Section  |                 |                      |
| 6. Authorization letter to get result from the patient or nearest kin  |  | 6. Patient/nearest kin   |                 |                      |
| 7. Identification of authorizing individual (1 photocopy)  |  | 7. Patient/nearest kin   |                 |                      |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1.Present request to the Clinical Chemistry Section  | 1. Transfer to PGH official request form for outpatient. | None   | 10 minutes      | Medical Technologist |
| 2. Patient gives the necessary details in  | 2. Ask patient's medical history.                        | None   | 10 minutes      | Medical Technologist |

|   |  |   |                                |                                     |
|---|--|---|--------------------------------|-------------------------------------|
| the Clinical Chemistry Section                                    | 2.1 Give the request and ask the patient to pay                            | *Refer to the approved schedule of fees | 5 minutes                      | Medical Technologist                |
| 3. Pay to the Cashier Services                                    | 3. Accepts the payment and issues a receipt                                | *Refer to the approved schedule of fees | 10 minutes                     | Cashier                             |
| 4. Give the receipt and request to the Clinical Chemistry Section | 4. Checks the request and payment  | None                                    | 5 minutes                      | Medical Technologist                |
|   | 4.1 Extract blood sample   | None                                    | 10 minutes                     | Medical Technologist                |
| 5. Pay Reader's fee in the Clinical Chemistry Section             | 5. Accept the payment for Reader's fee and issue acknowledgment receipt    | None                                    | 5 minutes                      | Medical Technologist                |
|   | 5.1 Instruct the patient to come back after 3 working days for the results | None                                    | 5 minutes                      | Medical Technologist                |
|   | 5.2 Process the requested test   | None                                    | 2 hours                        | Medical Technologist                |
|   | 5.3 Interpret the result   | None                                    | 2.5 days                       | Resident/<br>Pathologist Consultant |
| 6. Claim the result from the Clinical Chemistry Section           | 6. Issue the Result  | None                                    | 5 minutes                      | Medical Technologist                |
|   | <b>TOTAL:</b>  | *Refer to the approved schedule of fees | 2 days ,15 hours and 5 minutes |                                     |

## 27. Post Graduate Externship (Regular)

Provision of training for licensed Medical Technologist for clinical laboratory within the specified duration

| <b>Office or Division:</b>  | Department of Laboratories – Clinical Chemistry Section    |                                      |                 |   |
|---|--|--------------------------------------|-----------------|---|
| <b>Classification:</b>  | Highly Technical   |                                      |                 |   |
| <b>Type of Transaction:</b>   | G2C  |                                      |                 |   |
| <b>Who may avail:</b>   | All Registered Medical Technologists                       |                                      |                 |   |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                      |                 |   |
| 1. Letter of Intent address to PGH Director thru Chair of the Dept. of Laboratories<br>1.1 Indicate the period of training<br>1.2 Reason for training                 |  | Furnished by Applicant               |                 |   |
| 2. Curriculum vitae/Resume<br>3. Xerox copy of diploma<br>4. Xerox copy of transcript of records<br>5. Xerox copy of PRC Certificate<br>6. Xerox copy of Board rating |  | Furnished by Applicant               |                 |   |
| 7. Medical Certificate (w Hepatitis result)   |  | Attending Physician                  |                 |   |
| 8. PGH HICU clearance as required prior to start of training<br>9. For application of ID (1pc 1 x 1 ID picture and 2pcs 2 X 2 ID picture)                             |  | PGH HICU Unit                        |                 |   |
| 10. Applicant's Training Referral Slip from HRDD Recruitment & Placement section  |  | HRDD Recruitment & Placement section |                 |   |
| 11. Training fee of 8,725 pesos/6 months  |  | Cashier                              |                 |   |
| 12. Memorandum of Agreement (MOA) – 1 original and 6 photocopies  |  | Legal                                |                 |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                      | PROCESSING TIME | PERSON RESPONSIBLE                                    |
| 1. Present requirements to the Clinical Chemistry Section   | 1. Verify the requirements if complete                     | None                                 | 5 minutes       | Program Coordinator/<br>Assistant Program Coordinator |
|   | 1.1 Give letter of intent template and HICU clearance form | None                                 | 5 minutes       |   |
| 2. Submit complete requirements to the Clinical Chemistry   | 2. Check and accepts requirements                          | None                                 | 15 minutes      | Program Coordinator/<br>Assistant                     |

|  |  |           |                              |   |
|--|--|-----------|------------------------------|---|
| Section  | 2.1 Interview and inform when to come back   | None      | 15 minutes                   | Program Coordinator                                   |
|  | 2.2 Process Memorandum of Agreement (MOA)  | None      | 18 days                      |   |
| 3. Get MOA for signature and for notarize from the Legal Office                                | 3. Give MOA and give instruction   | None      | 5 minutes                    | Program Coordinator/<br>Assistant Program Coordinator |
| 4. Submit the notarized MOA and photocopies to the Clinical Chemistry Section                  | 4. Accept and issue charge slip  | Php 8,725 | 10 minutes                   | Program Coordinator/<br>Assistant Program Coordinator |
|  | 4.1 Give the schedule of training  | None      | 5 minutes                    | Program Coordinator                                   |
| 5. Come back on the 1 <sup>st</sup> day of training schedule in the Clinical Chemistry Section | 5. Instruct the trainee to come back on the 1 <sup>st</sup> day of training schedule | None      | 5 minutes                    | Program Coordinator                                   |
|  | <b>TOTAL:</b>  | Php 8,725 | 18 days 1 hour and 5 minutes |   |

## 28. Post Graduate Externship (Special)

Provision for training of specialization of licensed Medical Technologist to a certain section of the laboratory

| <b>Office or Division:</b>  | Department of Laboratories – Clinical Chemistry Section |                        |                 |   |
|---|---|------------------------|-----------------|---|
| <b>Classification:</b>  | Highly Technical  |                        |                 |   |
| <b>Type of Transaction:</b>   | G2C   |                        |                 |   |
| <b>Who may avail:</b>   | All Registered Medical Technologists                    |                        |                 |   |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE        |                 |   |
| 1. Letter of Intent address to PGH Director thru Chair of the Dept. of Laboratories<br>1.1 Indicate the period of training<br>1.2 Reason for training                 |   | Furnished by Applicant |                 |   |
| 2. Curriculum vitae/Resume<br>3. Xerox copy of diploma<br>4. Xerox copy of transcript of records<br>5. Xerox copy of PRC Certificate<br>6. Xerox copy of Board rating |   | Furnished by Applicant |                 |   |
| 7. Medical Certificate (w/ Anti HBs & HBsAg)  |   | Attending physician    |                 |   |
| 8. For application of ID(1pc 1 x 1 ID picture and 2pcs 2 X 2 ID picture)  |   | Furnished by Applicant |                 |   |
| 9. Letter of Intent must be favorably endorsed by the Medical Director  |   | Furnished by Applicant |                 |   |
| 10. Training fee of 3,680 pesos/month   |   | Cashier                |                 |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID        | PROCESSING TIME | PERSON RESPONSIBLE                                    |
| 1. Present requirements to the clinical chemistry section   | 1. Verify the requirements if complete                  | None                   | 5 minutes       | Program Coordinator/<br>Assistant Program Coordinator |
|   | 1.1 Give letter of intent template                      | None                   | 5 minutes       |   |
| 2. Submit complete requirements to the Clinical Chemistry Section   | 2. Check and accepts requirements                       | None                   | 15 minutes      | Program Coordinator/<br>Assistant Program Coordinator |
|   | 2.1. Interview and inform when to come                  | None                   | 15 minutes      |   |

|  |   |                       |                              |  |
|--|---|-----------------------|------------------------------|--|
|  | back  |                       |                              |  |
|  | 2.2. Process Memorandum of Agreement (MOA)  | None                  | 18 working days              |  |
| 3. Get MOA for signature and for notarize from the Legal Office                                | 3. Give MOA and give instruction<br><br>Note: MOA shall be submitted with the signature of Head of Laboratory, Medical Director and trainee | None                  | 5 minutes                    | Program Coordinator/<br>Assistant Program Coordinator                            |
| 4. Submit the notarized MOA and photocopies to the Clinical Chemistry Section                  | 4. Accept and issue charge slip<br><br>4.1. Give the schedule of training   | Php 3,680<br><br>None | 10 minutes<br><br>5 minutes  | Program Coordinator/<br>Assistant Program Coordinator<br><br>Program Coordinator |
| 5. Come back on the 1 <sup>st</sup> day of training schedule in the Clinical Chemistry Section | 5. Instruct the trainee to come back on the 1 <sup>st</sup> day of training schedule  | None                  | 5 minutes                    | Program Coordinator  |
|  | <b>TOTAL:</b>   | Php 3,680             | 18 days 1 hour and 5 minutes |  |

## 29. Receiving / Processing / Releasing of Laboratory Specimen

Acceptance and processing of different specimen and releasing of laboratory result

| <b>Office or Division:</b>  | Department of Laboratories   |  |  |                              |
|---|--|--|--|------------------------------|
| <b>Classification:</b>  | Complex  |  |  |                              |
| <b>Type of Transaction:</b>   | G2C  |  |  |                              |
| <b>Who may avail:</b>   | All Patients   |  |  |                              |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE  |  |                              |
| Completely filled up laboratory request form (name, birthday, age/sex, case number, ward, room/bed, attending physician, specimen, site of collection, collected by, laboratory examination desired, date and time collected) |  | Respective Wards/Laboratory Information Section/UPHS   |  |                              |
| Specimen Sample   |  | Patient  |  |                              |
| Referral/Router Slip (for Outpay/SAGIP Patient)   |  | Requesting Hospital/Clinic                             |  |                              |
| Blue Card   |  | Admitting Section (OPD/Inpatient)                      |  |                              |
| White Card (for OPD Lab)  |  | Medical Social Service (MSS)                           |  |                              |
| Payment/Official Receipt  |  | Cashier  |  |                              |
| <b>For Research</b> <ul style="list-style-type: none"> <li>Approved letter of Intent</li> <li>Memorandum of Agreement/Terms of Reference</li> <li>ERHO Approved (if applicable)</li> </ul>                                    |  | Furnished by Researcher<br>Legal Office<br>ERHO Office |  |                              |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME  | PERSON RESPONSIBLE           |
| 1. Present laboratory request to the Laboratory Information Section   | 1. Receive and check laboratory request form   | None   | 10 minutes   | Laboratory Information clerk |
| 2. Submit proof of payment to the Laboratory Information Section  | 2. Receive and check proof of payment  | *Refer to the approved schedule of fees                | 10 minutes   | Laboratory Information clerk |
| 3. Submit specimen sample to the Laboratory Information Section <ul style="list-style-type: none"> <li>With sample</li> <li>Without sample</li> </ul>   | Receive specimen <ul style="list-style-type: none"> <li>Accept sample</li> <li>Proceed to specimen collection</li> </ul> | None   | <ul style="list-style-type: none"> <li>10 minutes</li> <li>30 minutes</li> </ul> | Laboratory Information clerk |
| 4. Accept claim stub from the Laboratory Information Section  | 4. Issue claim stub  | None   | 2 minutes  | Laboratory Information clerk |
| 5. Wait for the laboratory result in the Laboratory Information Section   | 5. Process the specimen by its respective section  | None   | <b>Inpatient/ Outpay:</b><br><b>Blood Bank :</b><br>Stat – 1 hour<br>Routine – 4 | Medical Technologist         |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  | <p>hours<br/>           *Difficult exam – 1 day<br/> <b>Immunopath:</b><br/>           Routine – 1 day<br/>           *Special – 2 weeks<br/> <b>Clinical Microscopy:</b><br/>           Routine – 2 hours<br/>           Stat – 1 hours<br/>           *Special- time allowable extension in difficult cases upon consultation with the Pathologist<br/> <b>Clinical Chemistry:</b><br/>           Routine – 4 hours<br/>           STAT – 2 hours<br/>           *Special – 3 days<br/> <b>Hematology:</b><br/>           STAT – 2 hours<br/>           Routine – 4 hours<br/>           *Special Coag – Every Wednesday 6pm<br/> <br/> <b>Microbiology:</b><br/>           Microscopic exam – within the day<br/>           STAT – 1 hour<br/>           *AFB Smear 1-2 days<br/>           *Aerobic Culture and Sensitivity – 5 days<br/>           *Anaerobic and fungal Culture and Sensitivity – 14</p> |  |
|--|--|--|--|--|



|   |   |   |  |  |
|---|---|---|--|--|
|   |   |   | days<br><br><b>OPD Lab:</b><br>1 day<br>(except for Microbiology and Surgical Pathology)<br><br>Note:<br>Processing time of each section may vary to the following cases for difficult and special examination |  |
| 6. Present claim stub/proof of payment/ authorization letter and valid ID(for Outpay) to the Laboratory Information Section   | 6.Release result<br><br>6.1 Sort/ release the result to the designated area/ward through pneumatic tube   | None<br><br>None                        | 10 minutes<br><br>30 minutes   | Laboratory Information clerk<br><br>Laboratory Information clerk |
| 7. Present the following documents to the Laboratory Information Section for the request of duplication of result Inpatient/Outpatient:<br>▪ PGH ID (for inpatient)<br>▪ Claim stub<br>▪ Authorization Letter to request duplicate result form<br>▪ Valid ID<br>▪ Blue Card (for OPD Lab) | 7.Receive the following documents for the request of duplication of result<br><br>7.1 Check and verify result in the computer<br><br>7.2 Print result<br><br>7.3 Release result | None                                    | 2 hours  | Laboratory Information clerk                                     |
| <b>TOTAL:</b>   |   | *Refer to the approved schedule of fees | 1day, 3 hours and 32 minutes   |  |

### 30. Central Laboratories- Phlebotomist

Collection of blood samples for different analysis

| <b>Office or Division:</b>   | Department of Laboratories a                |   |                 |                               |
|--|---|---|-----------------|-------------------------------|
| <b>Classification:</b>   | Highly Technical                            |   |                 |                               |
| <b>Type of Transaction:</b>  | G2C   |   |                 |                               |
| <b>Who may avail:</b>  | All Patients                                |   |                 |                               |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                 |                               |
| 1. Completely filled up laboratory request form (name, birthday, age/sex, case number, ward, room/bed, attending physician, specimen, site of collection, collected by, laboratory examination desired, date collected and time collected) |   | 1. Nurse station/clinic/hospital/UPHS   |                 |                               |
| 2. Referral slip (1 original)  |   | <b>Availability of Phlebotomist in Central Laboratory:</b><br>Monday to Friday only<br>6:00am—12:30pm (Outpatient Department)<br>1:00 pm – 9:30pm (Laboratory Information)<br>Saturday – Sunday<br>8:00am - 9:30pm (Laboratory Information) |                 |                               |
| 3. Payment/Official Receipt  |   | 2. From the hospital /clinic of origin  |                 |                               |
| 4. Blue Card   |   | 3. Cashier  |                 |                               |
|  |   | 4. Admitting Section  |                 |                               |
| CLIENT STEPS   | AGENCY ACTION                               | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Proceed to the laboratory Information section to submit the request   | 1. Receive Laboratory request               | *Refer to the approved schedule of fees   | 15 minutes      | Laboratory Information clerks |
|  | 1.1. Check request for completeness of data |   |                 |                               |
| 1.1 Wait to be called by Phlebotomist on duty  | 1.2. Notify Phlebotomist on duty            |   | 30 minutes      | Laboratory Information clerk  |
|  | 1.3. Extract blood sample                   |   | 15 minutes      | Medical Technologist          |
|  | 1.4. Receive, check and encode the specimen |   | 5 minutes       | Laboratory Information clerk  |

|               |  |   |                       |  |
|---------------|--|---|-----------------------|--|
|               | 1.5. Inform the clients when the results will be release |   | 5 minutes             | Medical Technologist (OPD Lab)<br>Laboratory Information clerk (Central Lab) |
|               | 1.6. Provide claim stub to the clients                   |   | 5 minutes             | Laboratory Information clerk   |
| <b>TOTAL:</b> |  | *Refer to the approved schedule of fees | 1 hour and 10 minutes |  |

### 31. Scheduling and Follow up of Laboratory Examinations

Provision of schedule and instructions for patient with laboratory examination

|  |  |                              |                        |                              |
|--|--|------------------------------|------------------------|------------------------------|
| <b>Office or Division:</b>   | Department of Laboratories – OPD Laboratory  |                              |                        |                              |
| <b>Classification:</b>   | Simple   |                              |                        |                              |
| <b>Type of Transaction:</b>  | G2C  |                              |                        |                              |
| <b>Who may avail:</b>  | All Patients and their Agents  |                              |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>       |                        |                              |
| 1. Laboratory Request Form (completely filled out) Laboratory Request Form (completely filled out) |  | Patients' respective clinic  |                        |                              |
| 2. Blue Card (1 original)  |  | OPD Admitting Section        |                        |                              |
| 3. White Card for indigent patients of PGH   |  | Medical Social Service (MSS) |                        |                              |
| 4. Guarantee Letter with consent from Accounting Division and Charge Slip                          |  | Accounting Division          |                        |                              |
| 5.Payment/Official Receipt   |  | OPD Cashier                  |                        |                              |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1.Present Laboratory Request Form/Referral Slip to the Laboratory Information Section              | 1.Receive, check, schedule and instruct patients' preparation prior to laboratory examination      | None                         | 10 minutes             | Laboratory Information clerk |
|  | <b>FOR OUTPATIENT:</b><br>1.1 Transfer laboratory test in the official PGH laboratory request form | None                         | 10 minutes             | Laboratory Information clerk |
|  | 1.2 Secure blue card <b>(for Outpayonly)</b>   | None                         | 1 hour                 | Administrative Aide IV       |
| 2.Payment on the same day ( For Outpay patient only)   | 2. Receive and check proof of payment  | None                         | 5 minutes              | Laboratory Information clerk |
| <b>For PGH Charity Patient</b><br>3.Present blue card with letter from the Doctor                  | 3.Verify the laboratory result in the releasing logbook  | None                         | 30 minutes             | Laboratory Information clerk |
| <b>For Outpay Patients</b><br>4.Present the following:   | .Verify laboratory result in the computer and outpay pigeon  | None                         | 30 minutes             | Laboratory Information       |

|   |      |      |  |       |
|---|------|------|--|-------|
| <ul style="list-style-type: none"> <li>▪ Proof of payment</li> <li>▪ Blue Card</li> <li>▪ Authorization Letter</li> </ul> | hole |      |  | clerk |
| <b>TOTAL</b>  |      | None | 50 minutes<br>(for OPD Patient)<br><br>1 hour and 35 minutes<br>(for Outpay) |       |

### 32. Processing of Specimens (Histopathology – In Patient)

To process the given specimen, through preparation of sections thin enough for microscopic examination, and provide interpretation/ diagnosis that does not require further re-processing and additional interpretation/reading before releasing the result.

|   |  |  |  |   |
|---|--|--|--|---|
| <b>Office or Division:</b>  | Surgical Pathology Section   |  |  |   |
| <b>Classification:</b>  | HT   |  |  |   |
| <b>Type of Transaction:</b>   | G2C  |  |  |   |
| <b>Who may avail:</b>   | All patients   |  |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |  |   |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with contact information of the patient and/or requesting physician   |  | Attending Physician, PGH-authorized individuals  |  |   |
| Appropriately labeled and oriented specimen   |  | Attending Physician, Operating Room, Wards, Clinics  |  |   |
| <p>*For claiming of results:</p> <p>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:</p> <p>1 Valid ID (Government Issued)</p> <p>If the person doing the transaction (claiming of results) is a representative of the patient:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> |  | <p>Patient/PGH authorized individual</p> <p>Patient</p> <p>Patient<br/>Authorized Representative</p> |  |   |
| Processing fee /Official Receipt  |  | Cashier Services   |  |   |
| Professional Fee (to be determined by the Physician)  |  | Medical Officer, Surgical Pathology Section  |  |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>                 | <b>PERSON RESPONSIBLE</b>                           |
| 1. Requirements forwarded to the Surgical Pathology Section by the requesting unit/individual through PGH-authorized or Patient-authorized individuals  | <p>1. Accept and check requirements</p> <p>1.1 Charge processing fees/reader's fee through the MRP</p> | None   | <p>10 minutes</p> <p>1 working day</p> | Administrative Aide IV (Surgical Pathology Section) |
|   | 1.2 Gross description of specimen  |  |  | Medical Officer III (Department of Laboratories)    |

|  |  |  |   |  |
|--|--|--|---|--|
|  | 1.2.1 (Regular/<br>Routine)<br>1.2.2 (Large/ Non -<br>Routine)<br>(i.e. decalcification,<br>special stains, etc.)  | None<br><br>None   | 2 working days<br><br>2 working days<br><br><i>(paused-clock)</i>   | Resident-in-<br>Charge)  |
|  | 1.3. Process the<br>specimen<br>1.3.1 (Regular/<br>Routine)<br>1.3.2 (Large/ Non -<br>Routine)<br>(i.e. decalcification,<br>special stains, etc.)  | Refer to<br>the<br>approved<br>schedule of<br>fees<br>(Subject to<br>Change)                                 | 2 working days<br><br>14 working days<br><br><i>(paused-clock)</i>  | Medical<br>Technologist II   |
|  | 1.4 Read and<br>Interpret slides<br><br>(Note: *For specimens<br>and cases<br>provisionally<br>assessed to require<br>additional processing<br>and reading ---<br>proceed to Service 3)  | Refer to<br>the<br>approved<br>schedule of<br>fees<br>(Subject to<br>Change)                                 | 2 working days  | Medical Officer<br>III-IV / Medical<br>Specialist II-IV<br>(Department of<br>Laboratories<br>Resident-in-<br>Charge/Consult<br>ant-in-charge)  |
| 2. Claim results in the<br>Surgical Pathology<br>Section<br>A. Patient is still<br>admitted upon<br>claiming and<br>releasing of<br>results:<br>- Proceed to<br>STEP 2.3.<br><br>B. Patient has<br>already been<br>discharged:<br>- Proceed to<br>STEP 2.1 | If patient is still<br>admitted upon<br>claiming and<br>releasing of results<br>2.1. Release the<br>result to the<br>patient/patient's<br>representative<br><br>If patient has already<br>been discharged prior<br>to claiming and<br>releasing of results:<br>2.2. Charge<br>processing<br>fees/professional's<br>fee<br><br>2.3. Accept<br>payment for the<br>processing/<br>professional fee<br>(cashier) | None<br><br><br><br><br><br><br>Refer to<br>the<br>approved<br>schedule of<br>fees<br>(Subject to<br>Change) | 30 minutes<br><br><br><br><br><br><br>5 minutes<br><br><br><br>Refer to Cash<br>Division<br>Services<br><br><i>(paused-clock)</i> | Administrative<br>Aide IV<br>(Surgical<br>Pathology<br>Section)<br><br><br><br><br><br><br>Administrative<br>Aide IV<br>(Surgical<br>Pathology<br>Section)<br><br><br><br>Cashier Clerk<br>(Refer to Cash<br>Division<br>Services) |
| 2.1. Settle the<br>payment for the<br>processing/profession<br>al's fee to the Cashier   |  |  |   |  |

|   |   |   |                 |   |
|---|---|---|-----------------|---|
| <p>Services</p> <p>2.2. Present official receipt to the Surgical Pathology Section</p> <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative:<br/>Present the following:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> | <p>2.4. Check official receipt of payment and record in logbook, then release results</p> <p>(Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3.)</p> |   | 10 minutes      | Administrative Aide IV (Surgical Pathology Section) |
| <b>TOTAL:</b>   |   | Refer to the approved schedule of fees + Professional Fee | 20 working days |   |



### 33. Processing of Specimens (Histopathology – Out Patient)

To process the given specimen, through preparation of sections thin enough for microscopic examination, and provide interpretation/ diagnosis that does not require further re-processing and additional interpretation/reading before releasing the result.

|   |  |  |  |   |
|---|--|--|--|---|
| <b>Office or Division:</b>  | Surgical Pathology Section   |  |  |   |
| <b>Classification:</b>  | HT   |  |  |   |
| <b>Type of Transaction:</b>   | G2C  |  |  |   |
| <b>Who may avail:</b>   | All patients   |  |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                                     |  |   |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with contact information of the patient and/or requesting physician   |  | Attending Physician, Surgical Pathology clerk              |  |   |
| Appropriately labeled and oriented specimen   |  | Attending Physician, Operating Room, Wards, Clinics        |  |   |
| Processing/Readers fee /Official Receipt  |  | Cashier Services   |  |   |
| Professional Fee (to be determined by the Physician)  |  | Medical Officer, Surgical Pathology Section                |  |   |
| *For claiming of results:<br>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br>Valid ID (Government Issued)   |  | Patient/PGH authorized individual                          |  |   |
| If the person doing the transaction (claiming of results) is a representative of the patient: <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> |  | Patient<br><br>Patient<br>Authorized Representative        |  |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b>                                   | <b>PERSON RESPONSIBLE</b>                           |
| 1.Submit requirements to the Surgical Pathology Section   | 1. Accept and check requirements<br><br>1.1 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier | none   | 10 minutes   | Administrative Aide IV (Surgical Pathology Section) |
| 2.Settle the payment for the processing/professional's fee to the cashier services  | 2. Accept payment for the processing/professional fee (cashier)  | Refer to the approved schedule of fees (Subject to Change) | Refer to Cash Division Services<br><i>(paused-clock)</i> | Cashier Clerk (Refer to Cash Division Services)     |

|   |   |                  |  |  |
|---|---|------------------|--|--|
| 3. Present official receipt to the Surgical Pathology Section   | 3. Check official receipt of payment and record in logbook<br><br>3.1 Inform the patient/ representative on the schedule of claiming of result                  | None             | 10 minutes   | Administrative Aide IV (Surgical Pathology Section)  |
|   | 3.2 Gross description of specimen<br>3.2.1 (Regular/ Routine)<br><br>3.2.2 (Large/ Non - Routine)<br>(i.e. decalcification, special stains, etc.)               | None<br><br>None | 2 working days<br><br>2 working days<br><i>(paused-clock)</i>  | Medical Officer III (Department of Laboratories Resident-in-Charge)  |
|   | 3.3 Process the specimen<br>3.3.1 (Regular/ Routine)<br><br>3.3.2 (Large/ Non - Routine)<br>(i.e. decalcification, special stains, etc.)                        | None<br><br>None | 2 working days<br><br>14 working days<br><i>(paused-clock)</i> | Medical Technologist II  |
|   | 3.4 Read and Interpret slides<br>(Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4.) | None             | 2 working days   | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| 4. Claim results in the Surgical Pathology Section<br><br>4.1. Present official receipt to the Surgical Pathology Section | 4. Check requirements<br><br>(Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4.)     | None             | 30 minutes   | Administrative Aide IV (Surgical Pathology Section)  |

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <p>4.2 If the person doing the transaction (claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual:<br/>Present Valid ID<br/>(Government Issued)</p> <p>4.2.2. A patient representative:<br/>Present the following:</p> <p>1. Authorization Lettersigned by the patient</p> <p>2. Patient's Valid ID</p> <p>3. Authorized Representative's ID</p> <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>:</p> <p>- Settle the payment for the processing/profes sional's fee at the Surgical Pathology Section</p> | <p>4.2. Release the result to the patient/patient's representative</p> | <p>Refer to the approved schedule of fees (Subject to Change)</p> |                        | <p>Administrative Aide IV (Surgical Pathology Section)</p> |
| <p><b>TOTAL:</b></p>  |  | <p>Refer to the approved schedule of fees + Profession al Fee</p> | <p>20 working days</p> |  |

### 34. Re-processing of Specimens for Results with Recommendation for Further Examination/Testing/Evaluation (Histopathology – In Patient)

To process specimens, with initial preliminary interpretation, requiring further testing/re-processing and interpretation/reading to diagnose.

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>   | Surgical Pathology Section                               |   |                        |   |
| <b>Classification:</b>   | HT   |   |                        |   |
| <b>Type of Transaction:</b>  | G2C  |   |                        |   |
| <b>Who may avail:</b>  | All patients   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                          |                        |   |
| Copy of the previous Final and/or Provisional Surgical Pathology Result with recommendations.  |  | Attending Physician, PGH-authorized individuals |                        |   |
| Fully accomplished Surgical Pathology request form/Doctor's request form with recommendations for further testing and contact information of the patient and/or requesting physician                         |  | Attending Physician, PGH-authorized individuals |                        |   |
| *For claiming of results:<br>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br>Valid ID (Government Issued)  |  | Patient/PGH authorized individual               |                        |   |
| If the person doing the transaction (claiming of results) is a representative of the patient:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID |  | Patient<br>Patient<br>Authorized Representative |                        |   |
| Processing fee /Official Receipt   |  | Cashier Services                                |                        |   |
| Professional Fee (to be determined by the Physician)   |  | Medical Officer, Surgical Pathology Section     |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                     | <b>FEES TO BE PAID</b>                          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals   | 1.1 Accept and check requirements                        | None  | 10 minutes             | Administrative Aide IV (Surgical Pathology Section)                 |
|  | 1.2 Charge processing fees/reader's fee through the MRP  |   | 1 working day          |   |
|  | 1.3 Gross description of specimen                        | None  | 2 working days         | Medical Officer III (Department of Laboratories Resident-in-Charge) |
|  | 1.3.1 (Regular/ Routine)<br>1.3.2 (Large/ Non - Routine) |   | 2 working days         |   |

|   |  |   |  |  |
|---|--|---|--|--|
|   | (i.e. decalcification, special stains, etc.)   |   | (paused-clock)   |  |
|   | 1.4. Process the specimen<br>1.4.1 (Regular/ Routine)<br>1.4.2 (Large/ Non - Routine)<br>(i.e. decalcification, special stains, etc.)  | Refer to the approved schedule of fees<br>(Subject to Change)   | 2 working days<br>14 working days<br>(paused-clock)  | Medical Technologist II  |
|   | 1.5 Read and Interpret slides  | Refer to the approved schedule of fees<br>(Subject to Change)   | 2 working days   | Medical Officer III-IV / Medical Specialist II-IV<br>(Department of Laboratories Resident-in-Charge/Consultant-in-charge)  |
| 2. Claim of results in the Surgical Pathology Section<br>A. Patient is still admitted upon claiming and releasing of results:<br>- Proceed to STEP 2.3.<br>B. Patient has already been discharged:<br>- Proceed to STEP 2.1 | If patient is still admitted upon claiming and releasing of results<br>2.1. Release the result to the patient/patient's representative<br><br>If patient has already been discharged prior to claiming and releasing of results:<br>2.2. Charge processing fees/professional's fee<br><br>2.3. Accept payment for the processing/ professional fee (cashier)<br>2.4. Check official receipt of payment and record in logbook, then release results | None<br><br><br><br><br><br><br><br><br><br>Refer to the approved schedule of fees<br>(Subject to Change)<br><br><br><br><br><br><br><br><br><br>None | 30 minutes<br><br><br><br><br><br><br><br><br><br>5 minutes<br><br><br><br>Refer to Cash Division Services<br><br><br>10 minutes | Administrative Aide IV (Surgical Pathology Section)<br><br><br><br><br><br><br><br><br><br>Administrative Aide IV (Surgical Pathology Section)<br><br><br>Cashier Clerk (Refer to Cash Division Services)<br><br><br>Administrative Aide IV (Surgical Pathology Section) |
| 2.1. Settle the payment for the processing/professional's fee in the Cashier Services<br><br>2.2. Present official receipt to the Surgical  |  |   |  |  |

|  |  |   |                 |  |
|--|--|---|-----------------|--|
| Pathology Section  |  |   |                 |  |
| <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative:<br/>Present the following:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> |  |   |                 |  |
| <b>TOTAL:</b>  |  | Refer to the approved schedule of fees + Professional Fee | 20 working days |  |

### 35. Re-processing of Specimens for Results with Recommendation for Further Examination/Testing/Evaluation (Histopathology – Out Patient)

To process specimens, with initial preliminary interpretation, requiring further testing/re-processing and interpretation/reading to diagnose.

|   |  |  |                                 |   |
|---|--|--|---------------------------------|---|
| <b>Office or Division:</b>  | Surgical Pathology Section   |  |                                 |   |
| <b>Classification:</b>  | HT   |  |                                 |   |
| <b>Type of Transaction:</b>   | G2C  |  |                                 |   |
| <b>Who may avail:</b>   | All patients   |  |                                 |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                                 |   |
| Copy of the previous Final and/or Provisional Surgical Pathology Result with recommendations.   |  | Attending Physician, PGH-authorized individuals  |                                 |   |
| Fully accomplished Surgical Pathology request form/Doctor's request form with recommendations for further testing and contact information of the patient and/or requesting physician  |  | Attending Physician, PGH-authorized individuals  |                                 |   |
| Processing fee /Official Receipt  |  | Cashier Services   |                                 |   |
| Professional Fee (to be determined by the Physician)  |  | Medical Officer, Surgical Pathology Section  |                                 |   |
| *For claiming of results:<br>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br>Valid ID (Government Issued)<br><br>If the person doing the transaction (claiming of results) is a representative of the patient:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID |  | Patient/PGH authorized individual<br><br><br>Patient<br>Patient<br>Authorized Representative |                                 |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>          | <b>PERSON RESPONSIBLE</b>                           |
| 1.Submit requirements to the Surgical Pathology Section   | 1. Accept and check requirements<br>1.1 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier | None   | 10 minutes                      | Administrative Aide IV (Surgical Pathology Section) |
| 2.Settle the payment for the processing/professional's fee in the cashier services  | 2. Accept payment for the processing/professional fee (cashier)  | Refer to the approved schedule of fees (Subject to Change)                                   | Refer to Cash Division Services | Cashier Clerk (Refer to Cash Division Services)     |

|   |   |                  |  |  |
|---|---|------------------|--|--|
| 3. Present official receipt to the Surgical Pathology Section | 3. Check official receipt of payment and record in logbook<br><br>3.1 Inform the patient/representative on the schedule of claiming of result     | None             | 10 minutes   | Administrative Aide IV (Surgical Pathology Section)  |
|   | 3.2 Gross description of specimen<br>3.2.1 (Regular/ Routine)<br><br>3.2.2 (Large/ Non - Routine)<br>(i.e. decalcification, special stains, etc.) | None<br><br>None | 2 working days<br><br>2 working days<br>( <i>paused-clock</i> )  | Medical Officer III (Department of Laboratories Resident-in-Charge)  |
|   | 3.3 Process the specimen<br>3.3.1 (Regular/ Routine)<br><br>3.3.2 (Large/ Non - Routine)<br>(i.e. decalcification, special stains, etc.)          | None<br><br>None | 2 working days<br><br>14 working days<br>( <i>paused-clock</i> ) | Medical Technologist II  |
|   | 3.4 Read and Interpret slides   |                  | 2 working days   | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| 4. Claim of results in the Surgical Pathology Section         | 4.1. Check requirements<br><br>4.2. Release the result to the patient/patient's representative  | None             | 30 minutes   | Administrative Aide IV (Surgical Pathology Section)  |



|  |   |                        |  |  |
|--|---|------------------------|--|--|
| <p>4.1. Present official receipt to the Surgical Pathology Section</p> <p>4.2 If the person doing the transaction (claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative:<br/>Present the following:</p> <p>1. Authorization Letter signed by the patient</p> <p>2. Patient's Valid ID</p> <p>3. Authorized Representative's ID</p> <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>:<br/>- Settle the payment for the processing/profession al's fee to the Surgical Pathology Section</p> |   |                        |  |  |
| <p><b>TOTAL:</b></p>   | <p>Refer to the approved schedule of fees + Profession al Fee</p> | <p>20 working days</p> |  |  |

### 36. Processing of Specimens (Frozen Section – In Patient)

This provides a rapid gross and microscopic analysis of a specimen, which will determine further conduction of surgical procedure or changes in patient management after operation.

|  |   |  |                                    |  |
|--|---|--|------------------------------------|--|
| <b>Office or Division:</b>   | Surgical Pathology Section  |  |                                    |  |
| <b>Classification:</b>   | HT  |  |                                    |  |
| <b>Type of Transaction:</b>  | G2C   |  |                                    |  |
| <b>Who may avail:</b>  | All patients  |  |                                    |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                                    |  |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information                                    |   | Attending Physician, Surgical Pathology clerk                          |                                    |  |
| Fresh (unfixed) Specimen   |   | Attending Physician, Operating Room, Wards, Clinics                    |                                    |  |
| Processing fee /Official Receipt   |   | Cashier Services   |                                    |  |
| Professional Fee (to be determined by the Physician)   |   | Medical Officer, Surgical Pathology Section                            |                                    |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>             | <b>PERSON RESPONSIBLE</b>  |
| 1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals | 1. Accept and check requirements<br><br>1.1 Charge processing fees/reader's fee through the MRP *(Charging through the MRP runs concurrently with the processing of the tissue) | None<br><br>Refer to the approved schedule of fees (Subject to Change) | 10 minutes<br><br>(1 working day)* | Administrative Aide IV (Surgical Pathology Section)                    |
|  | 1.2 Gross description/ tissue sampling  | none   | 3 minutes / slide                  | Medical Officer III-IV (Department of Laboratories Resident-in-Charge) |
|  | 1.4 Process specimen on Cryostat  | none   | 5 minutes / slide                  | Medical Technologist II  |
|  | 1.5 Read and Interpret slides; relay results  |  | 15 minutes / slide                 | Medical Officer III-IV / Medical Specialist II-IV (Department of       |

|  |   |   |                    |   |
|--|---|---|--------------------|---|
|  | (Note: *For specimens that will require further testing/processing /reading or for which a definitive specimen will be subsequently sent for processing, refer to <i>Service 1</i> .<br>(Official paper results to be released as part of results released with Service 1). |   |                    | Laboratories Resident-in-Charge/Consultant-in-charge) |
|  | <b>TOTAL:</b>   | Refer to the approved schedule of fees + Professional Fee | 38 minutes / slide |   |

### 37. Processing of Specimens (Frozen Section – Out Patient)

This provides a rapid gross and microscopic analysis of a specimen, which will determine further conduction of surgical procedure or changes in patient management after operation.

|   |  |   |                                 |  |
|---|--|---|---------------------------------|--|
| <b>Office or Division:</b>  | Surgical Pathology Section   |   |                                 |  |
| <b>Classification:</b>  | HT   |   |                                 |  |
| <b>Type of Transaction:</b>   | G2C  |   |                                 |  |
| <b>Who may avail:</b>   | All patients   |   |                                 |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                                 |  |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information |  | Attending Physician, Surgical Pathology clerk                 |                                 |  |
| Fresh (unfixed) Specimen  |  | Attending Physician, Operating Room, Wards, Clinics           |                                 |  |
| Processing fee /Official Receipt  |  | Cashier Services  |                                 |  |
| Professional Fee (to be determined by the Physician)  |  | Medical Officer, Surgical Pathology Section                   |                                 |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b>          | <b>PERSON RESPONSIBLE</b>                              |
| 1.Submit requirements to the Surgical Pathology Section   | 1.1 Accept and check requirements<br>1.2 Charge processing fees/professional's fee<br>(Note: *Processing of the specimen runs concurrently with the processing of payment) | Refer to the approved schedule of fees<br>(Subject to Change) | 10 minutes                      | Administrative Aide IV<br>(Surgical Pathology Section) |
| 2.Settle the payment of the processing/professional fee in the cashier services                                 | 2. Accept payment for the processing/professional's fee (cashier)  | Refer to the approved schedule of fees<br>(Subject to Change) | Refer to Cash Division Services | Cashier Clerk<br>(Refer to Cash Division Services)     |
| 3.Present official receipt to the Surgical Pathology Section  | 3.1 Check official receipt of payment and record in logbook<br>3.2 Inform the patient/representative on the schedule of claiming of result                                 | None  | 3 minutes / slide               | Administrative Aide IV<br>(Surgical Pathology Section) |

|               |   |   |                         |   |
|---------------|---|---|-------------------------|---|
|               | 3.3 Gross description/<br>tissue sampling   | None  | 5 minutes / slide       | Medical Officer<br>III-IV<br>(Department of<br>Laboratories<br>Resident-in-<br>Charge)  |
|               | 3.4 Process<br>specimen on Cryostat   | None  | 5 minutes / slide       | Medical<br>Technologist II  |
|               | 3.5 Read and<br>Interpret slides; relay<br>results<br><br>(Note: *For specimens<br>that will require further<br>testing/processing/rea<br>ding or for which a<br>definitive specimen<br>will be subsequently<br>sent for processing,<br>refer to <i>Service 2</i> .<br>( <i>Official paper results<br/>to be released as part<br/>of results released<br/>with Service 2</i> ). | None  | 15 minutes /<br>slide   | Medical Officer<br>III-IV / Medical<br>Specialist II-IV<br>(Department of<br>Laboratories<br>Resident-in-<br>Charge/Consult<br>ant-in-charge) |
| <b>TOTAL:</b> |   | Refer to<br>the<br>approved<br>schedule of<br>fees<br>+<br>Profession<br>al Fee | 38 minutes per<br>slide |   |

### 38. Processing of Specimens (Adequacy – In Patient)

This provides assessment of adequacy (quantity/cellularity) of fine needle aspiration biopsy.

|  |   |  |                                    |  |
|--|---|--|------------------------------------|--|
| <b>Office or Division:</b>   | Surgical Pathology Section  |  |                                    |  |
| <b>Classification:</b>   | HT  |  |                                    |  |
| <b>Type of Transaction:</b>  | G2C   |  |                                    |  |
| <b>Who may avail:</b>  | All patients  |  |                                    |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                                    |  |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information                                    |   | Attending Physician, Surgical Pathology clerk                          |                                    |  |
| Slides for staining, tissues for cytology/paraffin block   |   | Attending Physician, Operating Room, Wards, Clinics                    |                                    |  |
| Processing fee /Official Receipt   |   | Cashier Services   |                                    |  |
| Professional Fee (to be determined by the Physician)   |   | Medical Officer, Surgical Pathology Section                            |                                    |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>             | <b>PERSON RESPONSIBLE</b>  |
| 1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals | 1.1 Accept and check requirements<br><br>1.2 Charge processing fees/reader's fee through the MRP<br><br>(Note: *Charging through the MRP runs concurrently with the processing of the tissue) | None<br><br>Refer to the approved schedule of fees (Subject to Change) | 10 minutes<br><br>(1 working day)* | Administrative Aide IV (Surgical Pathology Section)  |
|  | 1.3 Processing of slides for staining   | None   | 20 minutes / slide                 | Medical Officer III-IV (Department of Laboratories Resident-in-Charge) Or Medical Technologist II                      |
|  | 1.3 Read and Interpret slides; Relay results<br><br>*For specimens that will require further testing/processing/reading or for which a  |  | 15 minutes / slide                 | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |

|  |   |   |                    |  |
|--|---|---|--------------------|--|
|  | definitive specimen will be subsequently sent for processing, refer to <i>Service 9</i> .<br><i>(Official paper results to be released as part of results released with Service 9).</i> |   |                    |  |
|  | <b>TOTAL:</b>   | Refer to the approved schedule of fees<br>+<br>Professional Fee | 45 minutes / slide |  |

### 39. Processing of Specimens (Adequacy – Out Patient)

This provides assessment of adequacy (quantity/cellularity) of fine needle aspiration biopsy.

|   |  |  |   |   |
|---|--|--|---|---|
| <b>Office or Division:</b>  | Surgical Pathology Section   |  |   |   |
| <b>Classification:</b>  | HT   |  |   |   |
| <b>Type of Transaction:</b>   | G2C  |  |   |   |
| <b>Who may avail:</b>   | All patients   |  |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                                     |   |   |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information |  | Attending Physician, Surgical Pathology clerk              |   |   |
| Slides for staining, tissues for cytology/paraffin block  |  | Attending Physician, Operating Room, Wards, Clinics        |   |   |
| Processing fee /Official Receipt  |  | Cashier Services   |   |   |
| Professional Fee (to be determined by the Physician)  |  | Medical Officer, Surgical Pathology Section                |   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>                           |
| 1.Submit requirements to the Surgical Pathology Section   | 1.1 Accept and check requirements<br><br>1.2 Charge processing fees/professional's fee<br>*(Processing of the specimen runs concurrently with the processing of payment) | Refer to the approved schedule of fees (Subject to Change) | 10 minutes  | Administrative Aide IV (Surgical Pathology Section) |
| 2.Settle the payment for the processing/reader's fee in the cashier services                                    | 2. Accept payment for the processing/ professional's fee (cashier)   | Refer to the approved schedule of fees (Subject to Change) | Refer to Cash Division Services   | Cashier Clerk (Refer to Cash Division Services)     |
| 3.Present official receipt to the Surgical Pathology Section  | 3.1 Check official receipt of payment and record in logbook<br>3.2 Inform the patient/ representative on the schedule of claiming of result                              | None   | 3 minutes* (Not added to the total time since processing is running concurrent to the processing of the specimen) | Administrative Aide IV (Surgical Pathology Section) |



|               |   |   |                    |   |
|---------------|---|---|--------------------|---|
|               | 3.3 Processing of slides for staining   | None  | 20 minutes / slide | Medical Officer III-IV<br>(Department of Laboratories Resident-in-Charge)<br>Or<br>Medical Technologist II                |
|               | 3.3 Read and Interpret slides; relay results<br>*For specimens that will require further testing/processing/reading or for which a definitive specimen will be subsequently sent for processing, refer to <i>Service 10</i> ( <i>Official paper results to be released as part of results released with Service 10</i> ). |   | 15 minutes / slide | Medical Officer III-IV / Medical Specialist II-IV<br>(Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| <b>TOTAL:</b> |   | Refer to the approved schedule of fees + Professional Fee | 45 minutes / slide |   |

#### 40. Processing of Specimens (Cytology – In Patient)

This provides diagnosis of disease/s and conditions through examination of various body fluids and aspirated tissue samples.

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Office or Division:</b>  | Surgical Pathology Section   |  |  |  |
| <b>Classification:</b>  | HT   |  |  |  |
| <b>Type of Transaction:</b>   | G2C  |  |  |  |
| <b>Who may avail:</b>   | All patients   |  |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                                     |  |  |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information   |  | Attending Physician, Surgical Pathology clerk              |  |  |
| Slides for staining, tissues for cytology/paraffin block  |  | Attending Physician, Operating Room, Wards, Clinics        |  |  |
| Processing fee /Official Receipt  |  | Cashier Services   |  |  |
| Professional Fee (to be determined by the Physician)  |  | Medical Officer, Surgical Pathology Section                |  |  |
| *For claiming of results:<br>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br>Valid ID (Government Issued)   |  | Patient/PGH authorized individual                          |  |  |
| If the person doing the transaction (claiming of results) is a representative of the patient: <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> |  | Patient<br><br>Patient<br>Authorized Representative        |  |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b>                         | <b>PERSON RESPONSIBLE</b>  |
| 1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals  | 1.1 Accept and check requirements<br><br>1.2 Charge processing fees/professional fee through the MRP | Refer to the approved schedule of fees (Subject to Change) | 10 minutes<br><br>1 working day                | Administrative Aide IV (Surgical Pathology Section)              |
|   | 1.3 Processing of specimen   | None   | 1 working day                                  | Medical Technologist II  |
|   | 1.4 Read and Interpret slides  | None   | 3 working days<br><br>*For specimens and cases | Medical Officer III-IV / Medical Specialist II-IV (Department of |

|   |  |  |   |   |
|---|--|--|---|---|
|   |  |  | provisionally assessed to require additional processing and reading --- proceed to Service 3. | Laboratories Resident-in-Charge/Consultant-in-charge) |
| 2.Claim results in the Surgical Pathology Section<br>A. Patient is still admitted upon claiming and releasing of results:<br>- Proceed to STEP 2.3.<br>B. Patient has already been discharged:<br>- Proceed to STEP 2.1 | If patient is still admitted upon claiming and releasing of results<br><br>2.1. Release the result to the patient/patient's representative<br><br>If patient has already been discharged prior to claiming and releasing of results:<br><br>2.2. Charge processing fees/professional's fee<br><br>2.3. Accept payment for the processing/ professional fee (cashier)<br><br>2.4. Check official receipt of payment and record in logbook, then release results | None   | 30 minutes  | Administrative Aide IV (Surgical Pathology Section)   |
| 2.1.Settle the payment for the processing/professional's fee in the Cashier Services  |  | Refer to the approved schedule of fees (Subject to Change) | 5 minutes   | Administrative Aide IV (Surgical Pathology Section)   |
|   |  |  | Refer to Cash Division Services<br>( <i>paused-clock</i> )                                    | Cashier Clerk (Refer to Cash Division Services)       |
| 2.2. Present official receipt to the Surgical Pathology Section   |  |  | 10 minutes  | Administrative Aide IV (Surgical Pathology Section)   |

|  |  |   |                |  |
|--|--|---|----------------|--|
| <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative:<br/>Present the following:<br/>1. Authorization Letter signed by the patient<br/>2. Patient's Valid ID<br/>3. Authorized Representative's ID</p> |  |   |                |  |
| <b>TOTAL:</b>  |  | Refer to the approved schedule of fees + Professional Fee | 5 working days |  |

#### 41. Processing of Specimens (Cytology – Out Patient)

This provides diagnosis of disease/s and conditions through examination of various body fluids and aspirated tissue samples.

|   |   |  |                                 |   |
|---|---|--|---------------------------------|---|
| <b>Office or Division:</b>  | Surgical Pathology Section  |  |                                 |   |
| <b>Classification:</b>  | HT  |  |                                 |   |
| <b>Type of Transaction:</b>   | G2C   |  |                                 |   |
| <b>Who may avail:</b>   | All patients  |  |                                 |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                                 |   |
| Accomplished Surgical Pathology request form/ Doctor's request form   |   | Attending Physician, Surgical Pathology clerk  |                                 |   |
| Cytology Specimen   |   | Attending Physician, Operating Room, Wards, Clinics  |                                 |   |
| Processing fee /Official Receipt  |   | Cashier Services   |                                 |   |
| Professional Fee (to be determined by the Physician)  |   | Medical Officer, Surgical Pathology Section  |                                 |   |
| <p>*For claiming of results:</p> <p>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:</p> <p>1 Valid ID (Government Issued)</p> <p>If the person doing the transaction (claiming of results) is a representative of the patient:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> |   | <p>Patient/PGH authorized individual</p> <p>Patient</p> <p>Patient<br/>Authorized Representative</p> |                                 |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>          | <b>PERSON RESPONSIBLE</b>                           |
| 1.Submit requirements to the Surgical Pathology Section   | 1.1 Accept and check requirements<br>1.2 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier | Refer to the approved schedule of fees (Subject to Change)   | 10 minutes                      | Administrative Aide IV (Surgical Pathology Section) |
| 2.Settle the payment for the processing/professional's fee to the cashier services  | 2. Accept payment for the processing/professional's fee (cashier)   | Refer to the approved schedule of fees (Subject to Change)   | Refer to Cash Division Services | Cashier Clerk (Refer to Cash Division Services)     |

|  |   |      |  |  |
|--|---|------|--|--|
| 3. Present official receipt to the Surgical Pathology Section  | 3. Check official receipt of payment and record in logbook<br>3.1 Inform the patient/representative on the schedule of claiming of result | None | 15 minutes   | Administrative Aide IV (Surgical Pathology Section)  |
|  | 3.2 Processing of specimen  | None | 1 working day  | Medical Technologist II  |
|  | 3.4 Read and Interpret slides   | None | 3 working days<br><br>*For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4. | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| 4. Claiming of results in the Surgical Pathology Section<br><br>4.1. Present official receipt to the Surgical Pathology Section<br><br>4.2 If the person doing the transaction (claiming of results) is:<br><br>4.2.1. The patient or a PGH authorized individual:<br><br>Present Valid ID (Government Issued)<br><br>4.2.2. A patient representative:<br><br>Present the following:<br>1. Authorization Letter signed | 4.1. Check requirements<br><br>4.2. Release the result to the patient/patient's representative  | None | 30 minutes   | Administrative Aide IV (Surgical Pathology Section)  |

|   |  |  |                |   |
|---|--|--|----------------|---|
| by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID<br><br>4.3 If professional fee has not yet been settled at <i>STEP 2</i> :<br><br>Settle the payment for the processing/professional's fee at the Surgical Pathology Section |  | Refer to the approved schedule of fees (Subject to Change) |                | Administrative Aide IV (Surgical Pathology Section) |
| <b>TOTAL:</b>   |  | Refer to the approved schedule of fees + Professional Fee  | 5 working days |   |

## 42. Processing of Specimens (Immunohistochemical Stains – In Patient)

To process the given specimen and provide interpretation/reading of the diagnosis that does not require further re-processing and additional interpretation/reading before releasing the result.

| <b>Office or Division:</b>   | Surgical Pathology Section          |  |                 |   |
|--|-------------------------------------|--|-----------------|---|
| <b>Classification:</b>   | HT                                  |  |                 |   |
| <b>Type of Transaction:</b>  | G2C                                 |  |                 |   |
| <b>Who may avail:</b>  | All patients                        |  |                 |   |
| CHECKLIST OF REQUIREMENTS  |                                     | WHERE TO SECURE  |                 |   |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information                     |                                     | Attending Physician, Surgical Pathology clerk              |                 |   |
| Slides for staining, tissues for cytology/paraffin block   |                                     | Attending Physician, Operating Room, Wards, Clinics        |                 |   |
| Copy of Histopathology Result  |                                     | Attending Physician, Operating Room, Wards, Clinics        |                 |   |
| Processing fee /Official Receipt   |                                     | Cashier Services   |                 |   |
| Professional Fee (to be determined by the Physician)   |                                     | Medical Officer, Surgical Pathology Section                |                 |   |
| *For claiming of results:  |                                     |  |                 |   |
| If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:   |                                     |  |                 |   |
| 1 Valid ID (Government Issued)   |                                     | Patient/PGH authorized individual                          |                 |   |
| If the person doing the transaction (claiming of results) is a representative of the patient:  |                                     |  |                 |   |
| 1. Authorization Letter signed by the patient  |                                     | Patient  |                 |   |
| 2. Patient's Valid ID  |                                     | Patient  |                 |   |
| 3. Authorized Representative's ID  |                                     | Authorized Representative                                  |                 |   |
| CLIENT STEPS   | AGENCY ACTION                       | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals | 1.1 Accept and check requirements   | Refer to the approved schedule of fees (Subject to Change) | 10 minutes      | Administrative Aide IV (Surgical Pathology Section)             |
|  | 1.2 Screen Paraffin blocks / slides |  | 30 minutes      | Medical Officer III-IV (Department of Laboratories Resident-in- |



|   |  |  |   |   |
|---|--|--|---|---|
|   | 1.3 Charge processing fees/professional fee through the MRP  |  | 1 working day   | Charge)<br>Administrative Aide IV (Surgical Pathology Section)  |
|   | 1.4 Processing of IHC  | None   | 10 working day  | Medical Technologist II   |
|   | 1.5 Read and Interpret slides<br><br>(Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3.)  | None   | 5 working days  | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)  |
| 2.Claim of results in the Surgical Pathology Section<br><br>A. Patient is still admitted upon claiming and releasing of results:<br><br>- Proceed to STEP 2.3.<br><br>B. Patient has already been discharged:<br><br>- Proceed to STEP 2.1<br><br>2.1. Settle the payment for the processing/profession | If patient is still admitted upon claiming and releasing of results<br><br>2.1. Release the result to the patient/patient's representative<br><br>If patient has already been discharged prior to claiming and releasing of results:<br><br>2.2. Charge processing fees/professional's fee<br><br>2.3. Accept payment for the processing/ professional fee (cashier) | None<br><br><br><br><br><br><br><br>Refer to the approved schedule of fees (Subject to Change) | 30 minutes<br><br><br><br><br><br><br><br>5 minutes<br><br><br>Refer to Cash Division Services<br><br>( <i>paused-clock</i> ) | Administrative Aide IV (Surgical Pathology Section)<br><br><br><br><br><br><br><br>Administrative Aide IV (Surgical Pathology Section)<br><br>Cashier Clerk (Refer to Cash Division Services) |

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <p>al's fees in the cashier services</p> <p>2.2. Present official receipt to the Surgical Pathology Section</p> <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative:<br/>Present the following:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> | <p>2.4. Check official receipt of payment and record in logbook, then release results</p> |  | <p>10 minutes</p>      | <p>Administrative Aide IV (Surgical Pathology Section)</p> |
| <b>TOTAL:</b>  |   | <p>Refer to the approved schedule of fees + Professional Fee</p> | <p>16 working days</p> |  |

### 43. Processing of Specimens (Immunohistochemical Stains – Out Patient)

To process the given specimen and provide interpretation/reading of the diagnosis that does not require further re-processing and additional interpretation/reading before releasing the result.

| <b>Office or Division:</b>   | Surgical Pathology Section          |  |                 |  |
|--|-------------------------------------|--|-----------------|--|
| <b>Classification:</b>   | HT                                  |  |                 |  |
| <b>Type of Transaction:</b>  | G2C                                 |  |                 |  |
| <b>Who may avail:</b>  | All patients                        |  |                 |  |
| CHECKLIST OF REQUIREMENTS  |                                     | WHERE TO SECURE  |                 |  |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information |                                     | Attending Physician, Surgical Pathology clerk              |                 |  |
| Slides for staining, tissues for cytology/paraffin block   |                                     | Attending Physician, Operating Room, Wards, Clinics        |                 |  |
| Copy of Histopathology Result  |                                     | Attending Physician, Operating Room, Wards, Clinics        |                 |  |
| Processing fee /Official Receipt   |                                     | Cashier Services   |                 |  |
| Professional Fee (to be determined by the Physician)   |                                     | Medical Officer, Surgical Pathology Section                |                 |  |
| *For claiming of results:  |                                     |  |                 |  |
| If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:                       |                                     |  |                 |  |
| Valid ID (Government Issued)   |                                     | Patient/PGH authorized individual                          |                 |  |
| If the person doing the transaction (claiming of results) is a representative of the patient:                                  |                                     |  |                 |  |
| 1. Authorization Letter signed by the patient  |                                     | Patient  |                 |  |
| 2. Patient's Valid ID  |                                     | Patient  |                 |  |
| 3. Authorized Representative's ID  |                                     | Authorized Representative                                  |                 |  |
| CLIENT STEPS   | AGENCY ACTION                       | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1.Submit requirements to the Surgical Pathology Section  | 1.1 Accept and check requirements   | Refer to the approved schedule of fees (Subject to Change) | 10 minutes      | Administrative Aide IV (Surgical Pathology Section)                            |
|  | 1.2 Screen Paraffin Blocks / slides |  | 30 minutes      | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories) |

|   |  |  |                                 |  |
|---|--|--|---------------------------------|--|
|   | 1.3 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier   |  | 10 minutes                      | Resident-in-Charge/Consultant-in-charge)<br><br>Administrative Aide IV (Surgical Pathology Section)                    |
| 2.Settle the payment for the processing/professional's fee to the cashier services  | 2. Accept payment for the processing/professional's fee (cashier)  | Refer to the approved schedule of fees (Subject to Change) | Refer to Cash Division Services | Cashier Clerk (Refer to Cash Division Services)  |
| 3.Present official receipt to the Surgical Pathology Section  | 3. Check official receipt of payment and record in logbook<br><br>3.1 Inform the patient/representative on the schedule of claiming of result                      | None   | 15 minutes<br><br>10 minutes    | Administrative Aide IV (Surgical Pathology Section)  |
|   | 3.2 Processing of IHC  | None   | 10 working days                 | Medical Technologist II  |
|   | 3.4 Read and Interpret slides<br><br>(Note*: For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4) |  | 5 working days                  | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| 4.Claim results in the Surgical Pathology Section<br><br>4.1. Present official receipt to the Surgical Pathology Section<br><br>4.2 If the person doing the transaction | 4.1. Check requirements<br><br>4.2. Release the result to the patient/patient's representative   | None   | 30 minutes                      | Administrative Aide IV (Surgical Pathology Section)  |

|   |  |  |                 |   |
|---|--|--|-----------------|---|
| <p>(claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative:<br/>Present the following:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>:<br/>- Settle the payment for the processing/professional's fee at the Surgical Pathology Section</p> |  |  |                 |   |
|   |  | Refer to the approved schedule of fees (Subject to Change) |                 | Administrative Aide IV (Surgical Pathology Section) |
| <b>TOTAL:</b>   |  | Refer to the approved schedule of fees + Professional Fee  | 16 working days |   |

#### 44. Processing of Specimens (Flourescent In-Situ Hybridization) (FISH) – In Patient

FISH is a technique used in the identification of genetic abnormalities (mutations, deletion, etc.). It makes use of specific DNA probes to localize targets of immunity.

|  |                                     |  |                        |  |
|--|-------------------------------------|--|------------------------|--|
| <b>Office or Division:</b>   | Surgical Pathology Section          |  |                        |  |
| <b>Classification:</b>   | HT                                  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C                                 |  |                        |  |
| <b>Who may avail:</b>  | All patients                        |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |                                     | <b>WHERE TO SECURE</b>   |                        |  |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information   |                                     | Attending Physician, Surgical Pathology clerk  |                        |  |
| Copy of Histopathology Result<br>Copy of result of previous IHC done<br>Paraffin blocks/slides   |                                     | Attending Physician, Operating Room, Wards, Clinics  |                        |  |
| Processing fee /Official Receipt   |                                     | Cashier Services   |                        |  |
| Professional Fee (to be determined by the Physician)   |                                     | Medical Officer, Surgical Pathology Section  |                        |  |
| *For claiming of results:<br><br>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br>1Valid ID (Government Issued)<br><br>If the person doing the transaction (claiming of results) is a representative of the patient:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID |                                     | Patient/PGH authorized individual<br><br><br>Patient<br><br>Patient<br>Authorized Representative |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals   | 1.1 Accept and check requirements   | Refer to the approved schedule of fees (Subject to Change)                                       | 10 minutes             | Administrative Aide IV (Surgical Pathology Section)                    |
|  | 1.2 Screen Paraffin blocks / slides |  | 30 minutes             | Medical Officer III-IV (Department of Laboratories Resident-in-Charge) |

|  |  |  |  |  |
|--|--|--|--|--|
|  | 1.3 Charge processing fees/professional fee through the MRP                        |  | 1 working day  | Administrative Aide IV (Surgical Pathology Section)  |
|  | 1.4 Processing of FISH   | None   | 2 weeks  | Medical Technologist II  |
|  | 1.5 Read and Interpret slides  |  | 1 week<br><br>*For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3. | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| 2.Claim of results in the Surgical Pathology Section                 | If patient is still admitted upon claiming and releasing of results                | None   | 30 minutes   | Administrative Aide IV (Surgical Pathology Section)  |
| A. Patient is still admitted upon claiming and releasing of results: | 2.1. Release the result to the patient/patient's representative                    |  |  |  |
| - Proceed to STEP 2.3.   | If patient has already been discharged prior to claiming and releasing of results: |  |  |  |
| B. Patient has already been discharged:                              | 2.2. Charge processing fees/professional's fee                                     | Refer to the approved schedule of fees (Subject to Change) | 5 minutes  | Administrative Aide IV (Surgical Pathology Section)  |
| - Proceed to STEP 2.1  | 2.3. Accept payment for the processing/ professional fee (cashier)                 |  | Refer to Cash Division Services<br><br>( <i>paused-clock</i> )   | Cashier Clerk (Refer to Cash Division Services)  |
| 2.1. Settle the payment for the                                      |  |  |  |  |

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <p>processing/professional's fee in the Cashier Services</p> <p>2.2. Present official receipt to the Surgical Pathology Section</p> <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative:<br/>Present the following:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> | <p>2.4. Check official receipt of payment and record in logbook, then release results</p> |  | <p>10 minutes</p>      | <p>Administrative Aide IV (Surgical Pathology Section)</p> |
| <b>TOTAL:</b>  |   | <p>Refer to the approved schedule of fees + Professional Fee</p> | <p>22 working days</p> |  |



## 45. Processing of Specimens (Flourescent In-Situ Hybridization) (FISH) – Out Patient

FISH is a technique used in the identification of genetic abnormalities (mutations, deletion, etc.). It makes use of specific DNA probes to localize targets of immunity.

|   |                                     |  |                        |  |
|---|-------------------------------------|--|------------------------|--|
| <b>Office or Division:</b>  | Surgical Pathology Section          |  |                        |  |
| <b>Classification:</b>  | HT                                  |  |                        |  |
| <b>Type of Transaction:</b>   | G2C                                 |  |                        |  |
| <b>Who may avail:</b>   | All patients                        |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |                                     | <b>WHERE TO SECURE</b>   |                        |  |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information  |                                     | Attending Physician, Surgical Pathology clerk  |                        |  |
| Copy of Histopathology Result<br>Copy of result of previous IHC done<br>Paraffin blocks/slides  |                                     | Attending Physician, Operating Room, Wards, Clinics  |                        |  |
| Processing fee /Official Receipt  |                                     | Cashier Services   |                        |  |
| Professional Fee (to be determined by the Physician)  |                                     | Medical Officer, Surgical Pathology Section  |                        |  |
| *For claiming of results:<br><br>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br>Valid ID (Government Issued)<br><br>If the person doing the transaction (claiming of results) is a representative of the patient:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID |                                     | Patient/PGH authorized individual<br><br>Patient<br><br>Patient<br>Authorized Representative |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Submit requirements to the Surgical Pathology Section   | 1.1 Accept and check requirements   | Refer to the approved schedule of fees (Subject to Change)                                   | 10 minutes             | Administrative Aide IV (Surgical Pathology Section)  |
|   | 1.2 Screen Paraffin Blocks / slides |  | 30 minutes             | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |

|  |   |  |  |  |
|--|---|--|--|--|
|  | 1.3 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier                                |  | 10 minutes   | Administrative Aide IV (Surgical Pathology Section)  |
| 2. Settle the payment for the processing/professional's fee in the cashier services  | 2. Accept payment for the processing/professional's fee (cashier)   | Refer to the approved schedule of fees (Subject to Change) | Refer to Cash Division Services  | Cashier Clerk (Refer to Cash Division Services)  |
| 3. Present official receipt to the Surgical Pathology Section  | 3. Check official receipt of payment and record in logbook<br><br>3.1 Inform the patient/representative on the schedule of claiming of result | None   | 15 minutes<br><br>10 minutes   | Administrative Aide IV (Surgical Pathology Section)  |
|  | 3.2 Processing of FISH  | None   | 2 weeks  | Medical Technologist II  |
|  | 3.4 Read and Interpret slides   |  | 1 week<br><br>*For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3. | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| 4. Claiming of results in the Surgical Pathology Section<br><br>4.1. Present official receipt to the Surgical Pathology Section<br><br>4.2 If the person doing the transaction | 4.1. Check requirements<br><br>4.2. Release the result to the patient/patient's representative  | None   | 30 minutes   | Administrative Aide IV (Surgical Pathology Section)  |

|  |  |   |                 |   |
|--|--|---|-----------------|---|
| (claiming of results)<br>is:<br><br>4.2.1. The patient or<br>a PGH authorized<br>individual:<br>Present Valid ID<br>(Government Issued)<br><br>4.2.2. A patient<br>representative:<br>Present the following:<br>1. Authorization<br>Letter signed by the<br>patient<br>2. Patient's Valid<br>ID<br>3. Authorized<br>Representative's ID<br><br>4.3 If professional fee<br>has not yet been<br>settled at <i>STEP 2</i> :<br>- Settle the payment<br>for the<br>processing/profession<br>al's fee at the<br>Surgical Pathology<br>Section |  |   |                 |   |
|  |  | Refer to<br>the<br>approved<br>schedule of<br>fees<br>(Subject to<br>Change)    |                 | Administrative<br>Aide IV<br>(Surgical<br>Pathology<br>Section) |
| <b>TOTAL:</b>  |  | Refer to<br>the<br>approved<br>schedule of<br>fees<br>+<br>Profession<br>al Fee | 22 working days |   |

#### 46. Processing of Specimens (Special Stains) - In Patient

This refers to the large number of alternative staining techniques which aim to look for the presence or prevalence of particular cellular types and structures when the routine H&E stain does not provide all the information the pathologist needs.

| <b>Office or Division:</b>  | Surgical Pathology Section          |  |                 |   |
|---|-------------------------------------|--|-----------------|---|
| <b>Classification:</b>  | HT                                  |  |                 |   |
| <b>Type of Transaction:</b>   | G2C                                 |  |                 |   |
| <b>Who may avail:</b>   | All patients                        |  |                 |   |
| CHECKLIST OF REQUIREMENTS   |                                     | WHERE TO SECURE  |                 |   |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information  |                                     | Attending Physician, Surgical Pathology clerk  |                 |   |
| Slides for staining, tissues for cytology/cell block, biopsy specimens, paraffin blocks   |                                     | Attending Physician, Operating Room, Wards, Clinics  |                 |   |
| *If previously processed:<br>Copy of Histopathology Result<br>Paraffin blocks/slides  |                                     | Attending Physician, Operating Room, Wards, Clinics  |                 |   |
| Processing fee /Official Receipt  |                                     | Cashier Services   |                 |   |
| Professional Fee (to be determined by the Physician)  |                                     | Medical Officer, Surgical Pathology Section  |                 |   |
| *For claiming of results:<br><br>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br><br>Valid ID (Government Issued)<br><br>If the person doing the transaction (claiming of results) is a representative of the patient:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID |                                     | Patient/PGH authorized individual<br><br><br><br><br><br><br><br><br><br>Patient<br><br>Patient<br>Authorized Representative |                 |   |
| CLIENT STEPS  | AGENCY ACTION                       | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                                  |
| 1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals  | 1.1 Accept and check requirements   | Refer to the approved schedule of fees (Subject to Change)   | 10 minutes      | Administrative Aide IV (Surgical Pathology Section) |
|   | 1.2 Screen Paraffin blocks / slides |  | 30 minutes      | Medical Officer III-IV (Department of               |

|   |  |      |  |  |
|---|--|------|--|--|
|   | 1.3 Charge processing fees/professional fee through the MRP  |      | 1 working day  | Laboratories Resident-in-Charge)<br><br>Administrative Aide IV (Surgical Pathology Section)                            |
|   | 1.4 Gross description and sampling for tissue specimens  | None | 1 working day  | Medical Officer III-IV (Department of Laboratories Resident-in-Charge)   |
|   | 1.5 Processing of specimens / staining of slides   | None | 2 working days   | Medical Technologist II  |
|   | 1.6 Read and Interpret slides  | None | 3 working days<br><br>*For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3. | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| 2.Claiming of results in the Surgical Pathology Section<br>A. Patient is still admitted upon claiming and releasing of results:<br><br>- Proceed to STEP 2.3.<br><br>B. Patient has already been discharged:<br><br>- Proceed to STEP 2.1 | If patient is still admitted upon claiming and releasing of results<br><br>2.1. Release the result to the patient/patient's representative<br><br>If patient has already been discharged prior to claiming and releasing of results: | None | 30 minutes   | Administrative Aide IV (Surgical Pathology Section)  |

|  |   |   |  |  |
|--|---|---|--|--|
| <p>2.1. Settle the payment for the processing/professional's fee in the Cashier Service</p> <p>2.2. Present official receipt to the Surgical Pathology Section</p> <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative:<br/><br/>Present the following:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> | <p>2.2. Charge processing fees/professional's fee</p>                                     | <p>Refer to the approved schedule of fees (Subject to Change)</p> | <p>5 minutes</p>   | <p>Administrative Aide IV (Surgical Pathology Section)</p> |
|  | <p>2.3. Accept payment for the processing/professional fee (cashier)</p>                  |   | <p>Refer to Cash Division Services<br/><i>(paused-clock)</i></p> | <p>Cashier Clerk (Refer to Cash Division Services)</p>     |
|  | <p>2.4. Check official receipt of payment and record in logbook, then release results</p> |   | <p>10 minutes</p>  | <p>Administrative Aide IV (Surgical Pathology Section)</p> |
|  |   |   |  |  |
| <b>TOTAL:</b>  |   | <p>Refer to the approved schedule of fees + Professional Fee</p>  | <p>7 working days</p>  |  |

## 47. Processing of Specimens (Special Stains) – Out Patient

This refers to the large number of alternative staining techniques which aim to look for the presence or prevalence of particular cellular types and structures when the routine H&E stain does not provide all the information the pathologist needs.

| <b>Office or Division:</b>  | Surgical Pathology Section          |  |                 |   |
|---|-------------------------------------|--|-----------------|---|
| <b>Classification:</b>  | HT                                  |  |                 |   |
| <b>Type of Transaction:</b>   | G2C                                 |  |                 |   |
| <b>Who may avail:</b>   | All patients                        |  |                 |   |
| CHECKLIST OF REQUIREMENTS   |                                     | WHERE TO SECURE  |                 |   |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information  |                                     | Attending Physician, Surgical Pathology clerk  |                 |   |
| Slides for staining, tissues for cytology/cell block, biopsy specimens, paraffin blocks   |                                     | Attending Physician, Operating Room, Wards, Clinics  |                 |   |
| *If previously processed:<br>Copy of Histopathology Result<br>Paraffin blocks/slides  |                                     | Attending Physician, Operating Room, Wards, Clinics  |                 |   |
| Processing fee /Official Receipt  |                                     | Cashier Services   |                 |   |
| Professional Fee (to be determined by the Physician)  |                                     | Medical Officer, Surgical Pathology Section  |                 |   |
| *For claiming of results:<br><br>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br><br>Valid ID (Government Issued)<br><br>If the person doing the transaction (claiming of results) is a representative of the patient:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID |                                     | Patient/PGH authorized individual<br><br><br><br><br><br><br><br><br><br>Patient<br><br>Patient<br>Authorized Representative |                 |   |
| CLIENT STEPS  | AGENCY ACTION                       | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                                  |
| 1. Submit requirements to the Surgical Pathology Section  | 1.1 Accept and check requirements   | Refer to the approved schedule of fees (Subject to Change)   | 10 minutes      | Administrative Aide IV (Surgical Pathology Section) |
|   | 1.2 Screen Paraffin Blocks / slides |  | 30 minutes      | Medical Officer III-IV / Medical Specialist II-IV   |

|  |   |  |                                 |   |
|--|---|--|---------------------------------|---|
|  | 1.3 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier  |  | 10 minutes                      | (Department of Laboratories Resident-in-Charge/Consultant-in-charge)<br><br>Administrative Aide IV (Surgical Pathology Section) |
| 2.Settle the payment for the processing/professional's fee in the cashier services | 2. Accept payment for the processing/professional's fee (cashier)   | Refer to the approved schedule of fees (Subject to Change) | Refer to Cash Division Services | Cashier Clerk (Refer to Cash Division Services)   |
| 3.Present official receipt to the Surgical Pathology Section                       | 3. Check official receipt of payment and record in logbook<br><br>3.1 Inform the patient/representative on the schedule of claiming of result                       | None   | 15 minutes<br><br>10 minutes    | Administrative Aide IV (Surgical Pathology Section)   |
|  | 3.2 Processing of specimens / staining of slides  | None   | 2 working day                   | Medical Technologist II   |
|  | 3.4 Read and Interpret slides<br><br>(Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4.) |  | 3 working days                  | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)          |
| 4.Claim results in the Surgical Pathology Section                                  | 4.1. Check requirements   | None   | 30 minutes                      | Administrative Aide IV (Surgical Pathology Section)   |



|  |  |   |                |   |
|--|--|---|----------------|---|
| <p>4.1. Present official receipt to the Surgical Pathology Section</p> <p>4.2 If the person doing the transaction (claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative:<br/>Present the following:</p> <ol style="list-style-type: none"> <li>1. Authorization Letter signed by the patient</li> <li>2. Patient's Valid ID</li> <li>3. Authorized Representative's ID</li> </ol> <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>:<br/>- Settle the payment for the processing/professional's fee at the Surgical Pathology Section</p> | <p>4.2. Release the result to the patient/patient's representative</p> |   |                |   |
| <b>TOTAL:</b>  |  | Refer to the approved schedule of fees + Professional Fee | 7 working days | Administrative Aide IV (Surgical Pathology Section) |

## 48. Slide Review

This aims to provide agreement or second opinion on slides that have been previously read/interpreted by a pathologist.

|  |                                     |  |                        |  |
|--|-------------------------------------|--|------------------------|--|
| <b>Office or Division:</b>   | Surgical Pathology Section          |  |                        |  |
| <b>Classification:</b>   | HT                                  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C                                 |  |                        |  |
| <b>Who may avail:</b>  | All patients                        |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |                                     | <b>WHERE TO SECURE</b>                                     |                        |  |
| Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information           |                                     | Attending Physician, Surgical Pathology clerk              |                        |  |
| Previous Histopathology Report   |                                     | Attending Physician, Patient                               |                        |  |
| Slides and paraffin blocks   |                                     | Attending Physician, Operating Room, Wards, Clinics        |                        |  |
| Processing fee /Official Receipt   |                                     | Cashier Services   |                        |  |
| Professional Fee (to be determined by the Physician)   |                                     | Medical Officer, Surgical Pathology Section                |                        |  |
| *For claiming of results:  |                                     |  |                        |  |
| If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:<br>Valid ID (Government Issued) |                                     | Patient/PGH authorized individual                          |                        |  |
| If the person doing the transaction (claiming of results) is a representative of the patient:  |                                     |  |                        |  |
| 1. Authorization Letter signed by the patient  |                                     | Patient  |                        |  |
| 2. Patient's Valid ID  |                                     | Patient  |                        |  |
| 3. Authorized Representative's ID  |                                     | Authorized Representative                                  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Submit requirements to the Surgical Pathology Section  | 1.1 Accept and check requirements   | Refer to the approved schedule of fees (Subject to Change) | 10 minutes             | Administrative Aide IV (Surgical Pathology Section)  |
|  | 1.2 Screen Paraffin Blocks / slides |  | 30 minutes             | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |

|   |   |  |                                 |  |
|---|---|--|---------------------------------|--|
|   | 1.3 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier  |  | 10 minutes                      | Administrative Aide IV (Surgical Pathology Section)  |
| 2. Settle the payment for the processing/professional's fee in the cashier services                                       | 2. Accept payment for the processing/professional's fee (cashier)   | Refer to the approved schedule of fees (Subject to Change) | Refer to Cash Division Services | Cashier Clerk (Refer to Cash Division Services)  |
| 3. Present official receipt to the Surgical Pathology Section   | 3. Check official receipt of payment and record in logbook<br><br>3.1 Inform the patient/representative on the schedule of claiming of result               | None   | 15 minutes<br><br>10 minutes    | Administrative Aide IV (Surgical Pathology Section)  |
|   | 3.2 Recut from the blocks / processing of slides  | None   | 2 working day                   | Medical Technologist II  |
|   | 3.3 Read and Interpret slides (Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4) |  | 3 working days                  | Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge) |
| 4. Claim results in the Surgical Pathology Section<br><br>4.1. Present official receipt to the Surgical Pathology Section | 4.1. Check requirements   | None   | 30 minutes                      | Administrative Aide IV (Surgical Pathology Section)  |

|  |  |                       |  |  |
|--|--|-----------------------|--|--|
| <p>4.2 If the person doing the transaction (claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual:<br/>Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative:<br/>Present the following:<br/>1. Authorization Letter signed by the patient<br/>2. Patient's Valid ID<br/>3. Authorized Representative's ID</p> <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>:<br/>- Settle the payment for the processing/profession al's fee at the Surgical Pathology Section</p> | <p>4.2. Release the result to the patient/patient's representative</p> |                       |  |  |
| <p><b>TOTAL:</b></p>   | <p>Refer to the approved schedule of fees (Subject to Change)</p>      |                       |  |  |
|  | <p>Refer to the approved schedule of fees + Professional Fee</p>       | <p>6 working days</p> |  |  |

## 49. Research/Accessing Surgical Pathology Files

This aims to assist researchers/ doctors in their studies concerning patients' histopathology records.

|   |  |  |                                   |   |
|---|--|--|-----------------------------------|---|
| <b>Office or Division:</b>  | Surgical Pathology Section                                     |  |                                   |   |
| <b>Classification:</b>  | HT   |  |                                   |   |
| <b>Type of Transaction:</b>   | G2C  |  |                                   |   |
| <b>Who may avail:</b>   | Research author/ Doctors/ Research assistants, Patients        |  |                                   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                         |                                   |   |
| Approved Letter of Request to access files (results, paraffin blocks, and/or slides)                              |  | Attending physician, Department administration |                                   |   |
| If for research, additional requirements include:<br>1. "Permit to Conduct Research"<br>2. Copy of research paper |  | UPMREB or EHRO<br>Principal Investigator       |                                   |   |
| Deposit Fee   |  | Surgical Pathology Section                     |                                   |   |
| Return of borrowed Slides   |  | Surgical Pathology Section                     |                                   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                         | <b>PROCESSING TIME</b>            | <b>PERSON RESPONSIBLE</b>                   |
| Submit requirements to the Surgical Pathology Section   | Receive requirements   |  | 1 hour                            | Administrative Aide IV (Surgical Pathology) |
|   | Retrieve results, paraffin blocks, and/or slides               |  | 5 working days                    | Administrative Aide IV (Surgical Pathology) |
| Pay Deposit Fee at the Surgical Pathology Section   | Issue deposit slip and accept deposit fee                      | P100 per slide and P100 per paraffin block     | 30 minutes                        | Administrative Aide IV (Surgical Pathology) |
| Claim paraffin blocks, and/or slides to the Surgical Pathology Section  | Release paraffin blocks, and/or slides to requesting physician |  | 1 hour<br>( <i>paused-clock</i> ) | Administrative Aide IV (Surgical Pathology) |
| Return paraffin blocks/slides to the Surgical Pathology Section   | Surrender/Return deposit fee                                   |  | 30 minutes                        | Administrative Aide IV (Surgical Pathology) |
| <b>TOTAL:</b>   |  | P100 per slide and P100 per paraffin block     | 6 working days                    |   |

## 50. Borrowing of Slides and/or Blocks

To provide paraffin blocks and slides to patients for further examination not available in the laboratory.

|  |  |  |                                   |   |
|--|--|--|-----------------------------------|---|
| <b>Office or Division:</b>   | Surgical Pathology Section                                     |  |                                   |   |
| <b>Classification:</b>   | HT   |  |                                   |   |
| <b>Type of Transaction:</b>  | G2C  |  |                                   |   |
| <b>Who may avail:</b>  | Research author/ Doctors/ Research assistants, Patients        |  |                                   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                     |                                   |   |
| Approved Letter of Request to access files (results, paraffin blocks, and/or slides) |  | Attending physician, Patient               |                                   |   |
| Deposit Fee  |  | Surgical Pathology Section                 |                                   |   |
| Return of borrowed Slides  |  | Surgical Pathology Section                 |                                   |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                     | <b>PROCESSING TIME</b>            | <b>PERSON RESPONSIBLE</b>                   |
| Submit requirements to the Surgical Pathology Section                                | Receive requirements   |  | 1 hour                            | Administrative Aide IV (Surgical Pathology) |
|  | Retrieve results, paraffin blocks, and/or slides               |  | 5 working days                    | Administrative Aide IV (Surgical Pathology) |
| Pay Deposit Fee to the Surgical Pathology Section                                    | Issue deposit slip and accept deposit fee                      | P100 per slide and P100 per paraffin block | 30 minutes                        | Administrative Aide IV (Surgical Pathology) |
| Claim paraffin blocks, and/or slides from the Surgical Pathology Section             | Release paraffin blocks, and/or slides to requesting physician |  | 1 hour<br>( <i>paused-clock</i> ) | Administrative Aide IV (Surgical Pathology) |
| Return paraffin blocks/slides to the Surgical Pathology Section                      | Surrender/Return deposit fee                                   |  | 30 minutes                        | Administrative Aide IV (Surgical Pathology) |
| <b>TOTAL:</b>  |  | P100 per slide and P100 per paraffin block | 6 working days                    |   |

## 51. Duplicate of Results

This aims to provide additional copies of the surgical pathology results.

|  |  |  |                        |   |
|--|--|--|------------------------|---|
| <b>Office or Division:</b>   | Surgical Pathology Section   |  |                        |   |
| <b>Classification:</b>   | HT   |  |                        |   |
| <b>Type of Transaction:</b>  | G2C  |  |                        |   |
| <b>Who may avail:</b>  | All patients   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                                     |                        |   |
| Original Surgical Pathology Report   |  | Requesting Party/Patient                                   |                        |   |
| If requesting party is the patient and is the one doing the transaction:<br>- Valid ID (Government Issued)   |  | Requesting Party/Patient                                   |                        |   |
| If requesting party is the patient but is not the one doing the transaction:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID                                    |  | Patient<br><br>Patient<br>Authorized Representative        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Submit requirements to Surgical Pathology result/s  | 1. Retrieval of File<br>Copy of the requested Surgical Pathology Report  |  | 3 working days         | Administrative Aide IV (Surgical Pathology Section) |
| 2. Claim copies of surgical pathology result in the Surgical Pathology Section   | 2.1 Check requirements<br><br>2.2. Release the copies of surgical pathology result to the patient/patient's representative | Refer to the approved schedule of fees (Subject to Change) | 30 minutes             | Administrative Aide IV (Surgical Pathology Section) |
| 3. Present official receipt to the Surgical Pathology Section<br><br>If the person doing the transaction (claiming of results) is:<br>3.1. The patient or a PGH authorized individual:<br>Present Valid ID (Government Issued) |  |  |                        |   |

|   |  |  |                |  |
|---|--|--|----------------|--|
| 3.2. A patient representative:<br>Present the following:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID |  |  |                |  |
| <b>TOTAL:</b>   |  | Refer to the approved schedule of fees (Subject to Change) | 4 working days |  |



## 52. Certified True Copy Certification

This aims to provide certification of true copies of documents by the personnel in charge.

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Surgical Pathology Section                                |   |                        |   |
| <b>Classification:</b>  | HT  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | All patients  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                              |                        |   |
| Photocopy of Result   |   | Requesting Party/Patient                            |                        |   |
| If requesting party is the patient and is the one doing the transaction:<br>- Valid ID (Government Issued)  |   | Requesting Party/Patient                            |                        |   |
| If requesting party is the patient but is not the one doing the transaction:<br>1. Authorization Letter signed by the patient<br>2. Patient's Valid ID<br>3. Authorized Representative's ID |   | Patient<br><br>Patient<br>Authorized Representative |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                      | <b>FEES TO BE PAID</b>                              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit copy of Surgical Pathology result/s to the Surgical Pathology Section   | 1. Provide Stamp and Signature of the personnel in charge | None  | 10 minutes             | Medical Technologist III-V (Section Supervisor/Officer-In-Charge) |
| <b>TOTAL:</b>   |   | None  | 10 minutes             |   |

# **Department of Medicine**

## **External Services**

## 1. Provision of ECG Services for OPD Patients

|  |   |                                   |                        |                           |
|--|---|-----------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | ECG Station, Division of Cardiovascular Medicine – Department of Medicine   |                                   |                        |                           |
| <b>Classification:</b>   | Simple  |                                   |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |                                   |                        |                           |
| <b>Who may avail:</b>  | <b>OPD patients of PGH/ OUTPAY patients PGH employees and UP Employees and Students/ Dependents</b>   |                                   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>            |                        |                           |
| 1. ECG request (original or on RADISH)   |   | Requesting physician / Consultant |                        |                           |
| 2. PGH Blue card (1 original)  |   | Palistahan                        |                        |                           |
| 3. PGH White card (1 original)   |   | MSS                               |                        |                           |
| 4. National OSCA/PWD ID (1 original)   |   | City Hall                         |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Bring ECG request together with required documents (Original request for outpay/request on RADISH for OPD ad UPHS). | 1. Check the completeness of the information on the ECG request/ on RADISH.   | None                              | 10 minutes per request | ECG Staff                 |
|  | Check if cards are valid, copy the case number from the blue card and validity date of MSS cards, ID nos. found on OSCA and PWD ID. Write down the date and area where patient is on the blue card. |                                   | 5 minutes              | Cashier                   |
|  | 1.1 Payment of current fee for OPD patients.<br><br>1.2 Call patients one by one on a first come first served basis.  | See attached ECG rates            | 10 minutes             | ECG Staff                 |

|  |   |      |                           |                    |
|--|---|------|---------------------------|--------------------|
| 2.As per instruction,enters ECG room for the procedure | 2.Receive patients at the OPD station to perform procedure/ at HAVU for outpay  |      | 15 minutes                | Med. Tech. on duty |
|  | 2.1 Patient to bare anterior chest for the connection of ECG electrodes.  |      |                           |                    |
|  | 2.2 Covers the chest after connecting the electrodes.   |      |                           | Med. Tech on duty  |
|  | 2.3 Runs ECG machine to record 12-Lead ECG tracing.   |      | 10 minutes                |                    |
|  | 2.4 Refer patients with fatal / abnormal arrhythmias to residents of Internal Medicine for OPD charity patients                               |      | 10 minutes                |                    |
|  | 2.5 Record in logbook, mount tracings if necessary. Capture images of ECG tracings and save in USB.   |      |                           |                    |
| 3. Waits for final Instruction regarding ECG result    | 3. Patient with normal ECG will be instructed to return on scheduled check up. OUTPAY patients are provided with a copy of their ECG Tracing. | None | 5 minutes                 | Med. Tech on duty  |
|  | <b>TOTAL:</b>   |      | <b>1 hour, 05 minutes</b> |                    |

## 2. Provision of ECG Services for ER/OBAS Patients

|  |  |                          |                        |   |
|--|--|--------------------------|------------------------|---|
| <b>Office or Division:</b>                                     | ECG Station, Division of Cardiovascular Medicine – Department of Medicine                                  |                          |                        |   |
| <b>Classification:</b>   | Simple   |                          |                        |   |
| <b>Type of Transaction:</b>                                    | G2C  |                          |                        |   |
| <b>Who may avail:</b>  | <b>Emergency Room (ER) Patients including OBAS</b>   |                          |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                               |  | <b>WHERE TO SECURE</b>   |                        |   |
| ECG request (1 original)                                       |  | Requesting physician     |                        |   |
| PGH Blue card (1 original)                                     |  | Palistahan               |                        |   |
| PGH White card (1 original)                                    |  | MSS                      |                        |   |
| National OSCA/PWD ID (1 original)                              |  | City Hall / Municipality |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Patient is informed by the doctor/ nurse of the ECG request | 1. Checks RADISH for ECG requests.   | None                     | 20 minutes             | Laboratory Technician/<br>Laboratory Aide/ Admin. Aide<br><br>(Utility Foreman) |
|  | 1.1 Makes a list of patients with ECG requests and prepares for bedside ECG taking per patients' location. |                          |                        |   |
|  | 1.2 Verifies/ locates patient at the ER and performs ECG. Prioritizes "stat" requests.                     |                          | 15 minutes             |   |
|  | 1.3 Instructs patient to bare anterior chest for the connection of ECG electrodes.                         |                          | 15 minutes             |   |
|  | 1.4 Cover chest when lead connection is done.  |                          |                        |   |
|  | 1.5 Runs ECG machine to record 12-lead ECG tracing or other leads.   |                          |                        |   |
|  | 1.6 Gives copy of ECG tracings to the doctor or puts tracings in   |                          |                        |   |

|                         |   |   |   |                                      |
|-------------------------|---|---|---|--------------------------------------|
|                         | <p>the ECG box</p> <p>1.7 Records all ECGs done in the logbook, uploads PDF file of tracing, prints ECG tracings to be read by cardio fellow.</p> <p>1.8 Checks Open ERP for charging of ER pay patients.</p>     | See ECG rates                                   | 30 minutes or more depending on the number of patients done |                                      |
| 2. Retrieval of results | <p>2. Attend immediately to follow-ups from patients, watchers, residents, medical interns, clinical clerks and other staff regarding ECG tracings and results.</p> <p>2.1 Provides photocopy of ECG tracings</p> | <p>None</p> <p>Php 3.00 per page of tracing</p> | <p>4 minutes per result</p> <p>5 minutes</p>                | <p>Clerk/ Admin. Aide</p> <p>ECG</p> |
|                         | <b>TOTAL:</b>   |   | <b>1 hour, 30 minutes</b>                                   |                                      |

### 3. In-Patient Consultation for New and Old Patients Consultation at the Charity and Pay Wards

|  |  |                                   |                        |                                 |
|--|--|-----------------------------------|------------------------|---------------------------------|
| <b>Office or Division:</b>                                   | ECG Station, Division of Cardiovascular Medicine – Department of Medicine                                  |                                   |                        |                                 |
| <b>Classification:</b>                                       | Simple   |                                   |                        |                                 |
| <b>Type of Transaction:</b>                                  | G2C  |                                   |                        |                                 |
| <b>Who may avail:</b>  | IN-Patients' Charity and Pay Patients  |                                   |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |  | <b>WHERE TO SECURE</b>            |                        |                                 |
| ECG request (1 original)                                     |  | Requesting physician / Consultant |                        |                                 |
| PGH Blue card (1 original)                                   |  | Palistahan                        |                        |                                 |
| PGH White card (1 original)                                  |  | MSS                               |                        |                                 |
| National OSCA/PWD ID (1 original)                            |  | City Hall / Municipality          |                        |                                 |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1.Patient is informed by physician/ nurse of the ECG request | 1.Checks RADISH for ECG requests.  | None                              | 20 minutes             | Med. Tech. / Lab. Tech. on-duty |
|  | 1.1 Makes a list of patients with ECG requests and prepares for bedside ECG taking per patients' location. |                                   |                        |                                 |
|  | 1.2 Verifies/ locates patient at the wards and performs ECG. Prioritizes "stat" requests.                  |                                   | 20 minutes             |                                 |
|  | 1.3 Instructs patient to bare anterior chest for the connection of ECG electrodes.                         |                                   | 15 minutes             |                                 |
|  | 1.4 Cover chest when lead connection is done.  |                                   |                        |                                 |
|  | 1.5 Runs ECG machine to record 12-lead ECG tracing or other leads.   |                                   |                        |                                 |
|  | 1.6 Gives copy of ECG tracings to the nurses   |                                   |                        |                                 |

|                         |   |               |   |  |
|-------------------------|---|---------------|---|--|
|                         | <p>1.7 Records all ECGs done in the logbook, uploads PDF file of tracing, prints ECG tracings to be read by cardio fellow, mount tracing as necessary</p> <p>1.8 Checks Open ERP for charging of pay patients</p> | See ECG rates | <p>30 minutes or more depending on the number of patients done</p> <p>5 minutes</p> |  |
| 2. Retrieval of results | <p>2. Attend immediately to follow-ups from watchers, residents, medical interns, clinical clerks and other staff regarding ECG tracings and results.</p> <p>3. Provides photocopy of ECG tracings</p>            | None          | 5 minutes for result  | <p>Clerk / Admin Aide</p> <p>ECG Staff</p> |
|                         | <b>TOTAL:</b>   | None          | <b>1 hour 40 minutes</b>  |  |



#### 4. Holter 24-Hour ECG Monitoring

|  |  |                                   |                        |                           |
|--|--|-----------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | ECG Station, Division of Cardiovascular Medicine – Department of Medicine  |                                   |                        |                           |
| <b>Classification:</b>   | Highly Technical   |                                   |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |                                   |                        |                           |
| <b>Who may avail:</b>  | Charity and Pay In-patients of PGH, PGH employees, UP Manila employees and students.   |                                   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>            |                        |                           |
| <b>Holter 24<sup>o</sup> Monitoring ECG request (use ECG request form )</b>                  |  | Requesting physician / Consultant |                        |                           |
| PGH Blue card (1 original)   |  | Palistahan                        |                        |                           |
| National OSCA/PWD ID if charity (1 original)   |  | City Hall/ Municipality           |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Show 24 hour Holter request (original copy or on RADISH) together with required documents | 1. Check the completeness of the information on the Holter request<br><br>1.1 Sends data of patients with holter request to cardio fellows for approval<br><br>1.2 Once approved, schedule the Holter procedure and coordinate with Nurses on duty (for In-patients) | None                              | 15 minutes per request | Med. Tech. on duty        |
| 2. Patients prepare for the 24 hour Holter connection  | 2. Prepare necessary documents to be signed by RIC, watcher/patient including Notice of liability, Reminder of Resident-in-charge monitoring, diary, and patient's instruction<br><br>2.1 Prepare the Holter recorder and accessories to be used.                    | None                              | 30 minutes             | Med. Tech. on Duty        |

|                        |  |      |   |   |
|------------------------|--|------|---|---|
|                        | <p>2.2 Proceed to the ward or receive patients at the station/HAVU to perform procedure.</p> <p>2.3 Attach electrodes and connect holter recorder to patient and, instruct patient on activities for 24 hours.</p> <p>2.4 Disconnect Holter recorder after 24 hours.</p> <p>2.5 Upload Holter recording in the Holter system.</p> <p>2.6 Measure, select, relabel, and prepare Holter report for provisional reading.</p> <p>2.7 Sends holter file via email to cardio fellows for reading.</p> <p>2.8 Cardio fellows return the holter official result overread and signed by cardio.</p> |      | <p>10 minutes</p> <p>5 minutes</p> <p>Within 4 days</p> | <p>Med. Tech./ Lab. Tech./ Lab. Aide</p> <p>Med. Tech.on Duty</p> <p>Cardio Fellows and Consultant Reader</p> |
| 3.Retrieval of results | <p>3.Print copy of holter file.</p> <p>3.1 Place result, printed holter file and diary in a brown envelope.</p> <p>3.2 Result released to patient/watcher.</p>   | None | 15 minutes  | Med. Tech.on Duty   |
| <b>TOTAL:</b>          |  |      | <b>4 days 1 hour and 40</b>                             |   |

|  |  |         |  |
|--|--|---------|--|
|  |  | minutes |  |
|--|--|---------|--|

## 5. ECG Processing and Official Reading

|   |  |                        |   |                           |
|---|--|------------------------|---|---------------------------|
| <b>Office or Division:</b>  | ECG Station, Division of Cardiovascular Medicine, Department of Medicine   |                        |   |                           |
| <b>Classification:</b>  | Simple   |                        |   |                           |
| <b>Type of Transaction:</b>   | G2C  |                        |   |                           |
| <b>Who may avail:</b>   | All Patients of OPD, ER and In-Patients  |                        |   |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |   |                           |
| PGH Blue card   |  | Palistahan             |   |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b> |
| 1. Patient's ECG procedure is finished and is waiting for the official result | 1. Distribute ECG tracings to cardio fellow readers equally for reading.<br><br>1.1 Receive ECG tracings with reading from fellows and mark list on logbook as returned.<br><br>1.2 Upload ECG tracing on Open MRS.<br><br>1.3 Encode official ECG result on Open MRS.<br><br>1.4 Final result can be accessed on OpenMRS. | None                   | 1 hour<br><br><br>Within 5 working days<br><br><br>5 minutes<br><br><br>5 minutes | Administrative Aide       |
| 2. Follow up for the photocopy of the ECG tracing                             | 2. Attends immediately to follow-ups and provides photocopy of ECG tracings  | Php 3.00 per page      | 5 minutes   | ECG Staff                 |
| 3. Requesting for a certified true copy (CTC) of the ECG tracing              | 3. Provides photocopy of the ECG tracing and official result with a "Certified True Copy" stamp with signature of the supervisor or the Med. tech. on duty.  | Php 15.00 per tracing  | 5 minutes per result  | Administrative Aide       |

|  |   |  |  |  |
|--|---|--|--|--|
|  | 3.1 Bundles ECG tracings according to date. |  |  |  |
|  | <b>TOTAL:</b>                               |  | <b>5 working days, 1 hour and 20 minutes</b> |  |

## 6. Non-invasive Diagnostic Cardiovascular Procedure

The Division is doing Non-Invasive Cardiovascular Procedures namely:

- Special Transthoracic Echocardiography (Bubble Contrast Echocardiography, and Tilt table test).

|  |   |                          |                         |   |
|--|---|--------------------------|-------------------------|---|
| <b>Office or Division:</b>   | Division of Medicine, Division of Cardiovascular Medicine (DCVM), Heart and Vascular Unit (HAVU).   |                          |                         |   |
| <b>Classification:</b>   | Highly Technical  |                          |                         |   |
| <b>Type of Transaction:</b>  | G2C   |                          |                         |   |
| <b>Who may avail:</b>  | <b>All Out patient (pay and service)</b>  |                          |                         |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                         |   |
| 1. Procedure's Request form (RADISH request)                             |   | OPD Clinic               |                         |   |
| 2. Outside Request for procedure (PAY)                                   |   | Request from outside PGH |                         |   |
| 3. Blue Card   |   | OPD Triage               |                         |   |
| 4. Applicable Client's Preparation (Bubble contrast and Tilt Table Test) |   | HAVU - Reception area    |                         |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>   |
| 1. Present request form and proceed to HAVU reception                    | 1. Receive and check completeness of request from (RADISH, physical request) specifying type of test, test indication and requesting physician        | None                     | 5 minutes               | DVCM Staff-on-duty (SOD)  |
|  | <b>For Bubble Contrast ECHO:</b><br>TRIAGE - adjudication of indication and urgency of request and location as per guidelines set by Section of Echo. |                          | OR within 1 working day | Diagnostic manager (DM)/Clinical Research Fellow  |
|  | <b>For special Tilt Table Test:</b><br>coordinate schedule with EP Fellow.  |                          | OR within 1 working day | Diagnostic manager Echo clinical research fellow (CRF)<br>DCVM SOD Diagnostic manager Electrophysiology CRF |
|  | 1.2 Records the date of request and records the patient in database.  |                          |                         | DCVM SOD<br>DCVM Nurse  |

|                                |  |      |                                     |  |
|--------------------------------|--|------|-------------------------------------|--|
|                                | 1.3 Instruct patient regarding the date, time, and payments to be paid upon the scheduled procedure. |      |                                     | DCVM SOD   |
|                                | 1.4 Coordinates schedule for echo team   |      |                                     | DCVM SOD   |
| 2. Arrival at the station HAVU | 2. Register client's data in the database  | None | 2 minutes                           | DCVM SOD   |
|                                | 2.1 Complete client's data in the procedure worksheet  |      | 5 minutes                           | Sonographer  |
|                                | 2.2 Review the history indication for a requested procedure  |      | 2 minutes                           | Diagnostic manager   |
| 3. Sign consent form           | 3. Confirm client's identity.  | None | 1 minute                            | DCVM Nurse   |
|                                | 3.1 Orient and explain the entire procedure including the do's and don'ts and possible side effects. |      | 1 minute                            | Diagnostic manager<br>Echo/EP clinical research fellow (CRF)<br>DCVM Nurse |
|                                | 3.2 Assist client in filling out of consent form   |      | 1 minute                            | Diagnostic manager<br>Echo/EP clinical research fellow (CRF)<br>DCVM Nurse |
| 4. Procedure preparations      | 4. Prepare client depending on the requested procedure to be performed                               | None | 5 minutes                           | DCVM Nurse   |
|                                | 4.1 Perform physical examination if indicated  |      | 2 minutes                           | Diagnostic manager / Junior echo fellow / EP CRF                           |
| 5. Procedure proper            | 5. Perform the requested procedure   | None | 30 minutes to 2 hours (depending on | Diagnostic manager / Junior echo   |

|                                      |  |   |   |   |
|--------------------------------------|--|---|---|---|
|                                      | <p>5.1 Supervise the procedure addresses need for further intervention.</p> <p>5.2 Take vital signs, proper recording and nursing care as needed.</p>  |   | procedure type)   | <p>fellow / Echo/EP CRF</p> <p>DCVM Nurse</p>   |
| 6. Post-procedure care               | <p>6. Do post-procedure assessment</p> <p>6.1 Do post-procedure care</p> <p>6.2 Charge procedure via ERP/Charge slip</p> <p>6.3 Patient needs to pay procedure fee if not funded by MSS.</p> | <p>None</p> <p>Refer to the updated approved fees</p> <p>Refer to the updated approved fees</p> | <p>5 minutes</p> <p>10 minutes (also depends on the patients recovery time)</p> <p>2 minutes</p> <p>5 minutes</p> | <p>Diagnostic manager / Junior echo fellow / Echo CRF Sonographer</p> <p>DCVM Nurse</p> <p>DCVM SOD</p> <p>DCVM SOD</p> |
| 7. Process official result           | 7. Reads the preliminary report and inputs in EMR  | None  | Within 1 working day  | Diagnostic manager / Junior echo fellow / Echo CRF  |
| 8. Claims result from DCVM reception | 8. Release of official results   | None  | Within 4 working days   | <p>Diagnostic manager / Junior echo fellow / Echo CRF</p> <p>Consultant-in-charge</p> <p>DCVM SOD</p>                   |
| <b>TOTAL</b>                         |  | Refer to approved fees  | <b>Processing time: 6 days, 2 hours and 36</b>  |   |



|  |  |         |  |
|--|--|---------|--|
|  |  | minutes |  |
|--|--|---------|--|

## 7. Non-Invasive Diagnostic Cardiovascular Procedure

The Division is doing Non-Invasive Cardiovascular Procedure namely:

- Treadmill Exercise Test (TET)

|   |   |  |                        |                           |
|---|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>                                    |   | Division of Medicine, Division of Cardiovascular Medicine (DCVM) |                        |                           |
| <b>Classification:</b>  |   | Highly Technical   |                        |                           |
| <b>Type of Transaction:</b>                                   |   | G2C  |                        |                           |
| <b>Who may avail:</b>   |   | All admitted clients (pay and service)                           |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                              |   | <b>WHERE TO SECURE</b>   |                        |                           |
| 1. Procedure's Request form (RADISH request)                  |   | Area where the client is admitted                                |                        |                           |
| 2. Applicable Client's Preparation (Treadmill Exercise Test). |   | DCVM - Reception area  |                        |                           |
| 3. Client's chart   |   | Area where the client is admitted                                |                        |                           |
| 4. Request form   |   | OPD clinic/Outside request                                       |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Present request form and proceed to DCVM reception         | 1. Receive and check completeness of request from (RADISH, physical request) specifying type of test, test indication and requesting physician                              | None   | 5 minutes              | DCVM Staff-on-duty (SOD)  |
|   | <b>1.1. For TET:</b><br>TRIAGE - adjudication of indication and urgency of request and location as per guidelines set by Section of Echo.                                   |  | Within 1 day           | TET CRF                   |
|   | 1.2 Records the date of request and records the patient in database<br><br>1.3 Call and instruct the ward nurse / service team regarding the date and time of the schedule. |  |                        | DCVM SOD                  |

|   |  |      |                     |  |
|---|--|------|---------------------|--|
| 2. Arrival at the station (ward personnel brings client to station) / Sonographer arrives at ward/ICU (for bedside studies) | 2. Register client's data in the database.   | None | 2 minutes           | DCVM SOD   |
|   | 2.1 Complete client's data in the procedure worksheet.   |      | 5 minutes           | DCVM Nurse   |
|   | 2.2 Review the history indication for a requested procedure.   |      | 2 minutes           | TET CRF  |
| 3. Sign consent form (applicable for TET and stress echoes)   | 3. Confirm client's identity.  | None | 1 minute            | DCVM Nurse   |
|   | 3.1 Orient and explain the entire procedure including the do's and don'ts and possible side effects.                 |      | 1 minute            | DCVM Nurse   |
|   | 3.2 Assist client in filling up and signing consent form.  |      | 5 minutes           | Cardio fellow or DCVM Nurse                        |
| 4. Procedure preparations   | 4. Prepare client depending on the requested procedure to be performed   | None | 5 minutes           | Sonographer<br>DCVM Nurse                          |
|   | 4.1 Perform physical examination if indicated  |      | 2 minutes           | Diagnostic manager / Junior echo fellow / Echo CRF |
| 5. Procedure proper   | 5. Perform the requested procedure.  | None | 45-60 minutes – TET | DCVM Nurse and TET CRF                             |
|   | 5.1 Supervise the procedure, identifies need for further interrogation, and addresses need for further intervention. |      |                     | TET CRF  |
|   | 5.2 Take vital signs, proper recording and nursing care as needed  |      |                     | DCVM Nurse   |
| 6. Post procedure care  | 6. Do post-procedure assessment  | None | 10 minutes          | DCVM Nurse and TET CRF                             |

|                                      |  |   |  |            |
|--------------------------------------|--|---|--|------------|
|                                      | 6.1 Do post-procedure care   |   | 5 minutes  | DCVM Nurse |
|                                      | 6.2 Charge procedure via ERP   | Refer to the updated approved fees/Pay at PGH cashier | 1 minute   | DCVM SOD   |
| 7. Conduction back to floors/wards   | 7. Coordinates conduction of client back to the floors/wards             | None  | 5 minutes  | DCVM SOD   |
| 8. Process official result           | 8. Encodes the preliminary report in OpenMRS or makes RADISH chart entry | None  | Within 1 working day                                   | TET CRF    |
| 9. Result released on DCVM reception | 9. Release of official results   | None  | Within 3 working days                                  | TET CRF    |
| <b>TOTAL:</b>                        |  |   | <b>Processing time: 5 days, 2 hours and 49 minutes</b> |            |

## 8. Non-Invasive Diagnostic Cardiovascular Procedure

The Division is doing Non-Invasive Cardiovascular Procedure namely:

- Transthoracic Echocardiography (TTE) - 2D and 3D echocardiogram, 2D echocardiogram with Doppler, Limited echocardiogram
- Special Transthoracic Echocardiography (Trans-Esophageal Echocardiography (TEE); Intra Operative Trans-Esophageal Echocardiography (IOTEE); Dobutamine Stress Echocardiography (DSE); Treadmill Stress Echocardiography (TSE)

|  |  |  |                         |  |
|--|--|--|-------------------------|--|
| <b>Office or Division:</b>                                     |  | Division of Medicine, Division of Cardiovascular Medicine (DCVM) |                         |  |
| <b>Classification:</b>   |  | Highly Technical   |                         |  |
| <b>Type of Transaction:</b>                                    |  | G2C  |                         |  |
| <b>Who may avail:</b>  |  | All admitted clients (pay and service)                           |                         |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                               |  | <b>WHERE TO SECURE</b>   |                         |  |
| 1. Procedure's Request form (RADISH request)                   |  | Area where the client is admitted                                |                         |  |
| 2. Applicable Client's Preparation (for Special TTE procedure) |  | DCVM - Reception area  |                         |  |
| 3. Client's chart  |  | Area where the client is admitted                                |                         |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>                              |
| 1. Present request form and proceed to DCVM reception          | 1. Receive and check completeness of request from (radish, physical request) specifying type of test, test indication and requesting physician | None   | 5 minutes               | DCVM Staff-on-duty (SOD)                               |
|  | <b>1.1. For TTE:</b><br>TRIAGE - adjudication of indication and urgency of request and location as per guidelines set by Section of Echo       |  | Within 3 working days   | Diagnostic manager (DM)                                |
|  | <b>For special TTE procedure:</b><br>coordinate schedule with consultant-in-charge (CIC)   |  | OR within 1 working day | Diagnostic manager Echo clinical research fellow (CRF) |
|  | 1.2 Records the date of request and records the patient in database  |  |                         | DVCM SOD<br>Diagnostic manager Echo                    |

|  |   |      |  |  |
|--|---|------|--|--|
|  | <p>1.3 Call and instruct the ward nurse / service team regarding the date and time of the schedule.</p> <p><b>1.4 IF BEDSIDE TTE:</b> adjudication of indication and urgency of request as per guidelines set by Section of Echo</p> <p>1.5 Coordinates schedule for echo team for bedside procedures</p> |      | OR within 1 working day                            | <p>CRF</p> <p>DCVM SOD<br/>DCVM Nurse</p> <p>Diagnostic manager</p> <p>Diagnostic manager<br/>DCVM SOD</p> |
| 2. Arrival at the station (ward personnel brings client to station) / Sonographer arrives at ward/ ICU (for bedside studies) | <p>2. Register client's data in the database.</p> <p>2.1 Complete client's data in the procedure worksheet.</p> <p>2.2 Review the history indication for a requested procedure.</p>   | None | <p>2 minutes</p> <p>5 minutes</p> <p>2 minutes</p> | <p>DCVM SOD</p> <p>Sonographer</p> <p>Diagnostic manager</p>   |
| 3. Sign consent form (applicable for TEE and stress echoes)  | <p>3. Confirm client's identity.</p> <p>3.1 Orient and explain the entire procedure including the do's and don'ts and possible side effects.</p> <p>3.2 Assist client in filling up and signing consent form</p>  | None | <p>1 minute</p> <p>1 minute</p> <p>5 minutes</p>   | <p>Sonographer</p> <p>Sonographer</p> <p>Cardio fellow or echo CRF</p>                                     |
| 4. Procedure preparations  | <p>4. Prepare client depending on the requested procedure to be performed.</p> <p>4.1 Perform physical examination if indicated.</p>  | None | <p>5 minutes</p> <p>2 minutes</p>                  | <p>Sonographer<br/>DCVM Nurse</p> <p>Diagnostic manager / Junior echo</p>                                  |

|   |   |  |   |  |
|---|---|--|---|--|
|   |   |  |   | fellow / Echo<br>CRF   |
| 5. Procedure proper                                       | <p>5. Perform the requested procedure</p> <p>5.1 Supervise the procedure, identifies need for further interrogation, and addresses need for further intervention.</p> <p>5.2 Take vital signs, proper recording and nursing care as needed.</p> | None   | 45-60 minutes<br>– TEE, DSE,<br>TSE               | <p>Sonographer, consultant, cardio fellow, CRF</p> <p>Diagnostic manager / Junior echo fellow / Echo CRF</p> <p>DCVM Nurse</p> |
| 6. Post procedure care                                    | <p>6. Do post-procedure assessment</p> <p>6.1 Do post-procedure care</p> <p>6.2 Charge procedure via ERP</p>  | <p>None</p> <p>Refer to the updated approved fees/Pay at PGH cashier</p> | <p>5 minutes</p> <p>5 minutes</p> <p>1 minute</p> | <p>Diagnostic manager / Junior echo fellow / Echo CRF<br/>Sonographer</p> <p>DCVM Nurse<br/>Sonographer</p> <p>DCVM SOD</p>    |
| 7. Conduction back to floors/wards                        | 7. Coordinates conduction of client back to the floors/wards  | None   | 5 minutes   | Sonographer<br>DCVM SOD  |
| 8. Process official result                                | 8. Encodes the preliminary report in OpenMRS or makes RADISH chart entry  | None   | Within 1 working day                              | Diagnostic manager / Junior echo fellow / Echo CRF   |
| 9. Result released on OpenMRS or attached to RADISH chart | 9. Release of official results  | None   | Within 2 working days                             | <p>Diagnostic manager / Junior echo fellow / Echo CRF</p> <p>Consultant-incharge DCVM SOD</p>                                  |
| <b>TOTAL:</b>   |   |  | <b>Processing</b>                                 |  |

|  |  |  |  |
|--|--|--|--|
|  |  | <b>time: 8 days, 1<br/>hour and 44<br/>minutes</b> |  |
|--|--|--|--|



## 9. Non-Invasive Diagnostic Cardiovascular Procedure

The Division is doing Non-Invasive Cardiovascular Procedure namely:

- Pacemaker Interrogation

|  |   |   |   |                                       |
|--|---|---|---|---------------------------------------|
| <b>Office or Division:</b>                         |   | Division of Medicine, Division of Cardiovascular Medicine (DCVM), Heart and Vascular Unit (HAVU). |   |                                       |
| <b>Classification:</b>                             |   | Highly Technical  |   |                                       |
| <b>Type of Transaction:</b>                        |   | G2C   |   |                                       |
| <b>Who may avail:</b>                              |   | All Out patient (pay and service)   |   |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |   | <b>WHERE TO SECURE</b>  |   |                                       |
| 1. Blue Card                                       |   | OPD Triage.   |   |                                       |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b>                  | <b>PERSON RESPONSIBLE</b>             |
| 1. Present Blue card and proceed to HAVU reception | 1. Receive and check DCVM pacemaker interrogation clinic schedule for the day   | None  | 2 minutes                               | DCVM Staff-onduty (SOD)<br>DCVM nurse |
| 2. Arrival at the station HAVU                     | 2. Register client's data in the database.  | None  | 2 minutes                               | DCVM Nurse                            |
|  | 2.1 Complete client's data in the procedure worksheet.  |   | 2 minutes                               |                                       |
| 3. Procedure preparations                          | 3. Prepare client depending on the requested procedure to be performed.<br><br>3.1 Perform vital signs taking if indicated. | None  | 5 minutes                               | DCVM Nurse                            |
| 4. Procedure proper                                | 4. Perform the requested pacemaker interrogation.   | None  | 10 to 15 minutes<br>(depending on test) | EP CRF                                |
|  | 4.1 Assist in procedure if needed.  |   |   | DCVM Nurse                            |
|  | 4.2 Recording of result.  |   |   | EP CRF                                |
| 5. Post procedure care                             | 5. Do post-procedure assessment.  | None  | 2 minutes                               | DCVM Nurse                            |
|  | 5.1 Do postprocedure care and record follow-up.   |   | 2 minutes                               | DCVM Nurse                            |
| 7. Process official                                | 7. Inputs report in   | None  | 5 minutes                               | EP CRF                                |

|                                      |                                |      |                                    |          |
|--------------------------------------|--------------------------------|------|------------------------------------|----------|
| result                               | EMR                            |      |                                    |          |
| 8. Claims result from DCVM reception | 8. Release of official results | None | 2 minutes                          | DCVM SOD |
| <b>TOTAL:</b>                        |                                |      | <b>Processing time: 37 minutes</b> |          |

## 10. Non-Invasive Diagnostic Cardiovascular Procedure

The Division is doing Non-Invasive Cardiovascular Procedure namely:

- Vascular Studies (Venous Duplex Scan (VDS), Arterial Duplex Scan (ADS), Carotid Duplex Scan)

|   |  |  |                        |  |
|---|--|--|------------------------|--|
| <b>Office or Division:</b>  |  | Division of Medicine, Division of Cardiovascular Medicine (DCVM) |                        |  |
| <b>Classification:</b>  |  | Highly Technical   |                        |  |
| <b>Type of Transaction:</b>   |  | G2C  |                        |  |
| <b>Who may avail:</b>   |  | All admitted clients (pay and service)                           |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |  |
| 1. Procedure's Request form (RADISH request)  |  | Area where the client is admitted                                |                        |  |
| 2. Applicable Client's Preparation Vascular Studies (Venous Duplex Scan (VDS), Arterial Duplex Scan (ADS), Carotid Duplex Scan) |  | DCVM - Reception area  |                        |  |
| 3. Client's chart   |  | Area where the client is admitted                                |                        |  |
| 4. Request Form   |  | OPD Clinic/Outside Request                                       |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1. Present request form and proceed to DCVM reception   | 1. Receive and check completeness of request from (radish, physical request) specifying type of test, test indication and requesting physician   | None   | 5 minutes              | DCVM Staff-on-duty (SOD)                   |
|   | <b>1.1. For Vascular Study:</b> TRIAGE - adjudication of indication and urgency of request and location as per guidelines set by Section of Echo |  | Within 3 working days  | Diagnostic manager (DM)                    |
|   | 1.2 Records the date of request and records the patient in database  |  |                        | DCVM SOD<br>Diagnostic manager<br>Echo CRF |
|   | 1.3 Call and instruct the ward nurse / service team regarding the date   |  |                        | DCVM SOD<br>DCVM Nurse                     |

|  |   |      |   |  |
|--|---|------|---|--|
|  | <p>and time of the schedule.</p> <p><b>1.4 IF BEDSIDE Vascular Study:</b><br/>adjudication of indication and urgency of request as per guidelines set by Section of Vascular.</p> <p>1.5 coordinates schedule for echo team for bedside procedures.</p> |      | OR within 1 working day   | <p>Diagnostic manager</p> <p>Diagnostic manager<br/>DCVM SOD</p>   |
| 2. Arrival at the station (ward personnel brings client to station) / Sonographer arrives at ward/ ICU (for bedside studies) | <p>2. Register client's data in the database.</p> <p>2.1 Complete client's data in the procedure worksheet.</p> <p>2.2 Review the history indication for a requested procedure.</p>   | None | <p>2 minutes</p> <p>5 minutes</p> <p>2 minutes</p>  | <p>DCVM SOD</p> <p>Sonographer</p> <p>Diagnostic manager</p>   |
| 3. Procedure preparations  | <p>3. Prepare client depending on the requested procedure to be performed.</p> <p>3.1 Perform physical examination if indicated.</p>  | None | <p>5 minutes</p> <p>2 minutes</p>   | <p>Sonographer<br/>DCVM Nurse</p> <p>Diagnostic manager / Junior echo fellow / Echo CRF</p>                                    |
| 4. Procedure proper  | <p>4. Perform the requested procedure</p> <p>4.1 Supervise the procedure, identifies need for further interrogation, and addresses need for further intervention</p> <p>4.2 Take vital signs, proper recording and nursing care as</p>                  | None | <p>60-90 minutes – Vascular Studies (Venous Duplex Scan (VDS), Arterial Duplex Scan (ADS), Carotid Duplex Scan)</p> | <p>Sonographer, consultant, cardio fellow, CRF</p> <p>Diagnostic manager / Junior echo fellow / Echo CRF</p> <p>DCVM Nurse</p> |

|   |  |   |  |   |
|---|--|---|--|---|
|   | needed   |   |  |   |
| 5. Post procedure care                                    | 5. Do post-procedure assessment  | None  | 5 minutes  | Diagnostic manager / Junior echo fellow / Echo CRF Sonographer                      |
|   | 5.1 Do post-procedure care   |   | 5 minutes  | DCVM Nurse Sonographer  |
|   | 5.2 Charge procedure via ERP   | Refer to the updated approved fees/Pay at PGH cashier | 1 minute   | DCVM SOD  |
| 6. Conduction back to floors/wards                        | 6. Coordinates conduction of client back to the floors/wards             | None  | 5 minutes  | Sonographer DCVM SOD  |
| 7. Process official result                                | 7. Encodes the preliminary report in OpenMRS or makes RADISH chart entry | None  | Within 1 working day                                   | Diagnostic manager / Junior echo fellow / Echo CRF                                  |
| 8. Result released on OpenMRS or attached to RADISH chart | 8. Release of official results   | None  | Within 3 working days                                  | Diagnostic manager / Junior echo fellow / Echo CRF<br>Consultant-in-Charge DCVM SOD |
| <b>TOTAL:</b>   |  |   | <b>Processing time: 8 days, 2 hours and 40 minutes</b> |   |

## 8. Hemodialysis Treatment

Inpatient and Outpatient Pay/ Charity Hemodialysis Treatment

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>   | Hemodialysis Unit   |   |                        |   |
| <b>Classification:</b>   | Simple  |   |                        |   |
| <b>Type of Transaction:</b>  | G2C   |   |                        |   |
| <b>Who may avail:</b>  | All Patients (with or without watcher)  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Dialysis Order  |   | Accredited Nephrologist or Nephrology Fellow in PGH                     |                        |   |
| 2. Latest Laboratory results CBC and Blood Chemistry ( at Least 1 month) (1 original or photocopy) |   | Laboratory where test was taken   |                        |   |
| 3. Latest Hepatitis Profile results ( at Least 6 months) (1 original or photocopy)                 |   | Laboratory where test was taken   |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Present Requirements to dialysis nurse or clerk   | 1. Check Schedule of patient for dialysis<br><br>1.1 Review requirements for dialysis<br><br>1.2 Review of dialysis order   | None  | 12 minutes             | <i>Nurse / Clerk</i><br>Hemodialysis Unit                                   |
| 2. Sign consent by the patient or watcher  | 2. Explain to the patient and watcher the dialysis process, orient on the unit policies.<br><br>2.1 Provide health teaching | None  | 3 Minutes              | <i>Nurse</i><br>Hemodialysis Unit   |
| 3. Procure needs at the pharmacy by the watcher  | 3. Provide RIV for dialysis needs<br><br>3.1 Provide prescription for dialysis medication                                   | None  | 10 Minutes             | <i>Nurse</i><br>Hemodialysis Unit<br><br><i>Fellow</i><br>Hemodialysis Unit |
| 4. Settle payment ( only for patients with suspended accounts)                                     | 4. Issue charge slip ( for patient with suspended accounts)<br><br>4.1 Charge dialysis expenses via OpenERP                 | Refer to the approved schedule of fees<br><br>For Pay:<br><u>5,000*</u> | 5 Minutes              | <i>Clerk</i><br>Hemodialysis Unit<br><br><i>Clerk</i><br>Hemodialysis Unit  |

|   |   |  |                        |   |
|---|---|--|------------------------|---|
|   | 4.2 Charge to PhilHealth or DOH for charity patients  | <b>maximum</b><br><br>For Charity:<br><u>4,200*</u><br><b>maximum</b>  |                        | <i>Clerk</i><br>Hemodialysis Unit<br><br><i>Clerk</i><br>Hemodialysis Unit  |
|   | 4.3 Charge to PhilHealth or billing for pay patients  |  |                        |   |
| 5. Undergo hemodialysis treatment             | 5.1 Weigh Patient before Dialysis<br><br>5.2. Check dialyzer to be used and rinses dialyzer<br><br>5.3 Monitor patient vital signs, Report any significant findings to the renal HD Fellow<br><br>5.4 Give post Hemodialysis Care<br><br>5.5 Weigh patient after Dialysis | None   | 4 Hours and 20 minutes | <i>Nurse</i><br>Hemodialysis Unit<br><br><i>Nurse</i><br>Hemodialysis Unit<br><br><i>Nurse</i><br>Hemodialysis Unit<br><br><i>Nurse</i><br>Hemodialysis Unit<br><br><i>Nurse</i><br>Hemodialysis Unit |
| 6. Patient and watcher exit hemodialysis unit | 6. For in-patient, Endorses patient back to receiving ward<br><br>6.1 For out-patient, fellow schedules next dialysis session   | None   | 10 Minutes             | <i>Nurse</i><br><i>Hemodialysis Unit</i><br><br><i>Fellow</i><br>Hemodialysis Unit  |
| <b>TOTAL:</b>                                 |   | Refer to the approved schedule of fees<br><br>For Pay:<br><u>5,000*</u><br>maximum<br><br>For Charity:<br><u>4,200*</u><br>maximum | 5 hours                |   |

## 9. Hemodialysis Treatment - Purchase of Non-Treatment Related Items

Purchase of non-treatment Related Items for Hemodialysis Treatment

|   |  |   |                        |                           |
|---|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>  |  | Hemodialysis Unit                       |                        |                           |
| <b>Classification:</b>  |  | Simple                                  |                        |                           |
| <b>Type of Transaction:</b>   |  | G2C                                     |                        |                           |
| <b>Who may avail:</b>   |  | All Patients ( with or without watcher) |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                      |  |   | <b>WHERE TO SECURE</b> |                           |
| None  |  |   |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Ask to purchase non-treatment related item by the patients watcher | 1. Ask what kind of non-treatment item<br><br>1.1 Check for item availability<br><br>1.2 Issue charge slip for payment<br><br>1.3 Instruct watcher to pay at the cashier | Please refer to succeeding tables       | 10 minutes             | Clerk Hemodialysis Unit   |
| 2. Settle payment by the patient or watcher                           | 2. Clerk to receive paid charge slip<br><br>2.1 Clerk to issue requested item  | None                                    | 10 minutes             | Clerk Hemodialysis Unit   |
| <b>TOTAL:</b>   |  | Please refer to succeeding tables       | 20 minutes             |                           |

| ITEM               | AMOUNT IN PESO |
|--------------------|----------------|
| Low Flux Dialyzer  |                |
| 10                 | 700            |
| 12                 | 750            |
| 15                 | 800            |
| 18                 | 850            |
| 20                 | 900            |
| High Flux Dialyzer |                |
| 15                 | 1,700          |
| 18                 | 2,000          |
| 20                 | 2,300          |
| Xevonta Dialyzer   |                |
| 18                 | 1,800          |
| 20                 | 2,000          |
| 23                 | 2,200          |



|   |     |
|---|-----|
| HDF Online Tubing                                       | 300 |
| Bloodline   | 200 |
| *Additional Renal PGH Charge every purchase of Dialyzer | 300 |

\*Prices may be changed at any time without further notice

| ITEM   | AMOUNT IN PESO |
|--|----------------|
| <b>A. In-Patient Pay Hemodialysis Treatment (Low Flux New Dialyzer)</b>                      |                |
| B-Braun  | 2,500          |
| Renal PGH  | 775            |
| Total:   | 3,275          |
| <b>B. In-Patient Pay Hemodialysis Treatment (High Flux New Dialyzer)</b>                     |                |
| B-Braun  | 2,800          |
| Renal PGH  | 1,105          |
| Total:   | 4,425          |
| <b>C. In-Patient Pay Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)</b>     |                |
| <b>Low Flux</b>  |                |
| B-Braun  | 1,395          |
| Renal PGH  | 1,030          |
| Total:   | 2,425          |
| <b>High Flux</b>   |                |
| B-Braun  | 1,450          |
| Renal PGH  | 975            |
| Total:   | 2,425          |
| <b>D. In-Patient Charity Hemodialysis Treatment (Low Flux New Dialyzer)</b>                  |                |
| B-Braun  | 2,500          |
| Renal PGH  | 255            |
| Total:   | 2,755          |
| <b>E. In-Patient Charity Hemodialysis Treatment (High Flux New Dialyzer)</b>                 |                |
| B-Braun  | 2,800          |
| Renal PGH  | 1,105          |
| Total:   | 3,905          |
| <b>F. In-Patient Charity Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)</b> |                |
| <b>Low Flux</b>  |                |
| B-Braun  | 1,395          |
| Renal PGH  | 510            |
| Total:   | 1,905          |
| <b>F. In-Patient Charity Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)</b> |                |
| <b>High Flux</b>   |                |

|  |       |
|--|-------|
| B-Braun  | 1,450 |
| Renal PGH  | 455   |
| Total:   | 1,905 |
| <b>G. Out-Patient Pay Hemodialysis Treatment (Low Flux New Dialyzer)</b>                     |       |
| B-Braun  | 2,500 |
| Renal PGH  | 775   |
| Total:   | 3,275 |
| <b>H. Out-Patient Pay Hemodialysis Treatment (High Flux New Dialyzer)</b>                    |       |
| B-Braun  | 2,800 |
| Renal PGH  | 1,105 |
| Total:   | 4,425 |
| <b>I. Out-Patient Pay Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)</b>    |       |
| <b>Low Flux</b>  |       |
| B-Braun  | 1,395 |
| Renal PGH  | 1,030 |
| Total:   | 2,425 |
| <b>High Flux</b>   |       |
| B-Braun  | 1,450 |
| Renal PGH  | 975   |
| Total:   | 2,425 |
| <b>J. Out-Patient Charity Hemodialysis Treatment (Low Flux New Dialyzer)</b>                 |       |
| B-Braun  | 2,500 |
| Renal PGH  | 255   |
| Total:   | 2,755 |
| <b>K. In-Patient Charity Hemodialysis Treatment (High Flux New Dialyzer)</b>                 |       |
| B-Braun  | 2,800 |
| Renal PGH  | 1,105 |
| Total:   | 3,905 |
| <b>L. In-Patient Charity Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)</b> |       |
| <b>Low Flux</b>  |       |
| B-Braun  | 1,395 |
| Renal PGH  | 510   |
| Total:   | 1,905 |
| <b>High Flux</b>   |       |
| B-Braun  | 1,450 |
| Renal PGH  | 455   |
| Total:   | 1,905 |

\* Prices may be changed at any time without further notice.

\*\* For PhilHealth - additional Charges may apply depends on PhilHealth case rate

## 10. SPIROMETRY (PFT) Services

For Outpatient and PGH-OPD patients requiring Spirometry

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>   | OPD – Pulmonary Unit   |  |                        |  |
| <b>Classification:</b>   | Simple   |  |                        |  |
| <b>Type of Transaction:</b>  | G2C  |  |                        |  |
| <b>Who may avail:</b>  | All patients in need of PFT  |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                         |                        |  |
| 1. Request Form/ Referral Form properly filled-out (1 original)  |  | Requesting physician                           |                        |  |
| 2. Schedule / appointment slip (1 original)  |  | Pulmonary Unit (Laboratory Technician)         |                        |  |
| 3. Official Receipt (1 original)   |  | Cashier  |                        |  |
| 4. Blue card or White Card for PGH patients (1 original)   |  | MSS  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                      |
| 1. Get a queuing number and wait for the number to be called at the OPD Pulmonary Division   | 1. Call patient on queue.<br><br>1.2 Receive and evaluate request form/referral form signed by the doctor.<br><br>1.3 Set patient's appointment<br><br>1.4 Attach patient's preparation list to the request and explain it properly. | None   | 10 minutes             | <i>Laboratory Technician</i><br>Pulmonary Unit |
| 2. Proceed to Cashier on the Scheduled date. Present Request Form/ Referral Form, blue card or White Card for PGH-OPD patients and pay the corresponding fees. Receive Official Receipt. | 2. Receive payment and issue Official Receipt.   | Pay-1340<br><br>Class B-670<br><br>Class D-270 | 10 Minutes             | <i>Cashier</i><br>Cash Division                |
| 3. Get a queuing number and wait for your number to be   | 3. Receive request Form, Official Receipt, Blue Card   | None   | 10 minutes             | <i>Laboratory Technician</i><br>Pulmonary Unit |

|   |  |  |                       |  |
|---|--|--|-----------------------|--|
| called. Proceed to OPD- Pulmonary Unit once your queue number is called.                                      | <p>or White Card.</p> <p>3.1 Input patient's data into the computer.</p> <p>3.2 Prepare the patient for the test. Explain the procedure to the patient</p> |  |                       |  |
| 4. Perform the procedure as instructed by the Laboratory Technician.  | <p>4. Perform the test.</p> <p>4.1 Direct the patient to execute the required steps.</p>   | None                                   | 45 minutes            | <i>Laboratory Technician</i><br>Pulmonary Unit |
| 5. Come back for the result after 5 working days. Get a queuing number and wait for your number to be called. | 5. Release the result to patient or to the authorized representative upon signing in the logbook.  | None                                   | 5 minutes             | <i>Laboratory Technician</i><br>Pulmonary Unit |
| 6. Photocopy the result and leave the copy to the laboratory technician.                                      | 6. Receive the photocopy of the official result for safe keeping.  | None                                   | 1 minute              | <i>Laboratory Technician</i><br>Pulmonary Unit |
| <b>TOTAL</b>  |  | Pay-1340<br>Class B-670<br>Class D-270 | 1 Hour and 21 minutes |  |

## 11. BODY PLETHYSMOGRAPHY (**BODY BOX**) TEST

For Outpatient and PGH-OPD patients requiring Body Plethysmography Test.

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>  | OPD – Pulmonary Unit  |   |                        |  |
| <b>Classification:</b>  | Simple  |   |                        |  |
| <b>Type of Transaction:</b>   | G2C   |   |                        |  |
| <b>Who may avail:</b>   | All patients in need of Body Box Test   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |  |
| 1. Request Form/ Referral Form properly filled-out (1 original)   |   | Requesting physician  |                        |  |
| 2. Schedule / appointment slip (1 original)   |   | Pulmonary Unit (Laboratory Technician)  |                        |  |
| 3. Official Receipt (1 original)  |   | Cashier   |                        |  |
| 4. Blue card or White Card for PGH patients (1 original)  |   | MSS   |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                      |
| 1. Get a queuing number and wait for your number to be called at the Pulmonary Division   | 1. Call patient on queue.<br>1.1. Receive and evaluate request form/referral form signed by the doctor.<br>1.2 Set patient's appointment<br>1.3 Attach patient's preparation list to the request and explain it properly. | None  | 10 minutes             | <i>Laboratory Technician</i><br>Pulmonary Unit |
| 2. Proceed to Cashier on the Scheduled date. Present request Form/Referral Form, blue card or White Card for PGH-OPD patients and pay the corresponding fees. Receive Official Receipt. | 1. Receive payment and issue Official Receipt.  | Outpatient- 6225<br><br>Class B- 4210<br><br>Class C- 4025<br><br>Class D- 3845 | 10 minutes             | <i>Cashier</i><br>Cash Division                |
| 3. Get a queuing number and wait for your number to be called. Proceed to OPD- Pulmonary Unit once your queue number is called  | 3. Receive request Form, Official Receipt, Blue Card or White Card.<br>3.1 Input patient's data into the computer<br>3.2 Prepare the  | None  | 15 minutes             | <i>Laboratory Technician</i><br>Pulmonary Unit |

|   |   |   |                       |  |
|---|---|---|-----------------------|--|
|   | patient for the test. Explain the procedure to the patient  |   |                       |  |
| 4. Perform the procedure as instructed by the Laboratory Technician.  | 4. Perform the test.<br>4.1 Direct the patient to execute the required steps.                     | None  | 1 hour and 30 minutes | <i>Laboratory Technician</i><br>Pulmonary Unit |
| 5. Come back for the result after 5 working days. Get a queuing number and wait for your number to be called. | 5. Release the result to patient or to the authorized representative upon signing in the logbook. | None  | 5 minutes             | <i>Laboratory Technician</i><br>Pulmonary Unit |
| 6. Photocopy the result and leave the copy to the laboratory technician.                                      | 6. Receive the photocopy of the official result for safe keeping.                                 | None  | 1 minute              | <i>Laboratory Technician</i><br>Pulmonary Unit |
|   | <b>Total</b>  | Outpatient-<br>6225<br>Class B-<br>4210<br>Class C-<br>4025<br>Class D-<br>3845 | 2 hours and 6 minutes |  |

## 12. CARDIOPULMONARY EXERCISE TEST (CPET)

For patients from other hospital and PGH-OPD patients requiring CPET

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   |   | OPD– Pulmonary Unit  |                        |  |
| <b>Classification:</b>   |   | Simple   |                        |  |
| <b>Type of Transaction:</b>  |   | G2C  |                        |  |
| <b>Who may avail:</b>  |   | All patients in need of CPET   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |  |
| 1. Request Form - properly filled-out (1 original)   |   | Requesting physician   |                        |  |
| 2. Schedule/Appointment slip (1 original)  |   | Pulmonary Unit's Laboratory Technician                               |                        |  |
| 3. Official Receipt (1 original)   |   | Cashier  |                        |  |
| 4. Blue card/White card for PGH patients (1 original)  |   | 1. OPD Palistahan for new patient<br>2. Medical Social Services      |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Proceed to Central Block-Pulmonary Unit   | 1. Receive and evaluate the request form/referral form signed by a doctor.<br>1.1 Set patient's appointment.<br>1.2 Give proper instruction to patient prior to procedure.                | None   | 10 minutes             | <i>Laboratory Technician</i><br>Central Block-Pulmonary Unit |
| 2. Proceed to the Cashier on the Scheduled date: Present the request form/ Referral form, blue card or White Card for PGH-OPD patients and pay the corresponding fees. Get the Official Receipt. | 2. Receive payment and issue Official Receipt.  | Pay-3220<br><br>Class B-1900<br><br>Class C-1810<br><br>Class D-1730 | 10 minutes             | <i>Cashier</i><br>Cash Division                              |
| 3. After paying to the cashier proceed to Central Block-Pulmonary Unit   | 3. Receive request form, Official Receipt, Blue Card or White Card.<br>3.1. Input the patient's data into the computer.<br>3.2 Prepare the patient for the test.<br>Explain the procedure | None   | 30 minutes             | <i>Laboratory Technician</i><br>Central Block-Pulmonary Unit |

|  |   |  |                        |  |
|--|---|--|------------------------|--|
|  | to the patient.   |  |                        |  |
| 4. Perform the procedure as instructed by the Laboratory Technician. | 4. Perform the test.<br>4.1 Direct the patient to execute the required steps                      | None   | 1 hour and 30 minutes  | <i>Laboratory Technician</i><br>Central Block-Pulmonary Unit |
| 5. Come back for the result after 5 working days.                    | 5. Release the result to patient or to the authorized representative upon signing in the logbook. | None   | 5 minutes              | <i>Laboratory Technician</i><br>Central Block-Pulmonary Unit |
| <b>TOTAL:</b>  |   | Pay-<br>Php3220<br><br>Class B-<br>Php1900<br><br>Class C-<br>Php1810<br><br>Class D-<br>Php1730 | 2 hours and 25 minutes |  |



### 13. SPIROMETRY (PFT)

For In-patients admitted to PGH who are in need of Spirometry test.

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>   |  | Central Block-Pulmonary Unit                |                        |  |
| <b>Classification:</b>   |  | Simple                                      |                        |  |
| <b>Type of Transaction:</b>  |  | G2C   |                        |  |
| <b>Who may avail:</b>  |  | All patients in need of PFT                 |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                      |                        |  |
| 1. Request Form - properly filled-out (1 original)   |  | 1. Requesting physician/Nurse In-charge     |                        |  |
| 2. Patient's Chart   |  | 1. Nurse In-charge                          |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Proceed to Central Block-Pulmonary Unit on the assigned schedule.                           | 1. Receive request form and check patient's chart.<br>2. Input patient's data into the computer.<br>3. Prepare patient for the test. Explain the procedure to the patient. | None  | 10 minutes             | <i>Laboratory Technician</i><br>Central Block-Pulmonary Unit |
| 2. Perform the procedure as instructed by the Laboratory Technician.                           | 2. Perform the test.<br>2.1 Direct the patient to execute the required steps.  | None  | 45 minutes             | <i>Laboratory Technician</i><br>Central Block-Pulmonary Unit |
| 3. Wait for the provisional result. Receive the provisional result. Return to respective wards | 3. Print the provisional result.<br>3.1 Record patient's data in the logbook.<br>3.2 Input the corresponding charges to Open-ERP.<br>3.2 Release provisional result        | Pay-1510<br><br>Service Patient-670         | 5 minutes              | <i>Laboratory Technician</i><br>Central Block-Pulmonary Unit |
| <b>TOTAL:</b>  |  | Pay-Php 1510<br><br>Service Patient-Php 670 | 1 Hour                 |  |

#### 14. BODY PLETHYSMOGRAPHY (BODY BOX) TEST

For In-patients admitted to PGH who are in need of Body Plethysmography (Body Box) test.

|  |  |  |                        |                              |
|--|--|--|------------------------|------------------------------|
| <b>Office or Division:</b>   |  | OPD-Pulmonary Unit   |                        |                              |
| <b>Classification:</b>   |  | Simple   |                        |                              |
| <b>Type of Transaction:</b>  |  | G2C  |                        |                              |
| <b>Who may avail:</b>  |  | All Patients In Need of Body Box   |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                              |
| 1. Request Form properly filled-out (1 original)   |  | 1. Requesting physician/Nurse In-charge  |                        |                              |
| 2. Patient's Chart   |  | 1. Nurse In-charge   |                        |                              |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. Proceed to OPD-Pulmonary Unit on the assigned schedule.                                     | 1. Receive request form and check patient's chart.<br>1.1 Input patient's data into the computer.<br>1.2 Prepare patient for the test. Explain the procedure to the patient. | None   | 10 minutes             | <i>Laboratory Technician</i> |
| 2. Perform the procedure as instructed by the Laboratory Technician.                           | 2. Perform the test.<br>2.1 Direct the patient to execute the required steps.  | None   | 1 hour and 30 minutes  | <i>Laboratory Technician</i> |
| 3. Wait for the provisional result. Receive the provisional result. Return to respective wards | 3. Print provisional result.<br>3.1. Record patient's data in the logbook.<br>3.2 Input the corresponding charges to Open-ERP.<br>3.3 Release provisional result.            | Private Ward- 6,225;<br>Private room (Small/ Big)- 6,590;<br>Suite/De Luxe room- 6,955         | 5 minutes              | <i>Laboratory Technician</i> |
| <b>TOTAL:</b>  |  | Private Ward- Php 6225;<br>Private room (Small/Big)- Php 6590;<br>Suite/De Luxe room- Php 6955 | 1 Hour and 45 minutes  |                              |

## 15. CARDIOPULMONARY EXERCISE TEST (CPET)

For In-patients admitted to PGH requiring CPET

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   |   | Central Block – Pulmonary Unit                   |                        |  |
| <b>Classification:</b>   |   | Simple   |                        |  |
| <b>Type of Transaction:</b>  |   | G2C  |                        |  |
| <b>Who may avail:</b>  |   | All patients in need of CPET                     |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                           |                        |  |
| 1. Request Form - properly filled-out (1 original)   |   | Requesting physician                             |                        |  |
| 2. Patient's chart   |   | Nurse In-charge                                  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Proceed to Central Block-Pulmonary Unit.  | 1. Receive request and check patient's chart.<br><br>2. Input patient's data into the computer.<br><br>3. Prepare patient for the test. Explain the procedure to the patient. | None   | 30 minutes             | <i>Laboratory Technician</i><br>Central Block Pulmonary Unit |
| 2. Perform the procedure as instructed by the Laboratory Technician.                           | 2. Perform the test.<br><br>2.1. Direct the patient to execute the required steps.  | None   | 1 hour                 | <i>Laboratory Technician</i><br>Central Block Pulmonary Unit |
| 3. Wait for the provisional result. Receive the provisional result. Return to respective wards | 3. Print provisional result.<br>3.1. Record patient's data in the logbook.<br>3.2. Input the corresponding charges to Open-ERP.<br>3.3 Release provisional result.            | Semi-private/Ward-3600<br><br>Suite/De Luxe-3795 | 15 minutes             | <i>Laboratory Technician</i><br>Central Block Pulmonary Unit |
| <b>TOTAL:</b>  |   | Semi-private/Ward 3600<br>Suite/De Luxe-3795     | 1 Hour and 45 minutes  |  |

## 16. ARTERIAL/VENOUS BLOOD GAS ANALYSIS

For In-patients (admitted to PGH service wards) who are in need of ABG/VBG test.

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>   |  | ABG Unit – Pulmonary Unit                 |                        |   |
| <b>Classification:</b>   |  | Simple                                    |                        |   |
| <b>Type of Transaction:</b>  |  | G2C                                       |                        |   |
| <b>Who may avail:</b>  |  | All patient's in need of ABG/VBG Test     |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                    |                        |   |
| 1. Heparinized blood<br>- properly labeled (complete patient's data)<br>- sufficient volume<br>- freshly collected<br>- properly stored (immersed in ice slurry)<br>- properly collected (free from clot)  |  | 1. Requesting physician                   |                        |   |
| 2. ABG/Laboratory Request Form (1 original)<br>- properly filled-out<br>- signed by the requesting Physician   |  | 1. Requesting physician<br>2. Ward Nurses |                        |   |
| 3. Blue card (1 original)  |  | 1. ER palistahan (for new patients)       |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Submit specimen along with ABG/VBG request to ABG receiving counter.  | 1. Check the quality of the sample.<br><br>2. Validate ABG request and other required documents.   | None                                      | 3 minutes              | <i>Medical Technologist on duty Pulmo-ABG</i> |
| 2. Listen to the instruction being given by the medical Technologist.<br>If sample is suitable for analysis proceed to step 3.<br>If sample is rejected return to the respective ward and return ABG request to the requesting Physician or the Nurse in-charge. | 2. Instruct patient's representative to come back for the official result upon validation of request.<br><br>2.1 Give further instruction in case sample is unsuitable for analysis. | None                                      | 5 minutes              | <i>Medical Technologist on duty Pulmo-ABG</i> |
| 3. Go back to respective service wards.  | 3. Assign accession number, write in the request form, and enter in ABG receiving log sheet.<br>3.1 Analyze sample and generate official result.<br>3.2 Record patient's             | None                                      | 20 minutes             | <i>Medical Technologist on duty Pulmo-ABG</i> |

|  |  |      |            |   |
|--|--|------|------------|---|
|  | data and ABG results in the logbook.<br>3.3 Ensure that results are transmitted to Open-MRS.<br>3.4 Input corresponding charges to Open-ERP.               |      |            |   |
| 4. Collect the result from ABG Unit at a set time. State patient's name and present blue card. | 4. Get the result from the Unit's result box.  | None | 5 minutes  | <i>Medical Technologist on duty Pulmo-ABG</i> |
| 5. Sign on the receiving log sheet and receive result.   | 4. Assist the patient's representative in signing the releasing log sheet.<br>4.1. Release result to the patient's authorized representative upon signing. | None | 2 minutes  | <i>Medical Technologist on duty Pulmo-ABG</i> |
| <b>TOTAL:</b>  |  | None | 35 minutes |   |

## 17. ARTERIAL/VENOUS BLOOD GAS ANALYSIS

For Outpay and PGH-OPD patient's requiring arterial or venous blood extraction.

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>   |  | ABG Unit – Pulmonary Unit                           |                        |  |
| <b>Classification:</b>   |  | SIMPLE  |                        |  |
| <b>Type of Transaction:</b>  |  | G2C   |                        |  |
| <b>Who may avail:</b>  |  | All patient's in need of ABG/VBG Test               |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                              |                        |  |
| 1. ABG/Laboratory Request Form (1 original)<br>- properly filled-out<br>- signed by the requesting physician         |  | Requesting physician                                |                        |  |
| 2. Schedule / appointment slip (1 original)  |  | ABG Counter   |                        |  |
| 3. Official Receipt (1 original)   |  | Cashier   |                        |  |
| 4. Blue card for PGH patients (1 original)   |  | OPD Palistahan (for new patient)                    |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                        |
| 1. Proceed to ABG Counter. Present completely filled out ABG/VBG request together with blue card (for PGH patients). | 1. Check blue card for next schedule of Doctor's appointment.  | None  | 3 minutes              | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 2. Listen to the instruction being given by the Medical Technologist and wait for the appointment slip.              | 2. Explain patient's preparation.<br><br>2.1 Schedule patient's blood extraction based on their next Doctor's appointment.<br><br>2.2. Prepare appointment slip. | None  | 3 minutes              | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 3. Receive your blue card, ABG/VBG request and appointment slip.   | 3. Return patient's blue card and ABG/VBG request with attached appointment slip.  | None  | 2 minutes              | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 4. Proceed to the Cashier. Present ABG/VBG request, blue card for PGH-OPD patients and pay corresponding fees.       | 4. Receive payment and issue official receipt.   | 775- Outpay<br><br>250- Class B<br><br>100- Class D |                        | Cashier  |
| 5. Go to ABG Unit on the   | 5. Validate  | None  | 10 minutes             | Medical  |

|   |   |   |            |                              |
|---|---|---|------------|------------------------------|
| designated time and date. Submit your ABG/VBG request, official receipt, appointment slip. Rest for at least 10minutes and wait to be called. | patient's ABG request, official receipt, and appointment slip.<br><br>5.2 Advise patient to rest for 10mins.  |   |            | Technologist on duty         |
| 6. Enter the unit once name is called.  | 6. Instruct the patient to get inside the Unit.<br>6.1 Put the patient in a comfortable sitting position.<br>6.2 Perform ABG/VBG extraction.  | None  | 10 minutes | Medical Technologist on duty |
| 7. Press the puncture site while waiting for the result.  | 7. Assign accession number, write in the request form, and enter in ABG receiving log sheet.<br>7.1. Analyze sample and generate official result.<br>7.2 Record patient's data and their ABG results in the logbook.<br>7.3. Ensure that results are transmitted to Open-MRS. | None  | 20 minutes | Medical Technologist on duty |
| 8. Sign on the receiving log sheet and receive result.  | 8. Release result to the patient upon signing.  | None  | 2 minutes  | Medical Technologist on duty |
| <b>TOTAL:</b>   |   | 775- Outpay<br><br>250- Class B<br><br>100- Class D | 50 minutes |                              |

## 18. ARTERIAL/VENOUS BLOOD GAS ANALYSIS

For Outpatient patients (admitted in other hospital) that are in need of ABG/VBG.

|   |   |                                       |                        |  |
|---|---|---------------------------------------|------------------------|--|
| <b>Office or Division:</b>  |   | ABG Unit – Pulmonary Unit             |                        |  |
| <b>Classification:</b>  |   | Simple                                |                        |  |
| <b>Type of Transaction:</b>   |   | G2C                                   |                        |  |
| <b>Who may avail:</b>   |   | All patient's in need of ABG/VBG Test |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                |                        |  |
| 1. Heparinized blood<br>- properly labeled (complete patient's data)<br>- sufficient volume<br>- freshly collected<br>- properly stored (immersed in ice slurry)<br>- properly collected (free from clot)   |   | Requesting physician                  |                        |  |
| 2. ABG/Laboratory Request Form (1 original)<br>- properly filled-out<br>- signed by the requesting physician  |   | Requesting physician                  |                        |  |
| 3. Official Receipt (1 original)  |   | Cashier                               |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                        |
| 1. Proceed to ABG receiving counter. Submit blood specimen along with completely filled out ABG request form.   | 1. Checked the quality of the sample.<br>1.1 Validate ABG request and other required documents. | None                                  | 2 minutes              | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 2. Listen to the instructions given by the Medical Technologist and wait for payment slip.<br>2.1 If sample is suitable for analysis proceed to step 3.<br>2.2 If sample is rejected return to your respective hospital and return ABG request to the requesting Physician. | 2. Instruct the patient to pay corresponding fee at the Cashier.                                | None                                  | 4 minutes              | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 3. Proceed to the cashier and present payment slip. Pay the corresponding   | 3. Receive payment and issue official receipt.  | Php775                                | 10 minutes             | Cashier  |



|  |   |        |               |  |
|--|---|--------|---------------|--|
| amount.  |   |        |               |  |
| 4. Return to ABG counter after payment and present official receipt.                       | 4. Receive and record the official receipt.   | None   | 2 minutes     | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 5. Wait for the result.  | 5. Assign accession number, write in the request form, and enter in ABG receiving log sheet.<br>5.1 Analyze the sample and generate official result.<br>5.2 Record patient's data and their ABG results in the logbook. | None   | 20 minutes    | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 6. Proceed to ABG counter when called. Sign on the receiving log sheet and receive result. | 6. Release result to the authorized representative upon signing.  | None   | 2 minutes per | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| <b>TOTAL:</b>  |   | Php775 | 40 minutes    |  |

## 19. ARTERIAL/VENOUS BLOOD GAS ANALYSIS

For PGH Payward patients that are in need of ABG/VBG.

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>  |   | ABG Unit – Pulmonary Division                               |                        |  |
| <b>Classification:</b>  |   | Simple  |                        |  |
| <b>Type of Transaction:</b>   |   | G2C   |                        |  |
| <b>Who may avail:</b>   |   | All patient's in need of ABG/VBG test                       |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                                      |                        |  |
| 1. ABG/Laboratory Request Form (1 original)<br>- properly filled-out  |   | 1. Requesting physician<br>2. Payward Nurses                |                        |  |
| 2. Official Receipt (if applicable) (1 original)  |   | Cashier   |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                        |
| 1. Nurse in-charge or the requesting physician shall call ABG Unit<br>1.1 Inform the Medical Technologist about your patient for arterial or venous blood extraction.<br>1.2 Give patient's Name, room number, FiO2 and its due time. | 1. Record patient's information given thru phone by the Nurse or requesting Physician in blood extraction log sheet.  | None  | 2 minutes              | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 2. Wait for the Medical Technologist to go to the nurse station.  | 2. Proceed to Nurses Station.<br>2.1 Validate request.<br>2.2 Sign on the blood extraction logbook.<br>2.3 Proceed to patient's room and perform Phlebotomy.<br>2.4 If extraction needs to be repeated, inform the nurse in-charge. | None  | 15 minutes             | <i>Medical Technologist on duty</i><br>Pulmo-ABG |
| 3. Check patient result in MRS.   | 3. Go back to ABG Unit after blood extraction.<br>3.1 Assign accession number, write in the request form, and enter in ABG receiving log sheet.   | Private:<br>950<br><br>Semi-private:<br>860<br><br>Payward: | 20 minutes             | Medical Technologist on duty                     |

|   |  |   |                       |                              |
|---|--|---|-----------------------|------------------------------|
|   | 3.2 Analyze sample and generate official result<br>3.3 Record patient's data and their ABG results in the logbook.<br>3.4 Ensure that results are transmitted to Open-MRS.<br>3.5 Input corresponding charges to Open-ERP. | 775   |                       |                              |
| 4. Get official result in ABG Unit. Sign on the receiving log sheet and receive result. | 4. Release result to the nurse in-charge/utility worker in-charge or to an authorized representative upon signing.   | None  | 3 minutes per patient | Medical Technologist on duty |
| <b>TOTAL</b>  |  | Private: 950<br>Semi-Private: 860<br>Payward: 775 | 40 minutes            |                              |

## 20. Nuclear Medicine Imaging Procedure

Imaging using various radiopharmaceuticals for assessment of the patient's medical condition.

|   |   |  |                        |   |
|---|---|--|------------------------|---|
| <b>Office or Division:</b>  | Department of Medicine - Division of Nuclear Medicine                                       |  |                        |   |
| <b>Classification:</b>  | Complex   |  |                        |   |
| <b>Type of Transaction:</b>   | G2C   |  |                        |   |
| <b>Who may avail:</b>   | Patients of the Philippine General Hospital   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |   |
| <b>1. Imaging Request</b> - Completely filled-out Nuclear Medicine Request form. Must include patient demographics, clinical impression, reason for requesting scan, referring physician and any available clinical data (1 original) |   | 1. Request provided by the referring physician. May be filled up by Radioisotope Laboratory staff if requested from a non-PGH affiliated doctor  |                        |   |
| <b>2. Official Receipt of payment</b> - Official receipt from the cashier of the Philippine General Hospital (1 original)   |   | 2. Will be provided upon payment at the PGH cashier  |                        |   |
| <b>3. Other documents which may be accepted as proof of payment.</b> Includes, but not limited to, Malasakit Center papers, Phil Health documents, Guarantee letters etc - as long as it is accepted by PGH                           |   | 3. Concerned agency (pending approval of the PGH administration)   |                        |   |
| <b>4. Blue Card.</b> Proof that the patient is a patient of PGH. The Patient Information Sheet should be filled up properly. (1 original)   |   | 4. For Service Out-patient and Admission: Upon consult in the PGH-OPD<br>For Private Out-patient : Thru Radioisotope Laboratory<br>For Admitted Private Patient: Pay admitting Section |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Submit imaging request to the Radioisotope Laboratory  | 1. Review and completion of imaging request if needed.                                      | None   | 3 minutes              | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |
|   | 1.1 Pricing of the requested imaging procedure  | None   | 1 minute               | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |
| 2. Pay at the PGH cashier   | 2. Provide patient with a properly priced request which they shall presented to the cashier | Refer to the approved schedule of fees   | 5 minutes              | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |

|  |   |      |                |  |
|--|---|------|----------------|--|
| 3. Present the proof of payment and scheduling     | 3 Check if payment was done properly                                | None | 1 minute       | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
|  | 3.1 Schedule the scan   | None | 5 minutes      | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
| 4 Return on scheduled date and time for imaging    | 4. Review of proof of proper documents (including OR and request)   | None | 3 minutes      | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
| 5 Receive the Injection of the radiopharmaceutical | 5. Arrange in proper sequencing of patients for injection           | None | 1 hour         | <i>Nuclear Medicine Technologist</i>                         |
|  | 5.1 Inject of radiopharmaceutical                                   | None | 5 minutes      | <i>Nuclear Medicine Technologist</i>                         |
|  | 5.2 Uptake and washout <b>(Waiting time)</b> of radiopharmaceutical | None | 5 hours        | <i>Nuclear Medicine Technologist</i>                         |
| 6 Imaging of the patient                           | 6. Position the patient   | None | 10 minutes     | <i>Nuclear Medicine Technologist</i>                         |
|  | 6.1 Adjust the camera setting                                       | None | 10 minutes     | <i>Nuclear Medicine Technologist</i>                         |
|  | 6.2 Start the imaging protocol                                      | None | 4 hours        | <i>Nuclear Medicine Technologist</i>                         |
|  | 6.3 Post-processing of the data                                     | None | 15 minutes     | <i>Nuclear Medicine Technologist</i>                         |
|  | 6.4 Take Initial reading  | None | 1 hour         | <i>Nuclear Medicine Resident</i>                             |
|  | 6.5 Review and correct the reading                                  | None | 2 working days | <i>Nuclear Medicine Consultant</i>                           |
|  | 6.6 File and release of   | None | 10 minutes     | <i>Administrative Assistant</i>                              |

|  |               |  |                               |  |
|--|---------------|--|-------------------------------|--|
|  | results       |  |                               |  |
|  | <b>TOTAL:</b> | Refer to the approved schedule of fees | 3 days, 4 hours and 8 minutes |  |

- Some Scans may be classified as Highly Technical:
  - Brain Imaging
  - Octreotide Scan
  - 1-131 MIB
  - Venography

## 21. Radioimmunoassay Blood Tests

Measurement of various hormones and other patient blood tests using the radioimmunoassay method

|   |  |  |                        |   |
|---|--|--|------------------------|---|
| <b>Office or Division:</b>  |  | Department of Medicine - Division of Nuclear Medicine  |                        |   |
| <b>Classification:</b>  |  | Highly Technical   |                        |   |
| <b>Type of Transaction:</b>   |  | G2C  |                        |   |
| <b>Who may avail:</b>   |  | Patients of the Philippine General Hospital  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |   |
| <b>1. Laboratory Request</b> - Completely filled-out request form. Must include patient demographics, clinical impression, reason for requesting scan, referring physician and any available clinical data (1 original) |  | Request provided by the referring physician. May be filled up by Radioisotope Laboratory staff if requested from a non-PGH affiliated doctor.  |                        |   |
| <b>2. Official Receipt of payment</b> - Official receipt from the cashier of the Philippine General Hospital (1 original)   |  | Will be provided upon payment at the PGH cashier   |                        |   |
| <b>3. Other documents which may be accepted as proof of payment.</b> Includes, but not limited to, Malasakit Center papers, Phil Health documents, Guarantee letters etc - as long as it is accepted by PGH             |  | Concerned agency (pending approval of the PGH administration)  |                        |   |
| <b>4. Blue Card.</b> Proof that the patient is a patient of PGH. The Patient Information Sheet should be filled up properly (1 original)  |  | For Service Out-patient and Admission:<br>Upon consult in the PGH-OPD<br>For Private Out-patient : Thru Radioisotope Laboratory<br>For Admitted Private Patient: Pay Admitting Section |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Submit laboratory request to the Radioisotope Laboratory   | 1. Review and completion of radioimmunoassay request.  | None   | 3 minutes              | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |
|   | 1.1 Pricing of the requested test/procedure  | None   | 1 minute               | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |
| 2. Pay at the PGH cashier   | 2. Will provide patient with a properly priced request which they shall bring to the cashier | Refer to the Approved Schedule of fees   | 5 Minutes              | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |

|  |   |      |                                  |  |
|--|---|------|----------------------------------|--|
| 3. Present the proof of payment and scheduling | 3. Review if payment was done properly                        | None | 1 minute                         | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
|  | 3.1 Scheduling of extraction if needed                        | None | 5 minutes                        | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
| 4. Blood extraction                            | 4. Position the patient                                       | None | 2 minutes                        | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.1 Blood extraction  | None | 5 minutes                        | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.2 Prepare and incubate sample                               | None | 24 hours                         | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.3 Wait to complete minimum sample numbers (5 or 10 samples) | None | Pause time                       | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.4 Calibrate the counter                                     | None | 45 minutes                       | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.5 Count the sample  | None | 1 minute                         | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.6 Print the results   | None | 15 minutes                       | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.7 File and release of results                               | None | 10 minutes                       | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
| <b>TOTAL:</b>                                  |   |      | 3 days,<br>1 hour,<br>33 minutes |  |



## 22. Bone Densitometry

Measurement of a patient's bone density using Dual X-ray Absorptiometry

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>   |   | Department of Medicine - Division of Nuclear Medicine   |                        |   |
| <b>Classification:</b>   |   | Simple  |                        |   |
| <b>Type of Transaction:</b>  |   | G2C   |                        |   |
| <b>Who may avail:</b>  |   | Patients of the Philippine General Hospital   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |   |
| <b>Imaging Request</b> - Completely filled-out Nuclear Medicine Request form. Must include patient demographics, clinical impression, reason for requesting scan, referring physician and any available clinical data (1 original) |   | Request provided by the referring physician. May be filled up by Radioisotope Laboratory staff if requested from a non-PGH affiliated doctor  |                        |   |
| <b>Official Receipt of payment</b> - Official receipt from the cashier of the Philippine General Hospital (1 original)   |   | Will be provided upon payment at the PGH cashier  |                        |   |
| <b>Other documents which may be accepted as proof of payment.</b> Includes, but not limited to, Malasakit Center papers, Phil Health documents, Guarantee letters etc - as long as it is accepted by PGH                           |   | Concerned agency (pending approval of the PGH administration)   |                        |   |
| <b>Blue Card.</b> Proof that the patient is a patient of PGH. The Patient Information Sheet should be filled up properly (1 original)  |   | For Service Out-patient and Admission: Upon consult in the PGH-OPD<br>For Private Out-patient : Thru Radioisotope Laboratory<br>For Admitted Private Patient: Pay Admitting Section |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Submit imaging request to the Radioisotope Laboratory   | 1. Review and complete the imaging request if needed.                                       | None  | 3 minutes              | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |
|  | 1.1 Pricing of the requested imaging procedure  | None  | 1 minutes              | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |
| 2. Pay at the PGH cashier  | 2. Provide patient with a properly priced request which they shall presented to the cashier | Refer to the approved schedule of fees  | 5 minutes              | <i>Administrative Assistant</i><br>Radio Isotope Laboratory |

|  |  |  |                               |  |
|--|--|--|-------------------------------|--|
| 3. Present the proof of payment and scheduling | 3. Review if payment was done properly                         | None                                   | 1 minute                      | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
|  | 3.1 Interviewing the Patient for Pertinent Medical Information | None                                   | 5 minutes                     | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
| 4. Imaging of the patient                      | 4. Position the patient  | None                                   | 15 minutes                    | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.1 Adjust the camera setting                                  | None                                   | 10 minutes                    | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.2 Start the imaging protocol                                 | None                                   | 1 hour                        | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.3 Post-process the data                                      | None                                   | 15 minutes                    | <i>Nuclear Medicine Technologist</i>                         |
|  | 4.4 Do the Initial reading                                     | None                                   | 1 hour                        | <i>Nuclear Medicine Resident</i>                             |
|  | 4.5 Review and correction of reading                           | None                                   | 2 working days                | <i>Nuclear Medicine Consultant</i>                           |
|  | 4.6 File and release of results                                | None                                   | 10 minutes                    | <i>Administrative Assistant<br/>Radio Isotope Laboratory</i> |
| <b>TOTAL:</b>                                  |  | Refer to the approved schedule of fees | 2 days, 3 hours and 5 minutes |  |

## 23. Patient consultation at the Department of Outpatient Services

For Internal Medicine Patients consulting at the Department of Outpatient Services

|  |  |                                |                        |  |
|--|--|--------------------------------|------------------------|--|
| <b>Office or Division:</b>                         |  | Department of Medicine         |                        |  |
| <b>Classification:</b>                             |  | Simple                         |                        |  |
| <b>Type of Transaction:</b>                        |  | G2C                            |                        |  |
| <b>Who may avail:</b>                              |  | Adult outpatients with illness |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |  |                                | <b>WHERE TO SECURE</b> |  |
| Blue card (1 original)                             |  |                                | Main OPD Ground Floor  |  |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                      |
| <u><b>NEW PATIENTS</b></u>                         |  |                                |                        |  |
| 1. Give the patient's name to the information desk | 1. Record the name of the patient.   | None                           | 1 minute               | <i>Clerk</i><br>General Medicine Clinic, DOPS  |
| 2. Wait for the name to be called.                 | 2. Instruct the patient to wait for the name to be called  | None                           | Up to 1 hour           | <i>Doctor</i><br>General Medicine Clinic, DOPS |
| 3. Enter the clinic once name is called            | 3 Call the name of the patient<br><br>3.1. Take the history of the patient<br><br>3.2 Examine the patient<br><br>3.3 Explain findings and management plans for the patient<br><br>3.4 Give prescriptions and/or laboratory requests needed<br><br>3.5 Give the schedule for follow up<br><br>3.6 Instruct patients requirements for laboratory and / or medications prescribed | None                           | 1 hour                 | <i>Doctor</i><br>Medicine Clinic, DOPS         |

|               |  |      |                      |  |
|---------------|--|------|----------------------|--|
|               | 3.7 Instruct patients on securing schedule for subspecialty consults if needed |      |                      |  |
| <b>TOTAL:</b> |  | None | 2 hours and 1 minute |  |

## 24. Patient consultation at the Department of Emergency Medicine

For Internal Medicine Patients consulting at the Department of Emergency Medicine

| <b>Office or Division:</b>  |  | Department of Medicine              |                        |                                      |
|---|--|-------------------------------------|------------------------|--------------------------------------|
| <b>Classification:</b>  |  | Simple                              |                        |                                      |
| <b>Type of Transaction:</b>   |  | G2C                                 |                        |                                      |
| <b>Who may avail:</b>   |  | Adult patients with illness at DEMS |                        |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>              |                        |                                      |
| Blue card (1 original)  |  | DEMS Palistahan                     |                        |                                      |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>            |
| 1. Proceed to Triage area for focused clinical assessment and taking of vital signs | 1. Quick assessment of patient's problem for proper triaging   | None                                | 10 minutes             | <i>Triage officer</i><br>DEMS        |
| 2. Give patient's name to the information desk.                                     | 2. Record the name of the patient.   | None                                | 1 minute               | <i>Clerk</i><br>DEMS                 |
| 3. Proceed at the Resuscitation Room for resuscitation and immediate management     | 3. Provide resuscitation and emergent management of patient's condition  | none                                | 1 hour                 | <i>Treatment Officer</i><br>DEMS     |
| 4. Await assessment from IM Doctor on duty  | 4. Receive endorsement from DEMS Treatment Officer for continuation of patient's management  | None                                | 15 minutes             | <i>Internal Medicine Doctor</i> DEMS |
| 5. Receive management of the rest of acute medical problems                         | 5. Call the patient<br>5.1 Take the history of the patient<br>5.2 Examine the patient<br>5.3 Explain the findings and management plans for the patient<br>5.4 Give | None                                | Up to 1 hour           | <i>Internal Medicine Doctor</i> DEMS |

|               |  |      |                        |  |
|---------------|--|------|------------------------|--|
|               | <p>prescription and/or laboratory requests as needed</p> <p>5.5 Monitoring for treatment or referral for admission to concerned Wards.</p> |      |                        |  |
| <b>TOTAL:</b> |  | None | 2 hours and 26 minutes |  |

## 25. Patient Management - Decision Making

Consultation and patient management at the Department of Internal Medicine

|   |  |  |                        |   |
|---|--|--|------------------------|---|
| <b>Office or Division:</b>  |  | Department of Medicine                     |                        |   |
| <b>Classification:</b>  |  | Simple                                     |                        |   |
| <b>Type of Transaction:</b>   |  | G2C  |                        |   |
| <b>Who may avail:</b>   |  | All patients securing medical treatment    |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |  | <b>WHERE TO SECURE</b>                     |                        |   |
| Consultant opinion and referral                                     |  | Attending Physicians & Medical Consultants |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Wait for the scheduled appointment with the Attending Physicians | 1. Attending Physician seek the opinion and assessment of their Senior Consultant or Chief Resident .<br><br>1.1 Attending Physician refer cases to sub-specialty for management and treatment | None                                       | 2 hours                | <i>Attending Physician</i><br>Internal Medicine |
| <b>TOTAL:</b>   |  | None                                       | 2 hours                |   |

## 26. Sub-specialty Patient Management – Assessment and Treatment Management

Consultation and Sub – specialty patient management at the Department of Internal Medicine

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>                                 | Department of Medicine   |   |                        |   |
| <b>Classification:</b>                                     | Simple   |   |                        |   |
| <b>Type of Transaction:</b>                                | G2C  |   |                        |   |
| <b>Who may avail:</b>                                      | All patients securing medical treatment  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                           |  | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Consultant opinion                                      |  | Attending Physician   |                        |   |
| 2. PhilHealth : Membership Data Record                     |  | PHIC  |                        |   |
| 3. Guarantor or guaranty letter for fund needed            |  | Funding Agencies: PCSO, DSWD, Offices of Mayor, Congressman , Senators, etc |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Patient comes to the sub-specialty clinic for treatment | 1. Attending Physician inform the patient about his illness and the corresponding treatment management plan<br><br>1.2 Attending Physician prescribes medications or other needed additional diagnostic tests<br><br>1.3 Issue clinical abstracts and Health Management Record to patients for processing of funds from different funding agencies<br><br>1.4 Instruct referral to Medical | None  | 2 hours                | <i>Attending Physician</i><br>Internal Medicine |



|   |  |      |                               |                                     |
|---|--|------|-------------------------------|-------------------------------------|
|   | Social Services for classification and granting of white card  |      |                               |                                     |
| 2. Patient proceeds to the MSS to secure WHITE CARD                           | 2. MSS to issue WHITE CARD for indigent patients   | None | 30 minutes                    | <i>Social Worker</i><br>MSS         |
| 3. Patient goes to the Accounting Division for patients with guarantee letter | 3. Clerk verifies, assess or confirms availability of funds of guarantor.<br><br>3.1 Clerk approves or confirms funds available for charging of Laboratory & Pharmacy. | None | 10 minutes                    | <i>Clerk</i><br>Accounting Division |
| <b>TOTAL:</b>   |  |      | <b>2 hours and 40 minutes</b> |                                     |

## 27. Residency and Fellowship Training - Application

|   |  |   |                        |                           |
|---|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Medicine   |   |                        |                           |
| <b>Classification:</b>  | Simple   |   |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |   |                        |                           |
| <b>Who may avail:</b>   | Physicians who intends to take residency or fellowship training in the Department of Medicine  |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                              |                        |                           |
| Application form, letter of intent and checklist of requirements of the Office of the Deputy Director for Health Operations |  | Office of the Deputy Director for Health Operations |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. File application for residency or fellowship training  | 1. Receive Applicant's letter of intent, issue application form and checklist of requirements. | P200.00   | 10 minutes             | Clerk DDHO                |
| <b>TOTAL:</b>   |  | P200.00   | 10 minutes             |                           |

## 28. Residency and Fellowship Training - Selection Process

|  |  |                        |                        |                           |
|--|--|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Medicine   |                        |                        |                           |
| <b>Classification:</b>   | Highly Technical   |                        |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |                        |                        |                           |
| <b>Who may avail:</b>  | Physicians who intends to take residency or fellowship training in the Department of Medicine  |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |                           |
| Criteria for selection, interview and letter of acceptance or non-acceptance |  | Department of Medicine |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit to the selection processes required by the Department              | 1. Prepare all tools for the selection processes: exams, interview, pre-residency assignments (scheduled for 30 days) to be evaluated. | None                   | 15 days                | Chief Resident Department |
| 2. Receive a letter of acceptance or non – acceptance to the training        | 2. Clerk issue a letter of acceptance or non – acceptance to the training.   | None                   | 10 minutes             | Clerk Department          |
| <b>TOTAL:</b>  |  |                        | 15 days, 10 minutes    |                           |

## 29. Residency and Fellowship Training - Research Presentation

|  |                                  |                                      |                        |  |
|--|----------------------------------|--------------------------------------|------------------------|--|
| <b>Office or Division:</b>   | Department of Medicine           |                                      |                        |  |
| <b>Classification:</b>   | Complex                          |                                      |                        |  |
| <b>Type of Transaction:</b>  | G2G                              |                                      |                        |  |
| <b>Who may avail:</b>  | Residents or Fellows in training |                                      |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |                                  | <b>WHERE TO SECURE</b>               |                        |  |
| Data Collected and Analyzed  |                                  | Residents or Fellows research / data |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>             | <b>FEES TO BE PAID</b>               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                        |
| 1. Submit letter of intent to present locally or international, endorsed by Training Officer | 1. Approve request.              | None                                 | 1 week                 | Chair & Asst<br>Chair for Research<br>Department |
| <b>TOTAL:</b>  |                                  | None                                 | 1 week                 |  |

### 30. Residency and Fellowship Training – Manuscript Submission

|   |   |                        |                        |                           |
|---|---|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Medicine                      |                        |                        |                           |
| <b>Classification:</b>  | Highly Technical                            |                        |                        |                           |
| <b>Type of Transaction:</b>   | G2G   |                        |                        |                           |
| <b>Who may avail:</b>   | Residents or Fellows in training            |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |                           |
| TURNITIN, RGAO certificate of registration; permit to conduct research; final forms   |   | EHRO                   |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                        | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit final research paper, TURNITIN, RGAO certificate of registration, permit to conduct research and final forms to CRD | 1. Submit to Review and Ethics Board (REB). | None                   | 14 days                | CRD                       |
| <b>TOTAL:</b>   |   | None                   | 14 days                |                           |

### 31. Post Graduate Courses - Registration and Issuance of Certificate of Attendance

|                                  |   |                        |                        |                                       |
|----------------------------------|---|------------------------|------------------------|---------------------------------------|
| <b>Office or Division:</b>       | Department of Medicine  |                        |                        |                                       |
| <b>Classification:</b>           | Highly Technical  |                        |                        |                                       |
| <b>Type of Transaction:</b>      | G2G   |                        |                        |                                       |
| <b>Who may avail:</b>            | Residents or Fellows or applicants  |                        |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b> |   | <b>WHERE TO SECURE</b> |                        |                                       |
| Registration forms and payment   |   | DDHO                   |                        |                                       |
| <b>CLIENT STEPS</b>              | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Signify attendance            | 1. Organize post graduate courses<br>1.1 Collect registration fees<br>1.2 Issue certificate of attendance | None                   | 14 days                | Vice Chair for Post Graduate Programs |
| <b>TOTAL:</b>                    |   | None                   | 14 days                |                                       |

## 32. Observership

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Department of Medicine  |                        |                        |  |
| <b>Classification:</b>  | Highly Technical  |                        |                        |  |
| <b>Type of Transaction:</b>                                       | G2G   |                        |                        |  |
| <b>Who may avail:</b>   | Residents or Fellows  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                  |   | <b>WHERE TO SECURE</b> |                        |  |
| Letter of intent (1 original)                                     |   | Applicants             |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| 1. Submit letter of intent and recommendation from origin to PGH. | 1. Endorse to PGH Director's Office for the program.<br>1.1 Prepare MOA | None                   | 4 days<br><br>10 days  | Chair Department<br><br>Staff-in-Charge Legal Office |
| 2. Pay corresponding fee indicated at the MOA.                    | 2. Collect payment and issue receipt                                    | None                   | 10 minutes             | Cash Clerk<br>Cashier's Office                       |
| <b>TOTAL:</b>   |   | None                   | 14 days<br>10 minutes  |  |

### 33. Receiving, Acceptance and Rejection of Laboratory Specimen for Diagnostic Procedures

For patients requiring diagnostic services

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   | Medical Research Laboratory - Department of Medicine                          |  |                        |  |
| <b>Classification:</b>   | Simple  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C   |  |                        |  |
| <b>Who may avail:</b>  | All patients requiring diagnostic tests prescribed by the attending Physician |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                 |                        |  |
| 1. Request from the physician  |   | 1. Physician Clinic                    |                        |  |
| 2. Request form from the MRL   |   | 2. MRL                                 |                        |  |
| 3. For charity-patient present white card  |   | 3. MSS                                 |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                 | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                    |
| 1. Get queue number from MRL   | 1. Issue queue number to Client   | None                                   | 2 minutes              | <i>Laboratory/Admin Staff MRL</i>            |
| 2. Give request from attending Physician   | 2. Check the details of the request and give MRL request form (MRL-QF-013A)   | None                                   | 5 minutes              | <i>Medical Technologist/Receptionist MRL</i> |
| 3. Fill-out MRL request form (MRL-QF-013A) based on request given by attending Physician | 3. Check for the completeness and correctness of filled out request form.     | None                                   | 10 minutes             | <i>Medical Technologist/Receptionist MRL</i> |
| 4. Secure charge slip for payment to the cashier.  | 4. Issue charge slip with the corresponding amount to be paid at the cashier  | Refer to the approved schedule of fees | 5 minutes              | <i>Medical Technologist/Receptionist MRL</i> |
| 5. Bring request form with charge slip to the cashier for payment                        | 5. Receive charge slip for payment  | None                                   | 30 minutes             | <i>Cashier</i>                               |
| 5. Submit request form with official   | 5. Confirm payment with official receipt and enter in the                     | None                                   | 5 minutes              | <i>Medical Technologist/Receptionist MRL</i> |



|  |   |  |                       |  |
|--|---|--|-----------------------|--|
| receipt from the cashier                   | Laboratory Information System (LIS)                             |  |                       |  |
| 6. Undergo blood Extraction                | 6. Extract blood from client                                    | None                                   | 5-10 minutes          | <i>Phlebotomist MRL</i>                      |
| 7. Receive claim stub and official receipt | 7.1 Provide claim stub and return official receipt to client    | None                                   | 2 minutes             | <i>Medical Technologist/Receptionist MRL</i> |
|  | 7.2 Inform client on the availability of result (Date and Time) | None                                   | 2 minutes             | <i>Medical Technologist/Receptionist MRL</i> |
| <b>TOTAL:</b>                              |   | Refer to the approved schedule of fees | 1 hour and 11 minutes |  |

### 34. Releasing of Laboratory Results

For releasing of laboratory results of MRL diagnostic services

|   |   |   |                        |                                       |
|---|---|---|------------------------|---------------------------------------|
| <b>Office or Division:</b>                    |   | Medical Research Laboratory - Department of Medicine                          |                        |                                       |
| <b>Classification:</b>                        |   | Simple  |                        |                                       |
| <b>Type of Transaction:</b>                   |   | G2C   |                        |                                       |
| <b>Who may avail:</b>                         |   | All patients requiring diagnostic tests prescribed by the attending Physician |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>              |   | <b>WHERE TO SECURE</b>  |                        |                                       |
| 1. Claim Stub (MRL-QF-048)                    |   | 1. MRL  |                        |                                       |
| 2. Authorization Letter with ID               |   | 2. Patient  |                        |                                       |
| <b>CLIENT STEPS</b>                           | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Get Number                                 | 1. Give number to Client while waiting to be called   | None  | 1 minute               | Laboratory/Admin Staff MRL            |
| 2. Give claim stub (MRL-QF-048)               | 2. Check the details of claim stub (MRL-QF-048)   | None  | 1 minute               | Medical Technologist/Receptionist MRL |
| 3. Sign -out MRL request<br>Releasing Logbook | 3. Check for the signature in the Releasing Logbook   | None  | 1 minute               | Medical Technologist/Receptionist MRL |
| 4. Receive result                             | 4. Get result from the LIS.<br>4.1 Print result<br>4.2 Release result accordingly to client | Refer to the approved schedule of fees  | 3 minutes              | Medical Technologist/Receptionist MRL |
|   | <b>TOTAL</b>  | Refer to the approved schedule of fees  | 6 minutes              |                                       |

### 35. Receiving Request for Conduct of Research/Study

For patient requiring diagnostic test prescribed by the Attending Physician

|  |   |  |                        |                               |
|--|---|--|------------------------|-------------------------------|
| <b>Office or Division:</b>                   | Medical Research Laboratory/Department of Medicine  |  |                        |                               |
| <b>Classification:</b>                       | Highly Technical  |  |                        |                               |
| <b>Type of Transaction:</b>                  | G2C   |  |                        |                               |
| <b>Who may avail:</b>                        | All patients requiring diagnostic tests prescribed by the attending Physician   |  |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>             |   | <b>WHERE TO SECURE</b>                 |                        |                               |
| 1. Letter of Intent                          |   | 1. Primary Investigator                |                        |                               |
| 2. Copy of Protocol                          |   | 2. Primary Investigator                |                        |                               |
| 3. Request form from the MRL (MRL-QF-053)    |   | 3. MRL                                 |                        |                               |
| 4. Permit to Conduct Research                |   | 4. EHRO                                |                        |                               |
| <b>CLIENT STEPS</b>                          | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                 | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Submit Letter of Intent                   | 1. Accept Letter of Intent  | None                                   | 2 minutes              | Laboratory/Admin Staff MRL    |
| 2. Fill out Request Form to Conduct Research | 2. Check the details of the request and give MRL request form (MRL-QF-053)  | None                                   | 5 minutes              | Laboratory/Admin Staff MRL    |
| 3. Submit Request Form and copy of protocol  | 3. Check for the completeness and correctness of filled out request form and copy of protocol<br>3.1 Make feasibility costing for tests requested<br>3.2 Response letter with Quotation | None                                   | 10 working days        | MRL Supervisor/Division Chief |
| 4. Start Conduct of Study                    | 4. Give approval to conduct Research/ Study   | Refer to the approved schedule of fees | 5 minutes              | MRL Supervisor/Division Chief |
| <b>TOTAL:</b>                                |   |  | 10 days, 12 minutes    |                               |

# **Department of Neurosciences**

## **External Services**

## 1. Consultation (Outpatient Department)

Process of consultation in the department's outpatient clinics

| <b>Office or Division:</b>   | Department of Neurosciences  |  |   |   |
|--|--|--|---|---|
| <b>Classification:</b>   | Simple   |  |   |   |
| <b>Type of Transaction:</b>  | G2C  |  |   |   |
| <b>Who may avail:</b>  | All patients triaged to the Neurosciences outpatient clinic; Those with referrals from other clinics |  |   |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |   |   |
| 1. New patients:<br>Scheduled consult through Online Consultation Request and Appointment System (OCRA)<br><br>2. Old Patients:<br>Blue Card issued by PGH (PGH Form No. P-310045)(1 original) |  | Online Consultation Request and Appointment System (OCRA)/ OPD Triage / Palistahan |   |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME   | PERSON RESPONSIBLE                      |
| 1. Present blue card to OPD nurse for decking  | 1. Accept blue card  | None   | 2 minutes   | Nurse<br>OPD Clinic                     |
|  | 1.1. For new patients, deck to resident/fellow-in-charge   |  |   |   |
|  | 1.2. For old patients, retrieve patient chart at Medical Records Section                             | None   | 10 minutes (max)  | Nurse and Clerk<br>OPD Clinic           |
|  | 1.3. Instruct patient to wait to be called for consultation  | None   | 15 minutes for first patient on deck to maximum of 4 hours for last patient on deck | Nurse and Clerk<br>OPD Clinic           |
| 2. Proceed to clinic for consultation and evaluation   | 2. For new patients, perform history-taking, physical and neurologic examination                     | None   | 45 minutes (max)  | Resident/Fellow-in-charge<br>OPD Clinic |
|  | 2.1. For old patients, perform evaluation and neurologic examination                                 | None   | 15 minutes (max)  | Resident/Fellow-in-charge<br>OPD Clinic |
| 3. Get requests for diagnostic examination, prescription (if   | 3. Provide patients with fully accomplished requests for   | None   | 10 minutes (max)  | Resident/Fellow-in-charge<br>OPD Clinic |

|  |   |      |  |                            |
|--|---|------|--|----------------------------|
| applicable)                                      | diagnostic tests and prescription for medications<br><br>3.1. Instruct patients regarding said tests and prescription |      |  |                            |
| 4. Wait to be informed of schedule for follow-up | 4. Indicate follow-up schedule on blue card, and instruct patient   | None | 3 minutes  | <i>Nurse</i><br>OPD Clinic |
| <b>TOTAL:</b>                                    |   | None | For new patients: 53 minutes - 5 hours<br><br>For old patients: 33 minutes - 4.5 hours |                            |

## 2. Consultation (Emergency Room)

Process of referral and evaluation at the Emergency Room

| <b>Office or Division:</b>   | Department of Neurosciences  |                                |  |  |
|--|--|--------------------------------|--|--|
| <b>Classification:</b>   | Simple   |                                |  |  |
| <b>Type of Transaction:</b>  | G2C  |                                |  |  |
| <b>Who may avail:</b>  | All patients referred to (1) Adult Neurology, (2) Neurosurgery, or (3) Pediatric Neurology   |                                |  |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                |  |  |
| 1. Patient's Medical Chart   |  | Emergency Room (ER) Palistahan |  |  |
| 2. Blue Card issued by PGH (if applicable, for old patients)(1 original) |  | Outpatient Department          |  |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                | PROCESSING TIME  | PERSON RESPONSIBLE                     |
| 1. Proceed to ER triage for initial evaluation and assessment            | 1. If deemed admissible, instruct patient or patient's watcher to fill out patient information sheet and submit to ER palistahan for creation of patient chart | None                           | Immediately for patients with active seizures<br><br>Within 15 minutes for emergent cases<br><br>Within 2 hours for urgent cases                     | <i>Triage Officer</i><br>ER            |
|  | 1.1. Refer patient with a neurologic chief complaint to the respective service   | None                           | For Brain Attack Team (BAT), immediately after getting chief complaint and vital signs<br><br>For other cases, immediately after complete evaluation | <i>Triage Officer</i><br>ER)           |
| 2. Undergo neurologic evaluation and assessment                          | 2. Attend to patient for history-taking, neurologic examination, assessment, and plan/orders   | None                           | Patient seen within 15 minutes from referral<br><br>Evaluation time: 60 minutes (max)<br><br>Accomplishment of Doctor's Order: 30 minutes (max)      | <i>Resident/Fellow in charge</i><br>ER |

|  |   |  |   |  |
|--|---|--|---|--|
| 3. Undergo necessary tests and receive appropriate medications | 3.1. Carry out doctor's orders<br>a. Perform blood extraction for urgent diagnostic tests<br><br>b. Perform Electrocardiogram<br><br>c. Chest x-ray | None<br><br>Please refer to the approved schedule of rates<br>Please refer to the approved schedule of rates | a. Within 10 minutes (max)<br><br>b. For BAT, within 5 minutes. For other cases, within 2 hours (max)<br><br>c. Within 1 hour to 24 hours | <i>Resident/Intern/ Clerk in charge</i><br>ER<br><br><i>ECG Technician</i><br>Central ECG Station<br><br><i>Radiology Technician</i><br>Dept. of Radiology |
|  | 3.2. Carry out doctor's orders (medications)  | None   | a. Within 1-4 hours except for anticonvulsants for active seizures  | <i>Nurse, Utility Worker</i><br>ER<br><br><i>Pharmacist</i><br>Pharmacy Dept   |
| <b>TOTAL:</b>  |   | Please refer to the approved schedule of rates   | 24 hours (max) except for BAT and active seizures   |  |



### 3. Diagnostics – Electroencephalography (EEG)

| <b>Office or Division:</b>  | Department of Neurosciences-Electroencephalography Unit  |  |                               |   |
|---|--|--|-------------------------------|---|
| <b>Classification:</b>  | C  |  |                               |   |
| <b>Type of Transaction:</b>   | G2C  |  |                               |   |
| <b>Who may avail:</b>   | Those with requests for the diagnostic examination   |  |                               |   |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE  |                               |   |
| 1.Neurophysiology and Neurovascular Laboratory Request Form (PGH Form No. P-490001)(1 original) |  | Inpatients: Accomplished upon doctor's order in patient's medical chart<br><br>Outpatient: Issued by resident/fellow-in-charge |                               |   |
| 2.Laboratory Request / Referral Slip for Outpay (1 original)                                    |  | Private patients: Issued by attending physician  |                               |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME               | PERSON RESPONSIBLE  |
| Inpatient<br>1.Undergo inpatient EEG examination  | 1. Schedule inpatient for EEG examination  | Please refer to the approved schedule of rates   | 5 minutes from doctor's order | <i>Nurse-in-charge</i><br>EEG Unit<br>(Central Block)   |
|   | 1.1. Deck patient for actual performance of procedure<br><br>For portable EEG:<br>If with available slot, within 30 minutes. If with ongoing procedure, within 2 hours.<br><br>For routine EEG:<br>If with slot, within 30 minutes. If schedule is full, within 2 days |  | 2 days (max)                  | <i>EEG Technician</i><br>EEG Unit<br>(Central block)  |
|   | 1.2. Perform the actual procedure  |  | 60 minutes (max)              | <i>EEG Technician</i><br>EEG Unit<br>(Central Block)  |
|   | 2.Issue official EEG result to patient<br>Note: Waiting time starts from the conduct of the procedure  |  | 7 days (max)                  | <i>Resident/Fellow and Consultant on deck</i><br><i>EEG Technician</i><br>EEG Unit<br>(Central Block) |
| 2. Get copy of official result  |  |  |                               |   |

|   |   |  |  |   |
|---|---|--|--|---|
|   | <b>TOTAL</b>  | Please refer to the approved schedule of rates | 9 days, 1 hour, 5 minutes  |   |
| Outpatient<br>1. Undergo outpatient EEG examination | <p>1. Schedule outpatient for EEG examination</p> <p>1.1 Deck patient. for actual performance of EEG examination<br/>Note: Within 1-3 months</p> <p>Outpatient:<br/>1-3 months*<br/>(Currently, there is only one EEG machine and one dedicated EEG technician at the outpatient department)</p> <p>1.2. Perform the actual procedure</p> | Php1,125                                       | <p>5 minutes (max)</p> <p>(paused clock)</p> <p>45 minutes (max)</p> | <p><i>EEG Technician</i><br/>EEG Unit (OPD)</p> <p><i>EEG Technician</i><br/>EEG Unit (OPD)</p> <p><i>EEG Technician</i><br/>EEG Unit (OPD)</p> |
| 2. Get copy of official result                      | <p>2. Issue official EEG result to patient<br/>Note: Waiting time starts from the conduct of the procedure</p>  |  | 10 working days (max)  | <p><i>Resident/Fellow and Consultant on deck</i><br/><i>EEG Technician</i><br/>EEG Unit (OPD)</p>   |
|   | <b>TOTAL</b>  | Please refer to the approved schedule of rates | 10 days, 50 minutes  |   |

#### 4. Diagnostics – EEG Monitoring

Process of scheduling, conduct, and issuance of official results of EEG Monitoring

|  |   |  |  |   |
|--|---|--|--|---|
| <b>Office or Division:</b>   | Department of Neurosciences-Electroencephalography Unit   |  |  |   |
| <b>Classification:</b>   | <b>Scheduling, Decking, and Actual Performance:</b><br><b>a. Inpatient 2- and 6-hr: S</b><br><b>b. Outpatient 2- and 6-hr: S</b><br><b>c. Outpatient 24-hr: S</b><br><br><b>Issuance of report: C</b> |  |  |   |
| <b>Type of Transaction:</b>  | G2C   |  |  |   |
| <b>Who may avail:</b>  | Those with requests for the diagnostic examination  |  |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |  |   |
| 1. Neurophysiology and Neurovascular Laboratory Request Form (PGH Form No. P-490001)(1 original) |   | Inpatients: Accomplished upon doctor's order in patient's medical chart<br><br>Outpatient: Issued by resident/fellow-in-charge |  |   |
| 2.Laboratory Request / Referral Slip for Outpay (1 original)                                     |   | Private patients: Issued by attending physician  |  |   |
|  |   |  |  |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>   |
| 1. Proceed to EEG Unit for scheduling of video EEG   | 1. Accept request and schedule patient for the procedure  | Please refer to the approved schedule of rates   | 5 minutes (max)<br><br>5 minutes (max)   | Inpatient:<br><i>Nurse-in-charge</i><br>EEG Unit<br>(Central Block)<br><br>Outpatient:<br><i>EEG Technician</i><br>EEG Unit (OPD) |
| 2. Proceed for decking for actual performance of procedure                                       | 2.Inpatient<br>Deck patient for actual performance of 2-hr and 6-hr video EEG monitoring  |  | 2-6-hr video EEG:<br>If with available slot, within 30 minutes. If with ongoing procedure, within 2 hours. | <i>EEG Technician</i><br>EEG Unit<br>(Central Block)  |
|  | 2.1. Outpatient<br>Deck patient for actual performance of 2-hr and 6-hr video EEG monitoring  |  | 2-6-hr video EEG:<br>If with available slot, within the day. If no available slot, within 1 week           | <i>EEG Technician</i><br>EEG Unit (OPD)   |

|  |  |  |   |   |
|--|--|--|---|---|
|  | 2.2. Deck patient for actual performance of 24-hr video EEG monitoring   |  | 24-hr video EEG:<br>If with available slot, 1 week. If no available slot, within 2 weeks.   |   |
| 3. Undergo actual performance of procedure             | 3. Perform actual performance of procedure<br><br>2-hr vEEG: 2 hours<br><br>6-hr vEEG: 6 hours<br><br>24-hr vEEG: 24 hours |  | 24 hours (max)  | <i>EEG Technician</i><br>EEG Unit<br>(Central Block/OPD)  |
| <b>TOTAL FOR SCHEDULING, DECKING, AND PERFORMANCE:</b> |  |  | Inpatient 2- and 6-hr video EEG:<br>2 hours (max)<br><br>Outpatient 2 and 6-hr video EEG:<br>7 days (max)<br><br>Outpatient 24-hr video EEG:<br>2 weeks (max) |   |
| 4. Get copy of official report                         | 4 Issue copy of official video EEG result to patient<br>Note: From performance of procedure                                |  | 10 working days (max)   | <i>Resident/Fellow and consultant on deck</i><br><i>EEG Technician</i><br>EEG Unit<br>(Central Block/OPD) |
| <b>TOTAL FOR ISSUANCE</b>                              |  | Please refer to the approved schedule of rates | 10 days   |   |

## 5. Diagnostics – Electromyography and Nerve Conduction Study (EMG-NCV), Evoked Potentials, Repetitive Nerve Stimulation (RNS)

Process of scheduling, conduct, and issuance of official results of EMG-NCV, Evoked Potentials, and RNS

|  |   |  |   |  |
|--|---|--|---|--|
| <b>Office or Division:</b>   | Department of Neurosciences-Electrophysiology Unit  |  |   |  |
| <b>Classification:</b>   | <b>Scheduling, Decking, and Actual Performance</b><br>1. Inpatient – S<br>2. Outpatient – S<br><br><b>Issuance of report</b><br>1. Adult – S<br>2. Pediatric - HT |  |   |  |
| <b>Type of Transaction:</b>  | G2C   |  |   |  |
| <b>Who may avail:</b>  | Those with requests for the diagnostic examination  |  |   |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |   |  |
| 1. Neurophysiology and Neurovascular Laboratory Request Form (PGH Form No. P-490001)(1 original) |   | Inpatients: Accomplished upon doctor's order in patient's medical chart<br><br>Outpatient: Issued by resident/fellow-in-charge |   |  |
| 2. Laboratory Request / Referral Slip for Outpay (1 original)                                    |   | Private patients: Issued by attending physician  |   |  |
|  |   |  |   |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>  |
| 1. Proceed to Electrophysiology Unit for scheduling of video Electrodiagnostic Procedure         | 1. Accept request and schedule for procedure  | Please refer to approved schedule of rates   | 5 minutes (max)   | Inpatient:<br><i>Nurse in charge</i><br>EMG-NCV Unit (Central Block) |
|  |   |  | 5 minutes (max)   | Outpatient:<br><i>EMG-NCV Technician</i><br>EMG-NCV Unit (OPD)       |
| 2. Proceed for decking of actual performance of procedure  | 2. Inpatient<br>Deck patient for actual performance of Electrodiagnostic Procedure  |  | If with slot, within 30 minutes. If full schedule, the following day                                | <i>EMG-NCV Technician</i><br>EMG-NCV Unit (Central Block)            |
|  | 2.1 Walk-in patient<br>Deck patient for actual performance of Electrodiagnostic Procedure   |  | Walk-in, Pay:<br>If with slot, within the day. If full schedule, the following day.<br><br>Walk-in, | <i>EMG-NCV Technician</i><br>EMG-NCV Unit (Central Block)            |

|   |   |  |  |   |
|---|---|--|--|---|
|   |   |  | Service:<br>If with slot,<br>within the day. If<br>full schedule,<br>within 2 days<br>(service<br>schedule)  |   |
| 3. Undergo actual<br>performance of<br>procedure                  | 3. Perform actual<br>performance of<br>procedure            |  | EMG-NCV: 1.5<br>hours (max)<br><br>Evoked<br>Potentials: 45<br>minutes (max)<br>(extends up to 4<br>hours if patient<br>is unable to<br>sleep)       | <i>EMG-NCV<br/>Technician<br/>EMG-NCV Unit<br/>(Central Block)</i>  |
| <b>TOTAL FOR SCHEDULING, DECKING,<br/>AND ACTUAL PERFORMANCE:</b> |   |  | Inpatient:<br>4 hours<br>(max)<br><br>Outpatient:<br>48 hours<br>(max)   |   |
| 4. Get copy of official<br>report/result                          | 4. Issue copy of<br>official video EEG<br>result to patient |  | Adult (Pay and<br>Service):<br>3 days<br>(max)<br><br>Pediatrics (Pay<br>and Service):<br>4 weeks<br>(max)<br>(No full-time<br>consultant<br>reader) | <i>Resident/fellow<br/>and consultant<br/>on deck<br/>EMG-NCV<br/>Technician<br/>EMG-NCV Unit<br/>(Central Block)</i> |
| <b>TOTAL:</b>   |   | Please<br>refer to<br>approved<br>schedule of<br>rates | 7-10 days  |   |

## 6. Diagnostics – Transcranial Doppler (TCD)

Process of scheduling, conduct, and issuance of results of TCD

|  |   |  |                             |  |
|--|---|--|-----------------------------|--|
| <b>Office or Division:</b>   | Department of Neurosciences-Neurovascular Unit                    |  |                             |  |
| <b>Classification:</b>   | C   |  |                             |  |
| <b>Type of Transaction:</b>  | G2C   |  |                             |  |
| <b>Who may avail:</b>  | Those with requests for the diagnostic examination                |  |                             |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                             |  |
| 1. Neurophysiology and Neurovascular Laboratory Request Form (PGH Form No. P-490001)(1 original) |   | Inpatients: Accomplished upon doctor's order in patient's medical chart<br><br>Outpatient: Issued by resident/fellow-in-charge |                             |  |
| 2. Laboratory Request / Referral Slip for Outpay (1 original)                                    |   | Private patients: Issued by attending physician  |                             |  |
|  |   |  |                             |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b>  |
| 1. Proceed for scheduling of video TCD   | 1. Accept request and schedule for procedure                      | Please refer to the approved schedule of rates   | 5 minutes (max)             | Inpatient:<br><i>Nurse-in-charge</i><br>Neurovascular Unit                         |
|  |   |  | 5 minutes (max)             | Outpatient:<br><i>Stroke Fellow</i><br>Neurovascular Unit                          |
| 2. Proceed for decking of actual performance of procedure  | 2. Conduct procedure in designated unit (inpatient or outpatient) |  | 3 days (max)                | <i>Stroke Fellow</i><br>Neurovascular Unit   |
| 3. Undergo actual performance of procedure   | 3. Perform the actual procedure                                   |  | 2 hours, 15 minutes (max)   | <i>Stroke Fellow</i><br>Neurovascular Unit   |
| 4. Get copy of official report   | 4. Issue copy of official TCD result to the patient               |  | 3 days (max)                | <i>Resident/fellow and consultant on deck, Stroke fellow</i><br>Neurovascular Unit |
| <b>TOTAL:</b>  |   | Please refer to the approved schedule of rates   | 6 days, 2 hours, 25 minutes |  |

## 7. Diagnostics – Memory Screening

Process of scheduling, conduct, and issuance of results of memory screening

|  |  |                               |  |   |
|--|--|-------------------------------|--|---|
| <b>Office or Division:</b>   | Department of Neurosciences - Center for Memory and Cognition  |                               |  |   |
| <b>Classification:</b>   | C  |                               |  |   |
| <b>Type of Transaction:</b>  | G2C  |                               |  |   |
| <b>Who may avail:</b>  | Those with requests for the diagnostic examination   |                               |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>        |  |   |
| 1.Laboratory Request / Referral Slip for all kinds of patients (pay or charity inpatient / outpatient)(1 original) |  | Issued by attending physician |  |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>   |
| 1. Present laboratory request form / referral slip to Neurosciences Office   | 1. Accept request and schedule for procedure   | Php 480                       | 5 minutes  | <i>Administrative Officer (AO)</i><br>Dept of Neurosciences   |
| 2. Proceed to center for decking of memory screening   | 2. Schedule and deck patient for memory screening. Note: From acceptance of request  |                               | 1 week (max)   | <i>Resident on deck</i><br>(Center for Memory and Cognition)  |
| 3. Undergo memory screening  | 3. Conduct memory screening  |                               | 1 hour   | <i>Resident on deck</i><br>(CMC)  |
| 3. Get the Analysis done and the official result of memory screening   | 4. Analyze Memory screening result<br>Note: From performance of memory screening<br><br>4.1. Issue copy of official memory screening result to patient |                               | 1 week (max)   | <i>Resident/stroke fellow and consultant on deck/Dementia Specialist</i><br>(CMC)<br><i>Administrative Officer (AO)</i><br>Dept. of Neurosciences |
| <b>TOTAL:</b>  |  | Service Rate:<br>Php 480      | 14 days, 1 hour, 5 minutes (No full-time neuro-psychologist; residents-in-training perform the test; No full-time dementia consultant) |   |



## 8. Procedure - Chemodenervation

Process of chemodenervation for movement disorders

|  |   |   |  |   |
|--|---|---|--|---|
| <b>Office or Division:</b>   | Department of Neurosciences-Chemodenervation Unit   |   |  |   |
| <b>Classification:</b>   | Inpatient – S<br>Outpatient - C   |   |  |   |
| <b>Type of Transaction:</b>  | G2C   |   |  |   |
| <b>Who may avail:</b>  | Those with requests for the diagnostic examination  |   |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |  |   |
| 1.Referral form for chemodenervation (1 original)                        |   | Inpatient: Ordered in the patient's chart<br>Outpatient: Issued by attending physician (resident / movement clinic resident rotator / consultant) |  |   |
| 2.Informed consent for procedure (PGH Form No. P-310005 (b))(1 original) |   | Explained by physician; consent form attached to patient's chart  |  |   |
| 3.Botulinum toxin vial   |   | Procured at PGH Main Pharmacy / Central Block Pharmacy OR issued in outside pharmacy c/o PCSO   |  |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>   |
| 1. Present referral form or inform attending physician during consult    | 1. Schedule patient for chemodenervation during consult   | Please refer to the approved schedule of rates  | 5 minutes  | <i>Resident / Movement Clinic Rotator / Consultant</i><br>Chemodenervation Clinic   |
| 2. Deck patient for chemodenervation                                     | 2. Once with botulinum toxin vial available, deck patient for chemodenervation                    |   | Inpatient: Within the day<br><br>Outpatient: 2 weeks (maximum) | <i>Resident / Movement Clinic Rotator / Consultant</i><br>Chemodenervation Clinic   |
| 3. Accomplish the Informed Consent form                                  | 3. Explain the procedure, obtain Informed Consent, and attach Informed Consent to patient's chart |   | 10 minutes (max)   | <i>Physician in Charge</i><br>Chemodenervation Clinic   |
| 4. Undergo chemodenervation  | 4. Perform chemodenervation under the supervision of Movement Disorder specialist                 |   | 15 minutes (max)   | <i>Resident/stroke Fellow and consultant on deck</i><br>Chemodenervation Clinic<br><i>Administrative Officer (AO)</i><br>Dept. of Neurosciences |

|               |  |  |  |
|---------------|--|--|--|
| <b>TOTAL:</b> | Please refer to the approved schedule of rates | <p>Inpatient:<br/>Within the day</p> <p>Outpatient:<br/>14 days, 30 minutes<br/>(Botox clinic only held once a week)</p> |  |
|---------------|--|--|--|

## 9. Neurosurgery – Presurgical Evaluation

Evaluation of patients for neurosurgical management

|  |   |  |                        |                                  |
|--|---|--|------------------------|----------------------------------|
| <b>Office or Division:</b>   | Division of Neurosurgery  |  |                        |                                  |
| <b>Classification:</b>   | S   |  |                        |                                  |
| <b>Type of Transaction:</b>  | G2C   |  |                        |                                  |
| <b>Who may avail:</b>  | All patients triaged to the Neurosurgery outpatient clinic or referred by other clinics   |  |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |                                  |
| <p>New patients:</p> <p>1. Scheduled consultation through Online Consultation Request and Appointment System (OCRA)</p> <p>Old Patients:</p> <p>2. Blue Card issued by PGH (PGH Form No. P-310045)(1 original)</p> |   | Online Consultation Request and Appointment System (OCRA)/ OPD Triage / Palistahan |                        |                                  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Present blue card or referral slip to OPD nurse   | 1. Accept blue card<br>1.1. For new patients, deck to resident / fellow-in-charge   | None   | 2 minutes              | <i>Nurse</i><br>OPD              |
|  | 1.2. For old patients, retrieve patient chart from the Medical Records Division   | None   | 10 minutes (max)       | <i>Nurse and Clerk</i><br>OPD    |
| 2. Undergo consultation, evaluation, and surgery scheduling  | 2. For new patients, perform history-taking, physical examination, and patient education. Schedule patient for surgery, if indicated.   | None   | 45 minutes (max)       | <i>Resident in charge</i><br>OPD |
|  | 2.1. For old patients, perform history-taking, physical examination, and patient education. Schedule patient for surgery, if indicated. | None   | 15 minutes (max)       | <i>Resident in charge</i><br>OPD |
| 3. Get requests for diagnostic examinations and/or prescriptions   | 3. Provide patients with fully accomplished requests for diagnostic tests and   | None   | 5 minutes (max)        | <i>Resident in charge</i><br>OPD |

|                               |   |      |  |                                  |
|-------------------------------|---|------|--|----------------------------------|
|                               | prescription for medications  |      |  |                                  |
| 4. Get schedule for follow up | 4. Indicate follow-up schedule on blue card, and instruct the patient | None | 3 minutes (max)  | <i>Resident in charge</i><br>OPD |
| <b>TOTAL:</b>                 |   | None | For new patients, 60 minutes (max)<br><br>For old patients, 40 minutes (max) |                                  |

## 10. Neurosurgery – Admission for Elective Neurosurgical Procedure

Process of scheduling of neurosurgical procedure for elective cases

|   |  |  |                                  |   |
|---|--|--|----------------------------------|---|
| <b>Office or Division:</b>  | Division of Neurosurgery   |  |                                  |   |
| <b>Classification:</b>  | S  |  |                                  |   |
| <b>Type of Transaction:</b>   | G2C  |  |                                  |   |
| <b>Who may avail:</b>   | All patients seen at the Outpatient Neurosurgery Clinic and scheduled for surgery                      |  |                                  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                                  |   |
| 1.Blue card (PGH Form No. P-310045)<br>(1 original)                                 |  | ER / OPD palistahan  |                                  |   |
| Admitting order   |  | Accomplished by the attending physician<br>(consultant staff / resident-in-charge) |                                  |   |
| 2.Informed consent form (PGH Form No. P-310005(b))(1 original)                      |  | Issued upon admission to ward if with vacancy                                      |                                  |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>           | <b>PERSON RESPONSIBLE</b>   |
| 1. Undergo patient evaluation for admission   | 1. Accomplish the admitting order  |  | 10 minutes (max)                 | <i>Resident in charge</i><br>Ward 6   |
|   | 1.1. Receive the admitting order to the Ward or ICU nurse (charity) or to the Pay Admitting Unit (pay) | Please refer to the approved schedule of rates                                     | 10 minutes if with vacancy (max) | <i>Attending physician, Nurse</i><br>Ward 6/ICU/Pay<br><br><i>Clerk</i><br>Pay admitting Unit |
| 2. Admit patient to designated bed/ward/room for pre-operative work-up and surgery. | 2. Conduct patient to designated bed/ward/room   |  | 60 minutes if with vacancy (max) | <i>Utility Worker</i><br>Ward 6/ICU/Pay   |
| <b>TOTAL:</b>   |  | Please refer to the approved schedule of rates                                     | 80 minutes (max)                 |   |

## 11. Intensive Care Unit (ICU) / Ward / Room Admission

Process of admission to the ICU / Ward / Private Room

| <b>Office or Division:</b>                                       | Division of Adult Neurology (Ward 5), Division of Neurosurgery (Ward 6), Department of Neurosciences<br>Department of Pay Patient Services, PGH  |   |                  |  |
|--|--|---|------------------|--|
| <b>Classification:</b>   | S  |   |                  |  |
| <b>Type of Transaction:</b>                                      | G2C  |   |                  |  |
| <b>Who may avail:</b>  | All patients deemed admissible to the Adult Neurology or Neurosurgery wards / ICU  |   |                  |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                  |  |
| 1.Blue Card (PGH Form No. P-310045) (1 original)                 |  | ER / OPD Palistahan   |                  |  |
| Admitting Order  |  | Accomplished by attending physician (consultant / resident) |                  |  |
| 2.Informed consent form (PGH Form No. P-310005 (b))(1 original)  |  | Issued upon admission to ward / ICU                         |                  |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME  | PERSON RESPONSIBLE   |
| 1. Undergo evaluation and assessment for admission (see pp. 1-4) | 1. If deemed admissible, accomplish the admitting order  | Please refer to the approved schedule of rates              | 30 minutes (max) | <i>Attending Physician (Consultant, Resident)</i><br>Ward 5,Ward 6 |
|  | 1.1. For emergency admissions, endorse admitting order to the nurse-in-charge  |   |                  | <i>Attending Physician (Consultant, Resident), Nurse</i><br>ER     |
|  | 1.2. For elective admissions, present admitting order to ward/ICU nurse (charity) or to Pay Admitting Unit (pay)<br><br>Note: For pay patients: payment varies depending on room type (c/o Pay Admitting Unit) |   |                  | <i>Attending Physician, Nurse</i><br>Ward/ICU                      |

|   |  |  |  |   |
|---|--|--|--|---|
| 2. Undergo admission to designated ICU bed/ward/room              | 2. For emergency admissions, conduct patient to designated ICU / ward<br><br>2.1. For elective admissions, conduct patient to designated ward elective bed/ private room |  | Once bed is available:<br>4 hours<br>(max)   | <i>Utility Worker</i><br>ER                 |
| 3. Accomplish Informed Consent for admission to ICU / ward / room | 3. Explain admission policies and contents of informed consent to patient or caregiver. Accomplished informed consent form is attached to patient's chart                |  | Once in the ICU/ward:<br>30 minutes<br>(max) | <i>Nurse in charge</i><br>ICU/Ward/<br>Room |
| <b>TOTAL:</b>   |  | Please refer to the approved schedule of rates | 5 hours<br>(max)                             |   |

## 12. Inpatient Neurologic / Neurosurgical Management

Process of inpatient management of adult neurology and neurosurgery patients

| <b>Office or Division:</b>   | Division of Adult Neurology (Ward 5), Division of Neurosurgery (Ward 6), Department of Neurosciences<br>Department of Pay Patient Services, PGH |   |   |   |
|--|---|---|---|---|
| <b>Classification:</b>   | HT*   |   |   |   |
| <b>Type of Transaction:</b>  | G2C   |   |   |   |
| <b>Who may avail:</b>  | All admitted patients   |   |   |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |   |   |
| 1.Blue Card issued by PGH (PGH Form No. P-310045)(1 original)  |   | ER / OPD Palistahan (Service patients)<br>Pay Admitting Unit (Pay patients) |   |   |
| 2.Various laboratory requests  |   | ICU / Ward / Pay Nurses' station  |   |   |
| 3.Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients (PGH Form No. P-310016)(1 original) |   | ICU / Ward / Pay Nurses' station  |   |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME   | PERSON RESPONSIBLE  |
| 1. Undergo intensive care or ward inpatient neurologic/neurosurgical management                            | 1. Attending physician renders intensive care or ward inpatient neurologic/neurosurgical management   | Please refer to the approved schedule of rates                              | Average length of stay in the hospital:5-7 days<br><br>Range of stay: 1 day to 12 weeks   | <i>Consultants, Residents, nurses, Allied Medical Professionals)</i><br>Division of Adult Neurology and Neurosurgery services |
| <b>TOTAL:</b>  |   | Please refer to the approved schedule of rates                              | Variable (Service may take more than 20 days to render clinical care depending on complexity and severity of patient's condition) |   |



### 13. Discharge from ICU / Ward

Discharge process in the Neurology or Neurosurgery ICU / Ward

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Division of Adult Neurology (Ward 5), Division of Neurosurgery (Ward 6), Department of Neurosciences<br>Department of Pay Patient Services, PGH   |   |                        |   |
| <b>Classification:</b>  | S   |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | All admitted patients   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |   |
| 1.Blue Card issued by PGH (PGH Form No. P-310045)(1 original)   |   | ER / OPD Palistahan (Service patients)<br>Pay Admitting Unit (Pay patients) |                        |   |
| 2.PhilHealth Claims Form 2 and 4  |   | Attached to patient’s chart   |                        |   |
| 3.Clinical Abstract (PGH Form No. P-310010)   |   | ICU / Ward / Pay Nurses’ Station  |                        |   |
| 4.Discharge Summary (PGH Form No. P-310029)   |   | ICU / Ward / Pay Nurses’ Station  |                        |   |
| 5.Prescription form (PGH form No. P-3100018)  |   | ICU / Ward / Pay Nurses’ Station  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1.Undergo the discharge process   | 1. Discharge plans ordered by attending physician on the patient’s chart<br>1.1. Issue fully accomplished Clinical Abstract, PhilHealth Claims Form 2 and 4 to patient for processing of clearance and instruct to proceed to the Billing Section for processing of clearance | None  | 5 minutes              | <i>Attending physician</i><br>Ward/Pay Room |
|   |   |   | 5 minutes              | <i>Nurse in charge</i><br>Ward/Pay Room     |
| 2. Once clearance for discharge is issued by Billing Section, receive discharge summary, laboratory requests, and prescription for take home medications. | 2. Instruct the patient and/or caregiver on discharge plans including follow-up schedule and take home medication/s<br><br>2.1. Issue fully accomplished discharge summary and prescription for take home medication/s  | None  | 30 minutes (max)       | <i>Attending physician</i><br>Ward/Pay Room |
|   |   |   |                        | <i>Nurse in charge</i><br>Ward/Pay Room     |
| <b>TOTAL:</b>   |   | None  | 40 minutes (max)       |   |

## 14. Brain Attack Team and ASU Admission/Discharge

Brain Attack Team (BAT) Protocol and process of ASU admission/discharge

|   |  |                                |  |  |
|---|--|--------------------------------|--|--|
| <b>Office or Division:</b>  | Department of Neurosciences  |                                |  |  |
| <b>Classification:</b>  | 1. BAT activation and implementation – S<br>2. ASU admission/discharge - C                 |                                |  |  |
| <b>Type of Transaction:</b>   | G2C  |                                |  |  |
| <b>Who may avail:</b>   | All patients referred to (1) Adult Neurology, (2) Neurosurgery, or (3) Pediatric Neurology |                                |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>         |  |  |
| 1.Patient's Medical Chart   |  | Emergency Room (ER) Palistahan |  |  |
| 2.Blue Card issued by PGH (if applicable, for old patients)(1 original) |  | Outpatient Department          |  |  |
|   |  |                                |  |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>         | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>  |
| 1. Seek consult for hyperacute stroke (for possible thrombolysis)       | 1.1. Activate BAT<br><br>1.2. BAT team responds  | None                           | Immediately<br><br><br>Door to Triage Officer: 10 minutes<br><br>Door to Neurology Service: 15 minutes<br><br>Door to CT scan: 25 minutes<br><br>Door to CT interpretation: 45 minutes<br><br>Door to Needle time: 1 hour<br><br>Door to Neurosurgery if warranted: 2 hours<br><br>Door to | <i>Triage Officer/ Ward Residents</i><br>ER<br>(through Paging System)<br><br>Brain Attack Team:<br>• Medical practitioners on-duty (Neurology stroke consultant, resident, NSS resident if warranted, Triage Officer, Radiology resident/consultant, Clinical pathologist<br>• Department of Emergency Medicine (DEM) Nurses on-duty<br>• Lab Technologists |

|  |  |      |   |  |
|--|--|------|---|--|
|  |  |      | Monitored Bed (Acute Stroke Bed): 3 hours |  |
| <b>TOTAL FOR BAT ACTIVATION AND IMPLEMENTATION</b>   |  |      | 7 hours, 35 minutes                       |  |
| 2. Stay at ASU for intensive neurologic/neurosurgical care   | 2. Carry out doctor's orders (medications)   | None | 7 days (max)                              | <i>Consultants, Residents, Nurses, Allied Medical Professional Division of Adult Neurology and Neurosurgery services</i> |
| Discharge from ASU (direct)<br>3. Once clearance for discharge is issued by Billing Section, receive discharge summary, laboratory requests, and prescription for take home medications. | 3. Instruct the patient and/or caregiver on discharge plans including follow-up schedule and take home medication/s<br><br>3.1. Issue fully accomplished discharge summary and prescription for take home medication/s | None | 30 minutes (max)                          | <i>Attending physician ASU</i><br><br><i>Nurse-in-charge ASU</i>   |
| Discharge from ASU<br>4. Transfer to regular bed / room (pay and service)  | 4. Accomplish transfer orders<br><br>4.1. Coordinate and facilitate the transfer   | None | 30 minutes (max)                          | <i>Attending Physician ASU</i><br><br><i>Nurse in charge ASU</i>   |
| <b>TOTAL FOR ASU ADMISSION AND DISCHARGE</b>   |  | None | 7 days, 1 hour (max)                      |  |

## 15. UP-PGH Faculty & Alumni of the Neurosciences Annual Meeting (UPFANS Annual Meeting, “Neurology in Your Practice”) – Registration

Registration Process for the UPFANS Annual Meeting

| <b>Office or Division:</b>   | Department of Neurosciences, UP-PGH Faculty & Alumni of the Neurosciences (UPFANS, Inc.)               |   |   |  |
|--|--|---|---|--|
| <b>Classification:</b>   | S  |   |   |  |
| <b>Type of Transaction:</b>  | G2C  |   |   |  |
| <b>Who may avail:</b>  | Those who wish to attend the annual meeting and post-graduate course                                   |   |   |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |   |  |
| 1.Registration Form (1 original)   |  | Online (made accessible through the department website, <a href="http://pghneuro.com">http://pghneuro.com</a> ) |   |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME   | PERSON RESPONSIBLE   |
| 1. (Delegate) fill out online registration form  | 1. Inform delegate of registration fee<br><br>1.1. Collate list of registered delegates                | Please refer to the approved rates  | 5 minutes (max)   | <i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i> |
| 2. (Delegate) pay registration fee via bank deposit and send copy of the deposit slip via e-mail | 2. Acknowledge receipt of the copy of bank deposit<br><br>2.1. Issue official receipt during the event |   | 48 hours (max) from online registration                           | <i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i> |
| 3. (Delegate) may pay registration fee on-site during the event                                  | 3. Issue official receipt during the event   |   | 15 minutes (max)  | <i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i> |
| <b>TOTAL:</b>  |  | Please refer to the approved rates  | On-site: 20 minutes (max)<br><br>Pre-registration: 48 hours (max) |  |

## 16. UP-PGH Faculty & Alumni of the Neurosciences Annual Meeting (UPFANS Annual Meeting, Neurology in Your Practice) – Issuance of Certificate of Attendance

Issuance of certificate attendance to the UPFANS Annual Meeting

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Office or Division:</b>                           | UP-PGH Faculty & Alumni of the Neurosciences (UPFANS, Inc.), Department of Neurosciences |  |  |  |
| <b>Classification:</b>                               | S  |  |  |  |
| <b>Type of Transaction:</b>                          | G2C  |  |  |  |
| <b>Who may avail:</b>                                | Those who attended the annual meeting and post-graduate course                           |  |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                     |  | <b>WHERE TO SECURE</b>                               |  |  |
| 1. Signature in the Attendance Sheet                 |  | Attendance Sheet available for each day of the event |  |  |
| <b>CLIENT STEPS</b>                                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                               | <b>PROCESSING TIME</b>                     | <b>PERSON RESPONSIBLE</b>  |
| 1. Sign the attendance sheet per day of the activity | 1. Countercheck attendance of delegate to the event                                      | None   | 5 minutes                                  | <i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i> |
| 2. Receive certificate of attendance                 | 2. Issue certificate of attendance upon conclusion of the event                          | None   | 60 minutes (max) after conclusion of event | <i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i> |
| <b>TOTAL:</b>  |  | None   | 65 minutes (max)                           |  |

## 17. Observership

Process of observership in the Department of Neurosciences

| <b>Office or Division:</b>  | Division of Adult Neurology, Division of Neurosurgery, Division of Pediatric Neurology – Department of Neurosciences  |                                    |  |  |
|---|---|------------------------------------|--|--|
| <b>Classification:</b>  | C   |                                    |  |  |
| <b>Type of Transaction:</b>   | G2C   |                                    |  |  |
| <b>Who may avail:</b>   | Physicians who are interested in doing an observership in the respective divisions of the department  |                                    |  |  |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE                    |  |  |
| 1. Curriculum Vitae (CV)(1 original)  |   | Client                             |  |  |
| 2. Letter of Intent (1 original)  |   | Client                             |  |  |
| 3. Memorandum of Agreement (MOA)  |   | UP-PGH Legal Office                |  |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID                    | PROCESSING TIME  | PERSON RESPONSIBLE                                     |
| 1. Submit online the letter intent and CV via email to <a href="mailto:uppggh.neuro@yahoo.com">uppggh.neuro@yahoo.com</a> | 1. Acknowledge receipt of letter of intent<br>1.1. Advise client regarding observership fee   |                                    | 24 hours (max)<br>from submission of requirements                                | <i>Administrative Officer (AO)</i><br>Department       |
| 2. Undergo deliberation process   | 2. Respective divisions deliberate on the application for observership  |                                    | 7 days (max)<br>from submission of requirements                                  | <i>Respective Division Chiefs, Chair</i><br>Department |
| 3. Wait for approval  | 3. Once approved by the division chief and department chair, contact client and advise to pay observership fee<br><br>3.1. Contact Legal Office to issue MOA for observership |                                    | 24 hours (max)<br>from final decision of the Division Chief and Department Chair | <i>Administrative Officer (AO)</i><br>Department       |
| 4. Pay and sign the MOA   | 4. Issue official receipt<br><br>4.1. Advise client regarding date and period of observership   | Php 4,983 / month of observer-ship | 7 days (max)<br>from final decision of the Division Chief and Department Chair   | <i>Administrative Officer (AO)</i><br>Department       |
| <b>TOTAL:</b>   |   | Php 4,983 / month of observer-ship | 16 days (max)  |  |

## 18. EEG Technician Training Course – Application

Application process for the EEG Technician Training Course

|   |  |                        |   |   |
|---|--|------------------------|---|---|
| <b>Office or Division:</b>  | EEG Unit and Epilepsy Service, Department of Neurosciences                                 |                        |   |   |
| <b>Classification:</b>  | S  |                        |   |   |
| <b>Type of Transaction:</b>   | G2C  |                        |   |   |
| <b>Who may avail:</b>   | Qualified hospital or laboratory personnel who wish to undergo the training course         |                        |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |   |   |
| 1.Letter of Intent (1 original)   |  | Secured by client      |   |   |
| 2.Curriculum Vitae (CV) (1 original)  |  |                        |   |   |
| 3.(BLS) Certificate (may be waived if graduate of nursing or allied medical science course)   |  |                        |   |   |
| 4.National Bureau of Investigation (NBI) clearance  |  |                        |   |   |
| 5.College diploma   |  |                        |   |   |
| 6.Transcript of records   |  |                        |   |   |
| 7.Certificate of employment   |  |                        |   |   |
| 8.Letter of recommendation/Character reference (2)  |  |                        |   |   |
| 9.Letter of endorsement from Philippine Neurological Association (PNA) fellow supervising the EEG laboratory where applicant is connected |  |                        |   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                      | <b>PERSON RESPONSIBLE</b>                     |
| 1. Submit requirements via e-mail to <a href="mailto:uppggh.neuro@yahoo.com">uppggh.neuro@yahoo.com</a>                                   | 1. Acknowledge receipt of requirements   | None                   | 24 hours (max) from receipt of requirements | <i>Administrative Officer (AO) Department</i> |
|   | 2. Check and verify submitted requirements   | None                   | 2 days (max)                                | <i>Chief Resident, Chair Department</i>       |
|   | 3. Once requirements are completed and verified, advise client regarding date of interview | None                   |   | <i>Administrative Officer (AO) Department</i> |
| <b>TOTAL:</b>   |  | None                   | 3 days (max)                                |   |

## 19. EEG Technician Training Course – Admission

Admission Process for the EEG Technician Training Course (once scheduled for interview)

| <b>Office or Division:</b>   | Department of Neurosciences, EEG Unit and Epilepsy Service                         |   |   |   |
|--|--|---|---|---|
| <b>Classification:</b>   | C  |   |   |   |
| <b>Type of Transaction:</b>  | G2C  |   |   |   |
| <b>Who may avail:</b>  | Qualified hospital or laboratory personnel who wish to undergo the training course |   |   |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |   |   |
| 1.Requirements as specified in Service 19  |  | Client  |   |   |
| 2.Other requirements specified by the Human Resource and Development Office (HRDO) |  | HRDO  |   |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME   | PERSON RESPONSIBLE  |
| 1. Undergo the interview process   | 1. Interview applicant   | None  | 45 minutes (max)  | <i>Chair, Epilepsy Service consultants</i><br>Department/<br>Epilepsy Service |
| 2. Undergo deliberation process  | 2. Perform deliberation by the Department Chair and Epilepsy Service               | None  | 3 days (max)<br>after interview   | <i>Chair, Epilepsy Service Consultants</i><br>Department/<br>Epilepsy Service |
|  | 3. Inform applicant of the final decision via SMS and e-mail                       | None  | 24 hours (max)<br>from final decision of the Chair and Epilepsy Service | <i>Administrative Officer (AO)</i><br>Department                              |
| 4. Pay the training course   | 4. Receive payment   | Php 45,000 for 3 months<br><br>Extension of training beyond 3 months will be charged Php15,000 per month. |   | <i>Cashier</i><br>Cash Services Division                                      |



|               |   |                 |  |
|---------------|---|-----------------|--|
| <b>TOTAL:</b> | <p>Php 45,000<br/>for 3<br/>months</p> <p>Extension<br/>of training<br/>beyond 3<br/>months will<br/>be charged<br/>Php15,000<br/>per month</p> | 4 days<br>(max) |  |
|---------------|---|-----------------|--|

## 20. EEG Technician Training Course – Issuance of Certificate of Completion

Issuance of Certificate of Completion for the EEG Technician Training Course

| <b>Office or Division:</b>                         | EEG Unit and Epilepsy Service, Department of Neurosciences  |                                       |  |  |
|--|---|---------------------------------------|--|--|
| <b>Classification:</b>                             | S   |                                       |  |  |
| <b>Type of Transaction:</b>                        | G2C   |                                       |  |  |
| <b>Who may avail:</b>                              | Qualified hospital or laboratory personnel who wish to undergo the training course                                      |                                       |  |  |
| CHECKLIST OF REQUIREMENTS                          |   | WHERE TO SECURE                       |  |  |
| 1. Proof of Passing the Written and Practical Exam |   | EEG Unit, Department of Neurosciences |  |  |
| CLIENT STEPS                                       | AGENCY ACTION   | FEES TO BE PAID                       | PROCESSING TIME  | PERSON RESPONSIBLE   |
| 1. Take the Written and Practical Exam             | 1. Supervise written and practical exam of the trainee  | Please refer to the approved rates    | 1 day for written exam<br><br>1 day for practical exam | <i>EEG Technician Training Course Director / EEG Technicians / Epilepsy Service consultant/s</i><br>EE Unit and Epilepsy Service |
| 2. Receive certificate of completion               | 2. Once the applicant has passed the written and practical exam, issue certificate of completion of EEG training course |                                       | 1 day after the last day of exam                       | <i>EEG Technician Training Course Director</i><br>EEG Unit<br><br><i>Administrative Officer (AO)</i><br>Department               |
|  | <b>TOTAL:</b>   | Please refer to the approved rates    | 3 days   |  |

## 21. EMG-NCV Technician Training Course – Application

Application process for the EEG Technician Training Course

|   |  |                                    |   |   |
|---|--|------------------------------------|---|---|
| <b>Office or Division:</b>  | EMG-NCV Unit and Electrodiagnostic Medicine Service, Department of Neurosciences           |                                    |   |   |
| <b>Classification:</b>  | S  |                                    |   |   |
| <b>Type of Transaction:</b>   | G2C  |                                    |   |   |
| <b>Who may avail:</b>   | Qualified hospital or laboratory personnel who wish to undergo the training course         |                                    |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>             |   |   |
| 1.Letter of Intent (1 original)   |  | Secured by client                  |   |   |
| 2.Curriculum Vitae (CV) (1 original)  |  |                                    |   |   |
| 3.(BLS) Certificate (may be waived if graduate of nursing or allied medical science course)   |  |                                    |   |   |
| 4.National Bureau of Investigation (NBI) clearance  |  |                                    |   |   |
| 5.College diploma   |  |                                    |   |   |
| 6.Transcript of records   |  |                                    |   |   |
| 7.Certificate of employment   |  |                                    |   |   |
| 8.Letter of recommendation/Character reference (2)  |  |                                    |   |   |
| 9.Letter of endorsement from Philippine Neurological Association (PNA) fellow supervising the EMG-NCV laboratory where applicant is connected |  |                                    |   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>             | <b>PROCESSING TIME</b>                      | <b>PERSON RESPONSIBLE</b>                     |
| 1. Submit of requirements via e-mail to <a href="mailto:uppggh.neuro@yahoo.com">uppggh.neuro@yahoo.com</a>                                    | 1. Acknowledgment receipt of requirements  | Please refer to the approved rates | 24 hours (max) from receipt of requirements | <i>Administrative Officer (AO) Department</i> |
|   | 2. Check and verify submitted requirements   |                                    | 2 days (max)                                | <i>Chief Resident, Chair Department</i>       |
|   | 3. Once requirements are completed and verified, advise client regarding date of interview |                                    |   | <i>Administrative Officer (AO) Department</i> |
| <b>TOTAL:</b>   |  | Please refer to the approved rates | 3 days (max)                                |   |

## 22. EMG-NCV Technician Training Course – Admission

Admission Process for the EMG-NCV Technician Training Course (once scheduled for interview)

| <b>Office or Division:</b>   | EMG-NCV Unit and Electrodiagnostic Medicine Service, Department of Neurosciences   |  |  |  |
|--|--|--|--|--|
| <b>Classification:</b>   | C  |  |  |  |
| <b>Type of Transaction:</b>  | G2C  |  |  |  |
| <b>Who may avail:</b>  | Qualified hospital or laboratory personnel who wish to undergo the training course |  |  |  |
| CHECKLIST OF REQUIREMENTS  |  |  | WHERE TO SECURE  |  |
| 1.Requirements as specified in Service 19  |  |  | Client   |  |
| 2.Other requirements specified by the Human Resource and Development Office (HRDO) |  |  | HRDO   |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME  | PERSON RESPONSIBLE   |
| 1. Undergo interview process   | 1. Interview applicant   |  | 45 minutes (max)   | <i>Chair, Consultants</i><br>Dpartment/ Electrodiagnostic Medicine Service |
|  | 1.1. Perform deliberation  |  | 3 days (max)<br>after interview                                      | <i>Chair, Consultants</i><br>Dpartment/ Electrodiagnostic Medicine Service |
|  | 1.2. Inform applicant of the final decision via SMS and e-mail                     |  | 1 day (max)<br>from final decision of the Chair and Epilepsy Service | <i>Administrative Officer (AO)</i><br>Department                           |
| 2. Pay the training course fee   | 2. Receive payment for the training fee  | Php 45,000 for 3 months<br>Extension of training beyond 3 months will be charged<br>Php15,000 per month. | 5 minutes  | <i>Cashier</i><br>Cash Services Division                                   |
| <b>TOTAL:</b>  |  | Php 45,000 for 3 months<br>Extension of training beyond 3 months will be charged<br>Php15,000 per month  | 4 days,<br>50 minutes  |  |

## 23. EMG-NCV Technician Training Course – Issuance of Certificate of Completion

Issuance of Certificate of Completion for the EMG-NCV Technician Training Course

|  |   |   |  |   |
|--|---|---|--|---|
| <b>Office or Division:</b>                         | EMG-NCV Unit and Electrodiagnostic Medicine Service, Department of Neurosciences                                    |   |  |   |
| <b>Classification:</b>                             | S   |   |  |   |
| <b>Type of Transaction:</b>                        | G2C   |   |  |   |
| <b>Who may avail:</b>                              | Qualified hospital or laboratory personnel who wish to undergo the training course                                  |   |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |   | <b>WHERE TO SECURE</b>                    |  |   |
| 1. Proof of Passing the Written and Practical Exam |   | EMG-NCV Unit, Department of Neurosciences |  |   |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b>                                 | <b>PERSON RESPONSIBLE</b>   |
| 1. take the Written and Practical Exam             | 1. Supervise written and practical exam of the trainee  | None                                      | 1 day for written exam<br><br>1 day for practical exam | <i>EMG-NCV Technician Training Course Director / EMG-NCV Technicians / Electrodiagnostic Medicine consultant/s</i><br>EMG-NCV Unit/<br>Electrodiagnostic Medicine Service |
| 2. Receive certificate of completion               | 2. Once applicant passes the written and practical exam, issue certificate of completion of EMG-NCV training course | None                                      | 1 day after the last day of exam                       | <i>EMG-NCV Technician Training Course Director</i><br>EMG-NCV Unit/<br>Electrodiagnostic Medicine Service<br><br><i>Administrative Officer (AO)</i><br>Department         |
|  | <b>TOTAL:</b>   |   | 3 days   |   |

# **Department of Neurosciences**

## **Internal Services**

## 1. Residency and Fellowship Training - Application

Application Process for the Residency and Fellowship Training Program

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>  | Department of Neurosciences  |   |                        |  |
| <b>Classification:</b>  | S  |   |                        |  |
| <b>Type of Transaction:</b>   | G2C  |   |                        |  |
| <b>Who may avail:</b>   | Qualified physicians who wish to apply to the residency and fellowship training programs offered by the department             |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                                      |                        |  |
| 1.Application Form (1 original)   |  | Office of the Deputy Director for Health Operations (ODDHO) |                        |  |
| 2.Letter of Intent (1 original)   |  | Client  |                        |  |
| 3.Other requirements specified by ODDHO   |  | ODDHO   |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit accomplished application form and other requirements to ODDHO. Wait for notification from respective divisions of the department after the deadline of submission of requirements | 1. Forward submitted requirements to respective divisions of the department  | Php 200 (application form)                                  | 1 day                  | Staff in charge ODDHO  |
|   | 1.1. Notify applicant via SMS and e-mail regarding schedule of qualifying exam, pre-residency or fellowship interview schedule |   |                        | <i>Chief Residents (Adult Neurology, Neurosurgery) / Chief Fellow (Pediatric Neurology) Respective Divisions</i> |
| <b>TOTAL:</b>   |  | Php 200   | 1 day                  |  |

## 2. Residency Application – Pre-residency

Pre-residency process for Adult Neurology and Neurosurgery residency applicants

|   |  |                        |   |   |
|---|--|------------------------|---|---|
| <b>Office or Division:</b>  | Department of Neurosciences  |                        |   |   |
| <b>Classification:</b>  | C  |                        |   |   |
| <b>Type of Transaction:</b>   | G2C  |                        |   |   |
| <b>Who may avail:</b>   | Qualified applicants for the Adult Neurology and Neurosurgery pre-residency  |                        |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |   |   |
| None  |  |                        |   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>                                 |
| 1. Undergo pre-residency clinical rotations in the Adult Neurology and Neurosurgery wards | 1. Oversee pre-residency clinical rotations in the Adult Neurology and Neurosurgery wards<br><br>1.1. Evaluate performance in the clinical rotations | None                   | 2 weeks   | <i>Residents and consultants<br/>Respective Divisions</i> |
| <b>TOTAL:</b>   |  | None                   | 2 weeks<br>(Minimum time set by the department for pre-residency clinical rotation) |   |



### 3. Residency and Fellowship Training - Admission

Admission process for applicants to the residency and fellowship training programs of the Department of Neurosciences

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>   | Department of Neurosciences  |  |                        |  |
| <b>Classification:</b>   | C  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C  |  |                        |  |
| <b>Who may avail:</b>  | Qualified applicants for the Adult Neurology and Neurosurgery residency training program |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |  |
| 1.Pre-residency grades with composite scores for class ranking, medical school awards, qualifying exam score, pre-residency evaluation/grade |  | Prepared by the respective division chief residents (Adult Neurology, Neurosurgery) / chief fellow (Pediatric Neurology) |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Undergo interview process   | 1. Interview applicant   | None   | 60 minutes (max)       | <i>a. Adult Neurology residency applicants – Division of Adult Neurology consultants</i><br><i>b. Neurosurgery residency applicants – Division of Neurosurgery consultants</i><br><i>c. Adult Neurology fellowship program applicants – respective consultants from the Cerebrovascular – Stroke service, Epilepsy Service, or Electrodiagnostic Medicine service</i><br><i>d. Pediatric Neurology fellowship program applicants – Division of Pediatric Neurology consultants</i><br>Respective Divisions |

|               |   |      |                |   |
|---------------|---|------|----------------|---|
|               | 2. Do the deliberation and notify applicant | None | 3 days (max)   | <p>a. Adult Neurology residency applicants – Division of Adult Neurology consultants</p> <p>b. Neurosurgery residency applicants – Division of Neurosurgery consultants</p> <p>c. Adult Neurology fellowship program applicants – respective consultants from the Cerebrovascular – Stroke service, Epilepsy Service, or Electrodiagnostic Medicine service</p> <p>d. Pediatric Neurology fellowship program applicants – Division of Pediatric Neurology consultants</p> <p>Respective Divisions</p> <p>Respective division chief residents (Adult Neurology, Neurosurgery) / chief fellow (Pediatric Neurology)</p> |
| <b>TOTAL:</b> |   | None | 3 days, 1 hour |   |

#### 4. Residency and Fellowship Training – Technical Review of Research Proposal

Process of technical review of the trainees' research proposal

|   |  |  |  |   |
|---|--|--|--|---|
| <b>Office or Division:</b>                                | Department of Neurosciences<br>UP Manila Research Ethics Board (UPMREB)<br>Expanded Health Research Office (UP-PGH EHRO) |  |  |   |
| <b>Classification:</b>                                    | S  |  |  |   |
| <b>Type of Transaction:</b>                               | G2C  |  |  |   |
| <b>Who may avail:</b>                                     | Residents and Fellows of the department  |  |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                          |  | <b>WHERE TO SECURE</b>   |  |   |
| 1. Research Proposal                                      |  | Prepared by client (primary investigator, PI)  |  |   |
| 2. Requirements specified by the UPMREB                   |  | Downloadable forms from<br><a href="http://upmreb.up.edu.ph">http://upmreb.up.edu.ph</a> |  |   |
| <b>CLIENT STEPS</b>                                       | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>                   | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit prepared research proposal for technical review | 1. Perform technical review of the proposal<br><br>1.1. Approve the TRB-reviewed proposal                                | None   | 3 days (max)<br>upon receipt of proposal | <i>Technical Review Board (TRB)</i><br>Department<br><br><i>Chair</i><br>Department |
| <b>TOTAL:</b>   |  | None   | 3 days (max)                             |   |

# **Department of Obstetrics and Gynecology**

## **External Services**

## 1. Consultation and Management of Patients at the OB Admitting Section

Patients with a chief complaint related to the obstetric and gynecologic cases are seen at the OB Admitting Section

| <b>Office or Division:</b>   | Department of Obstetrics and Gynecology   |
|--|---|
| <b>Classification:</b>   | Simple  |
| <b>Type of Transaction:</b>  | G2C   |
| <b>Who may avail:</b>  | All individuals with a chief complaint related to the obstetric and gynecologic cases   |
| CHECKLIST OF REQUIREMENTS  | WHERE TO SECURE   |
| <b>OBSTETRIC CONSULTS:</b><br><b>Elective obstetric admission to actual surgical procedure or cesarian section:</b> <ul style="list-style-type: none"> <li>• <i>Kaalaman</i> Form</li> <li>• Admitting Order</li> <li>• Preoperative clearance from co-managing service if warranted</li> <li>• Consent</li> <li>• Blood Products for OR use</li> <li>• PhilHealth Member Data Record</li> <li>• Consultant opinion</li> </ul><br><b>Patient consultation to initial assessment and work-up, to admission/discharge</b> <ul style="list-style-type: none"> <li>• Obstetric complaint</li> <li>• Positive pregnancy test or ultrasound documenting pregnancy/other laboratories/workup</li> <li>• Consultant opinion for complicated cases or those requiring immediate surgical/obstetric intervention</li> <li>• PhilHealth</li> <li>• Funds</li> </ul><br><b>GYNECOLOGIC CONSULTS:</b><br><b>Patient consultation to initial assessment and workup, to admission/discharge</b> <ul style="list-style-type: none"> <li>• Gynecologic complaint</li> <li>• Laboratory tests</li> <li>• Imaging – transvaginal ultrasound, chest x-ray</li> <li>• Consultant opinion</li> <li>• PhilHealth</li> </ul> | <ul style="list-style-type: none"> <li>• ER Palistahan/Medical records personnel</li> <li>• Admitting doctor</li> <li>• Anesthesia Resident/consultant</li> <li>• OBAS Nurse/Patient/Patient's relative/Legal guardian</li> <li>• Patient's donor / Blood Bank</li> <li>• PHIC / PCSO, LGUs, etc.</li> <li>• Attending Consultants/Consultant-on-duty</li> </ul><br><ul style="list-style-type: none"> <li>• Patient</li> <li>• Laboratory/Files from patient</li> <li>• Attending consultant/consultant-on-duty</li> <li>• PHIC</li> <li>• Patient/Patient's relative, medical assistance from private donors/government)</li> </ul><br><ul style="list-style-type: none"> <li>• Patient</li> <li>• Laboratory</li> <li>• Laboratory/Radiology</li> <li>• Attending consultant/consultant-on-duty</li> <li>• PHIC</li> </ul> |

| <ul style="list-style-type: none"> <li>Funds</li> </ul>                   |  | <ul style="list-style-type: none"> <li>Patient/Patient's relative, medical assistance from private donors/government)</li> </ul> |   |   |
|---|--|--|---|---|
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME   | PERSON RESPONSIBLE  |
| <b>DECKED TO GENERAL SERVICE (A, B or C)</b>                              |  |  |   |   |
| 1. Proceed to the OBAS  | 1. Receive and chart patient   | None   | 1.5 hours   | Admitting Section (AS) Senior, AS Junior, Intern-on-duty (IOD), |
| 2. Accomplish <i>Kaalaman</i> form and give consent to further management | 2. Assess patient  | None   | 1 hour<br>(Period from arrival of patient to initial assessment)  | AS Senior, AS Junior, IOD                                       |
| 3. Allow the management of condition to continue                          | 3. Manage patient (Final disposition / plan of non-admitted patient) | None   | 6 hours<br>(Period from assessment to referral and final disposition)   | AS Junior, AS Senior, Assistant Chief Resident (ACR)            |
| 3. Give consent on the procedure to be performed                          | 3. Perform appropriate procedure                                     | Please refer to the approved schedule of fees  | Monitor labor: variable<br><br>Vaginal delivery: 30 minutes to 1 hour (may be variable)<br>Cesarean: 1 hour 30 minutes (may be variable depending on indication)<br>CS hysterectomy: 2 hours<br>Curettage: 1 hour<br><br>*Additional 1 hour for transition of cases | IOD, NOD, DR/LR Junior, DR Senior, RIC                          |

|                                  |   |   |   |  |
|----------------------------------|---|---|---|--|
| 4. Wait for instructions / order | 4. Transfer patient to ward from OBAS / Recovery Room | None  | 4 hours (from completion of procedure)  | LD/DR Junior, DR Senior, RIC, ACR, NOD |
| <b>TOTAL:</b>                    |   | Please refer to the approved schedule of fees | <p>If not admitted: 4 hours</p> <p>If managed with procedure:</p> <p>Vaginal delivery: 2 hours (variable depending on stage of labor)</p> <p>Cesarean Section: 3 hours* (variable depending on the indication)</p> <p>CS hysterectomy* 3 hours, 30 minutes* (variable depending on indication)</p> <p>Curettage: 2 hours 30 minutes</p> <p>*Duration may be variable depending on stage of labor, indication for procedure, need for further work-up and availability of Operating Room</p> |  |

## 2. General OPD Consultation Service

Involves examination, diagnostic and treatment of patients with an OB-Gyne –related complaint at the outpatient services.

| <b>Office or Division:</b>   | Department of Obstetrics and Gynecology   |   |                  |                               |
|--|---|---|------------------|-------------------------------|
| <b>Classification:</b>   | Simple  |   |                  |                               |
| <b>Type of Transaction:</b>  | G2C   |   |                  |                               |
| <b>Who may avail:</b>  | All individuals with chief complaint related to obstetrics and gynecologic cases  |   |                  |                               |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                  |                               |
| 1. Referral from other departments or institution<br>2. Gynecologic / Obstetric complaint (for Obstetrics complaint may also require positive pregnancy test and/or ultrasound documenting pregnancy)<br>3. Online appointment with confirmation message regarding schedule of appointment and the type of consultation (face-to-face or telemedicine consultation)<br>3. Blue card (1 original) |   | Referring physician<br>Referring Physician<br><br>Online Consultation Request and Appointment (OCRA) System (see PGH website: <a href="http://www.pgh.gov.ph">www.pgh.gov.ph</a> )<br><br>DOPS Palistahan |                  |                               |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESS-ING TIME | PERSON RESPONSIBLE            |
| <b>NEW PATIENTS-</b><br>Patients consultation to initial assessment/ management  |   |   |                  |                               |
| 1. Arrive at the OB-Gyne Counter 1 (Triage Section).   | 1. Confirm the patient's schedule of appointment in the RADISH system.<br>1.1. Assess and evaluate the patient for any COVID-19-related symptoms.<br>1.2. Categorize patient's case (OB or Gyne case).<br>1.3. Check and issue Patient's Number.<br>1.4. Advise the patient to wait for their name/patient's number to be called at the patient's waiting area.<br>1.5. Enter patient's information in the CARROT System.<br>1.6. Take baseline vital signs at the OB-Gyne Counter 2. | None  | 10 minutes       | Triage Nurse/<br>Clinic Clerk |
|  |   | None  | 1 minute         | Midwife                       |



|  |  |      |                            |  |
|--|--|------|----------------------------|--|
| 2. Enter the clinic once called.       | 2. Call the name of the patient.<br>2.1. Do appropriate history taking and physical examination.<br>2.2. Refer to Residents/Senior Resident/ACR  | None | 1 minute<br><br>15 minutes | Nurse on Duty<br><br>Intern on Duty/<br>Resident |
| 3. Give consent to further management. | 3. Explain physical examination findings and management plan.<br>3.1. Advise/provide appropriate diagnostic and therapeutic management.<br><ul style="list-style-type: none"> <li>For simple, non-surgical complaints, treatment may be advised in the initial consultation.</li> <li>Complicated concerns or patients necessitating surgical intervention may require additional steps for diagnostics, clearances etc.</li> <li>Other patients may be referred to subspecialty clinic/other departments depending on the assessment</li> <li>For patients necessitating immediate admission, they may be sent to the OB Admitting Section</li> </ul> | None | 10 minutes                 | Resident on Duty/Assistant Chief Resident        |
|  | 3.2. Enter prescription and/or laboratory/ diagnostic requests at the patient's OPD Electronic Medical Records or at the RADISH, as needed.<br>3.3. Give schedule for follow up and/or referral to subspecialty.<br>3.4. Assist the patient to the Nurse on Duty for further instructions and confirmation of schedule.  | None | 30 minutes                 | Resident in charge                               |

|  |   |      |                   |               |
|--|---|------|-------------------|---------------|
|  | 3.5. Reiterate instructions concerning laboratory/ diagnostics requests and prescribed medications.<br>3.6. Advice to get their new blue card at the DOPS Palistahan. | None | 5 minutes         | Nurse on Duty |
|  | <b>TOTAL:</b>   | None | 1 hour 30 minutes |               |

| CLIENT STEPS                                | AGENCY ACTION  | FEES TO BE PAID | PROCESS-ING TIME | PERSON RESPONSIBLE                              |
|---|--|-----------------|------------------|---|
| <b><u>FOLLOW- UP CONSULT</u></b>            |  |                 |                  |   |
| 1. Arrive and drop the blue card at Counter | 1. Get the blue card from the box provided at Counter 1.<br>1.1. Confirm the patient's schedule of appointment in the RADISH System.<br>1.2. Assess and evaluate the patient for any COVID-19-related symptoms.<br>1.3. Assign a patient's number.<br>1.4. Update CARROT System for chart retrieval, if necessary.<br>1.5. Take baseline vital signs at the Ob-Gyne Counter 2. | None            | 10 minutes       | OB-Gyne Clinic Clerk                            |
|   |  | None            | 1 minute         | Midwife   |
| 2. Enter the clinic once called.            | 2. Call the name of the patient.<br>2.1. Do appropriate history taking and physical examination.<br>2.2 Refer to Residents/senior resident/ACR for disposition.  | None            | 1 minute         | Nurse   |
|   |  | None            | 15 minutes       | Intern on Duty/<br>Resident/Senior Resident/ACR |

|  |  |      |            |  |
|--|--|------|------------|--|
| 3. Give consent to further management. | <p>3. Explain physical examination findings and management plan.</p> <p>3.1 Advise/provide appropriate diagnostic and therapeutic management.</p> <ul style="list-style-type: none"> <li>• For simple, non-surgical complaints, treatment may be advised in the initial consultation.</li> <li>• Complicated concerns or patients necessitating surgical intervention may require additional steps for diagnostics, clearances etc.</li> <li>• Other patients may be referred to subspecialty clinics/other departments depending on the assessment.</li> <li>• For patients necessitating immediate admission, they may be sent to the OB Admitting Section.</li> </ul> | None | 10 minutes | Resident on Duty                             |
|  | <p>3.2. Enter prescription and/or laboratory/ diagnostic requests at the patient's OPD Electronic Medical Records or at the RADISH, as needed.</p> <p>3.3. Give schedule for follow up and/or referral to subspecialty.</p> <p>3.4. Assist the patient to the Nurse on Duty for further instructions and scheduling.</p> <p>3.5. Reiterate instructions concerning laboratory/diagnostics requests and prescribed medications.</p> <p>3.6. Return the blue card to the patient.</p>  | None | 5 minutes  | Resident/Intern on duty<br><br>Nurse on Duty |
| <b>TOTAL:</b>                          |  | None | 42 minutes |  |

### 3. OPD Subspecialty Clinic Consultation Service

Involves examination, diagnosis and treatment of patients with complex cases previously seen at the general clinic or those who have completed work-ups

| <b>Office or Division:</b>   | Department of Obstetrics and Gynecology  |   |                 |                    |
|--|--|---|-----------------|--------------------|
| <b>Classification:</b>   | Simple   |   |                 |                    |
| <b>Type of Transaction:</b>  | G2C  |   |                 |                    |
| <b>Who may avail:</b>  | Patients with chief complaint related to obstetrics and gynecologic cases deemed complicated or requiring specialty consultation opinion |   |                 |                    |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                                     |                 |                    |
| 1. Referral from General Clinic  |  | Physician from General Clinic                       |                 |                    |
| 2. Schedule consult at subspecialty clinic                               |  | Physician from General Clinic                       |                 |                    |
| 3. Complete work-up (if applicable) (e.g. laboratory/diagnostic results) |  | Nurse in charge of scheduling (subspecialty clinic) |                 |                    |
|  |  | Laboratory and Diagnostics Units                    |                 |                    |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                                     | PROCESSING TIME | PERSON RESPONSIBLE |

|  |   |      |                            |  |
|--|---|------|----------------------------|--|
| 1. Arrive at the OB-Gyne Counter 1 (Triage Section). | 1. Confirm the patient's schedule of appointment in the RADISH system.<br>1.1. Assess and evaluate the patient for any COVID-19-related symptoms.<br>1.2. Categorize patient's case (OB or Gyne case).<br>1.3. Check and issue Patient's Number.<br>1.4. Advise the patient to wait for their name/patient's number to be called at the patient's waiting area.<br>1.5. Enter patient's information in the CARROT System.<br>1.6. Take baseline vital signs at the OB-Gyne Counter 2. | None | 10 minutes                 | Triage Nurse/<br>Clinic Clerk                    |
|  |   | None | 1 minute                   | Midwife  |
| 2. Enter the clinic once called.                     | 2. Call the name of the patient.<br>2.1. Do appropriate history taking and physical examination.<br>2.2. Refer to Residents/Senior Resident/ACR   | None | 1 minute<br><br>15 minutes | Nurse on Duty<br><br>Intern on Duty/<br>Resident |
| 3. Give consent to further management.               | 3. Explain physical examination findings and management plan.<br>3.1. Advise/provide appropriate diagnostic and therapeutic management.<br>• For simple, non-surgical complaints, treatment may be advised in the initial consultation.<br>• Complicated concerns or patients necessitating surgical intervention may require additional  | None | 10 minutes                 | Resident on Duty/Assistant Chief Resident        |

|  |  |      |                   |                    |
|--|--|------|-------------------|--------------------|
|  | <p>steps for diagnostics, clearances etc.</p> <ul style="list-style-type: none"> <li>• Other patients may be referred to subspecialty clinic/other departments depending on the assessment</li> <li>• For patients necessitating immediate admission, they may be sent to the OB Admitting Section</li> </ul>                          |      |                   |                    |
|  | <p>3.2. Enter prescription and/or laboratory/ diagnostic requests at the patient's OPD Electronic Medical Records or at the RADISH, as needed.</p> <p>3.3. Give schedule for follow up and/or referral to subspecialty.</p> <p>3.4. Assist the patient to the Nurse on Duty for further instructions and confirmation of schedule.</p> | None | 30 minutes        | Resident in charge |
|  | <p>3.5. Reiterate instructions concerning laboratory/ diagnostics requests and prescribed medications.</p> <p>3.6. Advice to get their new blue card at the DOPS Palistahan.</p>   | None | 5 minutes         | Nurse on Duty      |
|  | <b>TOTAL:</b>  | None | 1 hour 30 minutes |                    |

#### 4. Scheduling of consult at OPD

Providing a follow up schedule for consultation at OPD

|  |  |   |                        |                           |
|--|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Obstetrics and Gynecology  |   |                        |                           |
| <b>Classification:</b>   | Simple   |   |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |   |                        |                           |
| <b>Who may avail:</b>  | Patients who were advised to make a follow up consult at OPD   |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |                           |
| 1. Blue card(1 original)<br>2. Physician advise to follow-up or consult at the subspecialtyclinic  |  | DOPS Palistahan<br>Scheduled in electronic medical record (RADISH); written in the electronic medical record (RADISH) |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| <b><u>GENERAL CLINIC FOLLOW UP CONSULT</u></b>   |  |   |                        |                           |
| 1. Check her account in Online Consultation Request and Appointment (OCRA) System (see PGH website: <a href="http://www.pgh.gov.ph">www.pgh.gov.ph</a> )<br>OR<br>Check her bluecard | 1. Schedule the patient's follow-up through RADISH (Electronic Medical Record) or write the follow-up schedule on the blue card.<br>2. Return blue card to patient | None  | 5 mins                 | Resident-in-charge        |
| <b>TOTAL:</b>  |  |   | 5 mins                 |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| <b><u>SUBSPECIALTY CLINIC FOLLOW UP CONSULT</u></b>  |  |   |                        |                           |

|  |   |      |           |                    |
|--|---|------|-----------|--------------------|
| 1. Check her account in Online Consultation Request and Appointment (OCRA) System (see PGH website: <a href="http://www.pgh.gov.ph">www.pgh.gov.ph</a> ) OR Check her bluecard for the schedule indicated by the RIC | <ol style="list-style-type: none"> <li>1. Refer the patient to the appropriate subspecialty.</li> <li>2. Schedule the patient's follow-up through RADISH (Electronic Medical Record) or write the follow-up schedule on the blue card.</li> <li>3. Return blue card to patient</li> </ol> | None | 5 mins    | Resident in charge |
| <b>TOTAL:</b>  |   |      | 5 minutes |                    |



## 5. Scheduling of Surgery

Gives surgical schedule to patient with surgical management recommendation

| <b>Office or Division:</b>     | Department of Obstetrics and Gynecology          |   |                 |                    |
|--------------------------------|--|---|-----------------|--------------------|
| <b>Classification:</b>         | Simple   |   |                 |                    |
| <b>Type of Transaction:</b>    | G2C  |   |                 |                    |
| <b>Who may avail:</b>          | Patients with surgical management recommendation |   |                 |                    |
| CHECKLIST OF REQUIREMENTS      |  | WHERE TO SECURE   |                 |                    |
| 1. Complete work up            |  | Laboratory/Diagnostic units, Imaging (PGH or outside PGH), Surgical recommendation entry in the chart |                 |                    |
| 2. Preoperative riskassessment |  | Internal Medicine Clinic  |                 |                    |
| 3. Anesthetic clearance        |  | PATEC clinic  |                 |                    |
| 4. Assistant Chief Resident    |  | OBGYN Clinic / Assistant chief resident   |                 |                    |
| 4. Availability of schedule    |  | Surgery schedule is determined by the availability of OR slots and urgency of the case                |                 |                    |
| 5. Available Funding           |  | Various sources available   |                 |                    |
| 6. PhilHealth requirements     |  | PhilHealth office   |                 |                    |
| CLIENT STEPS                   | AGENCY ACTION                                    | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE |

|  |   |      |            |                               |
|--|---|------|------------|-------------------------------|
| 1. Arrive at the OB-Gyne Counter 1 (Triage Section). | 1. Confirm the patient's schedule of appointment in the RADISH system.<br>1.1. Assess and evaluate the patient for any COVID-19-related symptoms.<br>1.2. Categorize patient's case (OB or Gyne case).<br>1.3. Check and issue Patient's Number.<br>1.4. Advise the patient to wait for their name/patient's number to be called at the patient's waiting area.<br>1.5. Enter patient's information in the CARROT System.<br>1.6. Take baseline vital signs at the OB-Gyne Counter 2. | None | 3 minutes  | Triage Nurse/<br>Clinic Clerk |
|  |   | None | 1 minute   | Midwife                       |
| 2. Enter the clinic once called.                     | 2. Call the name of the patient.<br>2.1. Do appropriate history taking and physical examination.<br>2.2. Refer to Residents/Senior Resident.  | None | 1 minute   | Nurse on Duty                 |
|  |   |      | 10 minutes | Intern on Duty/<br>Resident   |
| 3. Give consent to further management.               | 3. Explain physical examination findings and management plan.<br>3.1. Advise/provide appropriate diagnostic and therapeutic management.<br>• For simple, non-surgical complaints, treatment may be advised in the initial consultation.<br>• Complicated concerns or patients necessitating   | None | 15 minutes | Resident                      |
|  |   | None | 10 minutes | Resident                      |

|  |  |      |            |               |
|--|--|------|------------|---------------|
|  | <p>surgical intervention may require additional steps for diagnostics, clearances etc.</p> <ul style="list-style-type: none"> <li>• Other patients may be referred to subspecialty clinic/other departments depending on the assessment</li> <li>• For patients necessitating immediate admission, they may be sent to the OB Admitting Section</li> </ul> |      |            |               |
|  | <p>3.2. Enter prescription and/or laboratory/ diagnostic requests at the patient's OPD Electronic Medical Records or at the RADISH, as needed.</p> <p>3.3. Give schedule for follow up and/or referral to subspecialty.</p> <p>3.4. Assist the patient to the Nurse on Duty for further instructions and confirmation of schedule.</p>                     |      |            |               |
|  | <p>3.5. Reiterate instructions concerning laboratory/ diagnostics requests and prescribed medications.</p> <p>3.6. Advice to get their new blue card at the DOPS Palistahan.</p>   | None | 5 minutes  | Nurse on Duty |
|  | <b>TOTAL:</b>  | None | 45 minutes |               |

# **Department of Ophthalmology and Visual Sciences**

## **External Services**

## 1. Patient Consultation at the SOJR Outpatient Services

Patient consultation at the SOJR Outpatient services

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Ophthalmology and Visual Sciences  |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |   |
| <b>Who may avail:</b>   | All patients with eye problems   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| Blue card (1 original)  |  | Main OPD Ground Floor  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| <b>NEW PATIENTS</b>   |  |                        |                        |   |
| 1. Patient will register and secure an appointment via online Consultation and Request and Appointment System | 1. Triage the patient and give a face-to-face appointment schedule   | None                   | 10 minutes             | <i>Clerk</i><br>DOVS<br>Outpatient service  |
| 2. Give the name of the patient and subject self to COVID screening   | 2. Check patient for COVID symptoms and temperature check  | None                   | 1 minute               | <i>Guard</i><br>DOVS<br>Outpatient service  |
| 3. Give the name of the patient to the information counter.   | 3. Record the name of the patient.   | None                   | 1 minute               | <i>Clerk</i><br>DOVS<br>Outpatient service  |
| 3.1 Wait for the name to be called  |  | None                   | 2 hours                |   |
| 4. Enter the clinic once name is called   | 4. Call the name of the patient<br>4.1 Take the history of the patient<br>4.2 Examine the patient<br>4.3 Explain the findings and management plans for the patient<br>4.4 Give prescription and/or | None                   | 1 hour                 | <i>Doctor</i><br>DOVS<br>Outpatient service |

|   |  |      |                     |  |
|---|--|------|---------------------|--|
|   | laboratory requests as needed<br>5.5 Send the patient to the nurse for scheduling  |      |                     |  |
| 5. Give the chart to the nurse for scheduling | 5. Give instructions regarding the laboratory and or medications prescribed<br>6.1. Give schedule of follow-up or consult to subspecialty clinic | None | 5 minutes           | <i>Nurse</i><br>DOVS<br>Outpatient service |
| <b>TOTAL:</b>                                 |  | None | 3 hours, 17 minutes |  |

## 2. Patient Consultation at the Emergency Room

Patient consultation or referral at the Emergency Room

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Department of Ophthalmology and Visual Sciences   |                        |                        |  |
| <b>Classification:</b>  | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2C   |                        |                        |  |
| <b>Who may avail:</b>   | All patients at the emergency room referred for eye problems  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |  |
| Referral to Ophthalmology   |   | Emergency Room         |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                  |
| 1. Give the patient's case record to clerk/intern on duty.  | 1. Receive referral<br>1.2. Take the history of the patient<br>1.3. Examine the patient<br>1.4. Refer to eye doctor in charge   | None                   | 10 minutes             | <i>Clerk or intern-on-duty</i><br>Emergency Room           |
| 2. Go to Ophtha ER and/or SOJR (if ambulatory or wheel-chair borne) or wait at the emergency room (for stretcher-borne) | 2.1. Complete the examination of the patient<br>2.2. Explain the findings and management plans for the patient<br>2.3. Give prescription and/or laboratory requests as needed | None                   | 30 minutes             | <i>Eye Doctor-on-duty</i><br>DOVS clinic or Emergency Room |
| 3. Go back to the emergency room with the case record   | 3.1. Complete necessary papers for discharge<br>3.2. Complete the patient's follow up schedule in the discharge paper via RADISH  | None                   | 15 minutes             | <i>Eye Doctor-on-duty</i><br>DOVS clinic or Emergency Room |
| <b>TOTAL:</b>   |   | None                   | 55 minutes             |  |

### 3. Diagnostic Services

Diagnostic services available at the SOJR Eye Instrument Center (EIC)

|  |  |                           |                           |   |
|--|--|---------------------------|---------------------------|---|
| <b>Office or Division:</b>   | Department of Ophthalmology and Visual Sciences  |                           |                           |   |
| <b>Classification:</b>   | Highly Technical   |                           |                           |   |
| <b>Type of Transaction:</b>  | G2C  |                           |                           |   |
| <b>Who may avail:</b>  | All patients requiring laboratories prescribed by the eye doctor   |                           |                           |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>    |                           |   |
| Laboratory request (RADISH)  |  | Eye doctor                |                           |   |
| Serum creatinine level for fluorescein angiography                           |  | Laboratory                |                           |   |
| Appointment  |  | Nurse                     |                           |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>    | <b>PROCESS-ING TIME</b>   | <b>PERSON RESPONSIBLE</b>                               |
| 1. Comes to Eye Instrument Center on day of appointment and approaches nurse | 1. Confirms patient is schedule and procedure<br>1.1 List down the name of the patient in the logbook<br>1.2 List the cost of the procedure to the charge slip | None                      | 2 minutes                 | <i>Nurse</i><br>Eye Instrument Center                   |
| 2. Pay at the cashier  | 2.Receive payment and issue official receipt   | Refer to succeeding table | 10 minutes                | <i>Cashier</i><br>DOVS                                  |
| 3. Present official receipt at the EIC reception area                        | 3.Receive official receipt<br>3.1.Call out the name of patient once technician is ready  | None                      | 5 minutes                 | <i>Nurse/Nursing Attendant</i><br>Eye Instrument Center |
| 4. Go to instrument room   | 4.Perform the test   | None                      | Refer to succeeding table | <i>Technician</i><br>Eye Instrument Center              |
| 5. Go to reception area for instructions                                     | 5.Give results/ instructions on when to go back for official results   | None                      | 5 minutes                 | <i>Nurse/Nursing Attendant</i><br>Eye Instrument Center |
| 6. None  | 6.Interpretation of results  | None                      | Refer to succeeding table | <i>Eye Doctor</i>                                       |
| 7.Receive result with official reading                                       | 7.Give the result with official reading  | None                      | 2 minutes                 | <i>Nurse/Nursing Attendant</i><br>Eye Instrument Center |
| <b>TOTAL:</b>  |  | Refer to succeeding table | Refer to succeeding table |   |



**Current Procedure Rates based on Memo No. 2014 – 030 and Memo No. 2015 – 047**

| Procedure  | Duration of the Test | Release of results | Private  |           | Charity  |           |
|--|----------------------|--------------------|----------|-----------|----------|-----------|
|  |                      |                    | One eye  | Both eyes | One eye  | Both eyes |
| Biometry (A scan)                                  | 5 minutes            | Same day           | 245.00   | 610.00    | 200.00   | 500.00    |
| Ocular Coherence Tomography                        | 5 minutes            | 14 days            | 2,050.00 | 3,440.00  | 1,195.00 | 2,335.00  |
| Ocular Coherence Tomography Angiography            | 5 minutes            | 14 days            | 2,960.00 |           | 1910.00  |           |
| Fundus/Disc Photo                                  | 30 minutes           | 14 days            | 500.00   | 900.00    | 275.00   | 500.00    |
| Ocular Ultrasound                                  | 5 minutes            | Same day           | 1,850.00 | ---       | 800.00   | ---       |
| Ultrasound Biomicroscopy (Water bath Technique)    | 10 minutes           | Same day           | 2,500.00 | 4,200.00  | 1,500.00 | 2,800.00  |
| Ultrasound Biomicroscopy (Clear Scan Probe Set-up) | 10 minutes           | Same day           | 4,360.00 | 4,740     | 3,280.00 | 3,565.00  |
| Automated Visual Fields                            | 45 minutes           | 14 days            | N/A      | 1,800.00  | N/A      | 1000.00   |
| Corneal Topography                                 | 5 minutes            | 14 days            | 390.00   | 730.00    | 280.00   | 560.00    |
| Fluorescein Angiography                            | 1 hour               | 14 days            |          | 3440.00   |          | 2,100.00  |
| Fluorescein Angiography (Wide Field)               | 1 hour               | 14 days            |          | 3440.00   |          | 2,100     |
| Fluorescein Angiography +ICG Angiography           | 1 hour               | 14 days            |          | 5,090.00  |          | 3090.00   |
| Pachymetry   | 5 minutes            | Same day           | 235.00   | 470.00    | 160.00   | 315.00    |
| Specular Microscopy                                | 5 minutes            | Same day           | 490.00   | 915.00    | 290.00   | 580.00    |
| Pentacam   | 5 minutes            | 14 days            | 720.00   | 1,440.00  | 500.00   | 1,000.00  |
| Wide Angle Photo                                   | 5 minutes            | 14 days            |          | 1,295.00  |          | 700.00    |
| Biometry (IOL Master)                              | 5 minutes            | Same day           | 245.00   | 720.00    | 200.00   | 600.00    |
| ICG Angiography (excluding Dye)                    | 1 hour               | 14 days            |          | 1,650.00  |          | 990.00    |

#### 4. Laser Procedure – Decision Making

Decision making process for patients who will be needing laser procedures done in the Eye Instrument Center (EIC)

|   |   |                        |                         |                             |
|---|---|------------------------|-------------------------|-----------------------------|
| <b>Office or Division:</b>  | Department of Ophthalmology and Visual Sciences   |                        |                         |                             |
| <b>Classification:</b>  | Highly Technical  |                        |                         |                             |
| <b>Type of Transaction:</b>                                       | G2C   |                        |                         |                             |
| <b>Who may avail:</b>   | All patients requiring laser procedures as prescribed by the eye doctor   |                        |                         |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                  |   | <b>WHERE TO SECURE</b> |                         |                             |
| Blue card (1 original)  |   | Main OPD               |                         |                             |
| Appointment   |   | Nurse                  |                         |                             |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Arrives on day of appointment                                  | 1.Receive blue card<br>1.1 Instruct patient to wait for their name to be called   | None                   | 1 minute                | <i>Guard</i><br>DOVS        |
| 2. Wait for the name to be called                                 | 2. Retrieve blue card<br>2.1. Retrieve records of patients<br>2.2. Call out the patient name and return blue card   | None                   | 15 minutes              | <i>Nurse</i><br>OPD         |
| 3. Proceed to subspecialty clinic/general clinic                  | 3. Bring records to the subspecialty clinic<br>3.1. Instruct patient to wait for name to be called  | None                   | 5 minutes               | <i>Nurse</i><br>OPD         |
| 4. Enter the clinic once name is called                           | 4.Call the name of the patient<br>4.1. Take the history of the patient<br>4.2. Examine the patient<br>4.3. Explain the findings to patient<br>4.4. Formulate management plans for the patient<br>4.5. Show for consultant opinion (either same day or on follow up) | None                   | 20 minutes              | <i>Eye Doctor</i><br>Clinic |
| 5. Proceed to nurses station for scheduling of consultant opinion | 5. Write schedule of consultant opinion in the blue card  | None                   | 5 minutes               | <i>Nurse</i><br>OPD         |
| 5.1 Wait for the schedule of the                                  |   | None                   | 13 days                 |                             |

|   |   |      |                                    |   |
|---|---|------|------------------------------------|---|
| consultant opinion  |   |      |                                    |   |
| 6. Come back to SOJR during the scheduled day. Follow steps 1-3. (See Steps 1 to 3 above) | 6. See Steps 1 to 3 above   | None | 21 minutes                         | <i>Guard/ Nurse OPD</i>   |
| 7. Enter the clinic once name is called   | 7. Call the name of the patient<br>7.1. Examine the patient   | None | 10 minutes                         | <i>Eye doctor Clinic</i>  |
| 7.1. Wait for the consultant to arrive  | None  | None | 5 hours                            |   |
| 8. Enter the clinic once name is called   | 8. Call the name of the patient<br>8.1 Examine the patient<br>8.2. Formulate management plan for patient<br>8.3 Sign the formulated management plan<br>8.4 Explain the management plans to the patient<br>8.5. Schedule the procedure | None | 15 minutes                         | <i>Resident doctor</i><br><br><i>Consultant doctor</i><br><br><br><br><br><i>Resident doctor Clinic</i> |
| 11. Proceed to nurses station for scheduling of laser procedure                           | 11. Write schedule of laser procedure on the blue card  | None | 5 minutes                          | <i>Nurse OPD</i>  |
| <b>TOTAL:</b>   |   | None | 13 days,<br>6 hours,<br>37 minutes |   |

## 5. Laser Procedure – Actual Procedure

Actual laser procedure

|   |  |                             |                         |                                       |
|---|--|-----------------------------|-------------------------|---------------------------------------|
| <b>Office or Division:</b>                          | Department of Ophthalmology and Visual Sciences  |                             |                         |                                       |
| <b>Classification:</b>                              | Simple   |                             |                         |                                       |
| <b>Type of Transaction:</b>                         | G2C  |                             |                         |                                       |
| <b>Who may avail:</b>                               | All patients requiring laser procedures as prescribed by the eye doctor  |                             |                         |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                    |  | <b>WHERE TO SECURE</b>      |                         |                                       |
| Blue card (1 original)                              |  | Main OPD                    |                         |                                       |
| Consultant opinion                                  |  | Subspecialty/General clinic |                         |                                       |
| Appointment   |  | Nurse                       |                         |                                       |
| <b>CLIENT STEPS</b>                                 | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>      | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Arrives on day of appointment                    | 1.Receive blue card<br>1.1 Instruct patient to wait for their name to be called  | None                        | 1 minute                | <i>Guard</i><br>DOVS                  |
| 1.1 Wait for the name to be called                  | 1.2 Retrieve blue card<br>1.3 Retrieve records of patients<br>1.4 Call out the patient name and return blue card   | None                        | 15 minutes              | <i>Nurse</i><br>OPD                   |
| 2. Proceed to subspecialty/ general clinic          | 2. Bring records to the subspecialty clinic<br>2.1 Instruct patient to wait for name to be called  | None                        | 5 minutes               | <i>Nurse</i><br>OPD                   |
| 3. Enter the clinic once name is called             | 3. Call the name of the patient<br>3.1 Administer pre-treatment eye drops as needed<br>3.2 Instruct the patient to proceed to Eye Instrument Center with patient records | None                        | 20 minutes              | <i>Eye Doctor</i><br>Clinic           |
| 4. Present patient records at reception area of EIC | 4. Receive the patient records and confirm schedule and procedure<br>4.1 List down the name of the patient and procedure in the logbook                                  | None                        | 2 minutes               | <i>Nurse</i><br>Eye Instrument Center |

|   |  |                           |  |  |
|---|--|---------------------------|--|--|
|   | 4.2 List the cost of the procedure to the charge slip  |                           |  |  |
| 5. Pay at the cashier                         | 5. Receive payment and issue official receipt  | Refer to succeeding table | 10 minutes                             | Cashier<br>DOVS                                  |
| 6. Present official receipt to reception area | 6. Receive official receipt<br>6.1 Call out the name of patient once eye doctor is ready   | None                      | 5 minutes                              | Nurse/Nursing Attendant<br>Eye Instrument Center |
| 7. Go to the laser room                       | 7. Perform the procedure<br>7.1 Accomplish laser procedure form<br>7.2 Prescribe post-op medications<br>7.3 Instruct how to instill post-op eye drops<br>7.4 Write follow up schedule on the chart | None                      | Refer to succeeding table              | Eye doctor<br>Laser Room                         |
| 8. Proceed to the reception area              | 8. Call the name of the patient<br>8.1 Instruct to proceed to nurses' station  | None                      | 2 minutes                              | Nurse<br>Eye Instrument Center                   |
| 9. Proceed to the nurses' station             | 9. Write schedule of follow up on the blue card  | None                      | 5 minutes                              | Nurse<br>OPD                                     |
| <b>TOTAL:</b>                                 |  | Refer to succeeding table | Maximum:<br>1 hour, 52 minutes per eye |  |

**Current Procedure Rates based on Memo No. 2014 – 030 and Memo No. 2015 – 047.**

| Procedure                       | Duration of the Test | Private  |           | Charity  |           |
|---------------------------------|----------------------|----------|-----------|----------|-----------|
|                                 |                      | One eye  | Both eyes | One eye  | Both eyes |
| Nd: YAG Laser                   | 5 minutes/eye        | 1,740.00 | 3,435.00  | 1,180.00 | 2,300.00  |
| 532 nm Laser                    | 15 minutes/eye       | 1,915.00 | 3,650.00  | 1,180.00 | 2,300.00  |
| Diode Laser                     | 20 minutes/eye       | 1,480.00 | 2,870.00  | 980.00   | 2,000.00  |
| Laser Indirect Ophthalmoscopy   | 45 minutes/eye       | 1,480.00 | 2,870.00  | 980.00   | 2,000.00  |
| Selective Laser Trabeculoplasty | 5 minutes/eye        | 2,800.00 | 5,600.00  | 2,500.00 | 5,000.00  |

## 6. Surgery – Decision Making

Decision making process for patients who will be needing surgery

| <b>Office or Division:</b>  | Department of Ophthalmology and Visual Sciences  |                 |                 |                             |
|---|--|-----------------|-----------------|-----------------------------|
| <b>Classification:</b>  | Highly Technical   |                 |                 |                             |
| <b>Type of Transaction:</b>                                       | G2C  |                 |                 |                             |
| <b>Who may avail:</b>   | All patients requiring surgery as prescribed by the eye doctor   |                 |                 |                             |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE |                 |                             |
| Blue card (1 original)  |  | Main OPD        |                 |                             |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE          |
| 1. Present blue card to guard                                     | 1. Receive blue card<br>1.1 Instruct patient to wait for their name to be called   | None            | 1 minute        | <i>Guard</i><br>SOJR        |
| 2. Wait for the name to be called                                 | 2. Retrieve blue card<br>2.1. Retrieve records of patients<br>2.2. Call out the patient name and return blue card  | None            | 15 minutes      | Nurse<br>OPD                |
| 3. Proceed to subspecialty clinic/ general clinic                 | 3. Bring records to the subspecialty clinic<br>3.1. Instruct patient to wait for name to be called   | None            | 5 minutes       | <i>Nurse</i><br>OPD         |
| 4. Enter the clinic once name is called                           | 4. Call the name of the patient<br>4.1. Take the history of the patient<br>4.2. Examine the patient<br>4.3. Explain the findings to patient<br>4.4. Formulate management plans for the patient<br>4.5. Schedule consultant opinion (either same day or on follow up) | None            | 20 minutes      | <i>Eye Doctor</i><br>Clinic |
| 5. Proceed to nurses station for scheduling of consultant opinion | 5. Write schedule of consultant opinion in the blue card   | None            | 5 minutes       | <i>Nurse</i><br>OPD         |

|   |   |      |                                    |   |
|---|---|------|------------------------------------|---|
| 5.1 Wait for the schedule of the consultant opinion                                       |   | None | 13 days                            |   |
| 6. Come back to SOJR during the scheduled day. Follow Steps 1-3. (See Steps 1 to 3 above) | 6. See Steps 1 to 3 above   | None | 21 minutes                         | <i>Guard<br/>SOJR<br/>Nurse<br/>OPD</i>   |
| 7. Enter the clinic once name is called   | 7. Call the name of the patient<br>7.1. Examine the patient   | None | 10 minutes                         | <i>Eye doctor<br/>Clinic</i>  |
| 7.1 Wait for the consultant to arrive   |   | None | 5 hours                            |   |
| 8. Enter the clinic once name is called   | 8. Call the name of the patient<br>8.1. Examine the patient<br>8.2. Formulate management plan for patient<br>8.3 Sign the formulated management plan<br>8.4 Explain the management plans to the patient<br>8.5 Give prescription and/or laboratory requests as needed<br>8.6 Send the patient to the nurse for scheduling | None | 15 minutes                         | <i>Resident doctor<br/><br/>Consultant<br/>doctor<br/><br/><br/><br/>Resident doctor<br/>Clinic</i> |
| 9. Proceed to nurses station for scheduling   | 9. Write schedule of follow up on the blue card<br>9.1. Instruct patient to facilitate all labs/clearance prior to schedule of follow up.   | None | 5 minutes                          | <i>Nurse<br/>OPD</i>  |
| <b>TOTAL:</b>   |   |      | 13 days,<br>6 hours,<br>37 minutes |   |

## 7. Surgery – Scheduling

Scheduling process for patients who will be needing surgery

|  |   |                                      |                         |                             |
|--|---|--------------------------------------|-------------------------|-----------------------------|
| <b>Office or Division:</b>                       | Department of Ophthalmology and Visual Sciences   |                                      |                         |                             |
| <b>Classification:</b>                           | simple  |                                      |                         |                             |
| <b>Type of Transaction:</b>                      | G2C   |                                      |                         |                             |
| <b>Who may avail:</b>                            | All patients requiring surgery as prescribed by the eye doctor  |                                      |                         |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                 |   | <b>WHERE TO SECURE</b>               |                         |                             |
| Blue card (1 original)                           |   | Main OPD                             |                         |                             |
| Consultant opinion                               |   | Subspecialty/General clinic          |                         |                             |
| Laboratory results (original copy)               |   | Diagnostic center                    |                         |                             |
| Risk stratification/Clearance                    |   | Internal Medicine OPD/Anesthesia OPD |                         |                             |
| <b>CLIENT STEPS</b>                              | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>               | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Present blue card to guard                    | 1.Receive blue card<br>1.1 Instruct patient to wait for their name to be called   | None                                 | 1 minute                | <i>Guard</i><br>SOJR        |
| 2. Wait for the name to be called                | 2. Retrieve blue card<br>2.1. Retrieve records of patients<br>2.2. Check if with complete requirements<br>2.2. Call out the patient name and return blue card | None                                 | 15 minutes              | <i>Nurse</i><br>OPD         |
| 3. Proceed to subspecialty clinic/general clinic | 3. Bring records to the subspecialty clinic<br>3.1. Instruct patient to wait for name to be called  | None                                 | 5 minutes               | <i>Nurse</i><br>OPD         |
| 4. Enter the clinic once name is called          | 4.Call the name of the patient<br>4.1. Examine the patient<br>4.2. Secure contact details<br>4.3. Give tentative OR schedule                                  | None                                 | 20 minutes              | <i>Eye Doctor</i><br>Clinic |
| <b>TOTAL:</b>                                    |   | None                                 | 41 minutes              |                             |



## 8. Surgery – Pre-operative Care

Pre-operative care for patients who will undergo surgery at the SOJR OR

| <b>Office or Division:</b>   | Department of Ophthalmology and Visual Sciences   |   |                 |                                     |
|--|---|---|-----------------|-------------------------------------|
| <b>Classification:</b>   | Simple  |   |                 |                                     |
| <b>Type of Transaction:</b>  | G2C   |   |                 |                                     |
| <b>Who may avail:</b>  | All surgical patient scheduled at the SOJR-OR   |   |                 |                                     |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                 |                                     |
| Blue card (1 original)   |   | OPD/5 <sup>th</sup> floor                               |                 |                                     |
| PhilHealth form/Guarantee letter (1 original)  |   | SOJR building 1 <sup>st</sup> floor - PhilHealth office |                 |                                     |
| Negative RT-PCR test result Form   |   | DOH accredited Covid-19 testing Center                  |                 |                                     |
| Medical Clearance/ Risk stratification   |   | Internal Medicine                                       |                 |                                     |
| Registration of patient name to RADISH OR Scheduler for all patient scheduled for the day                                |   | Attending Physician                                     |                 |                                     |
| Fully accomplished Patient Treatment Record/Chart  |   | Attending Physician                                     |                 |                                     |
| Must be accompanied by legal guardian or relative of legal age   |   |   |                 |                                     |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                  |
| 1. Present requirements for operation<br><br>1.1 All scheduled outpatients must be accompanied by a watcher of legal age | 1. Verifies the name of patient from the list of RADISH scheduled patients for operation using the patient's blue card and Patient Treatment Record/Patient Chart<br><br>1.1. Checks the completeness of all pertinent documents required by the SOJR-OR:<br>a. Pre-approved PhilHealth clearance form<br>b. Guarantee letter from respective donors<br>c. Negative RT-PCR test result form<br>1.2. Secures consents for operation, anesthesia and data privacy for all | None  | 30 minutes      | OR Info Nurse/<br>Nursing Attendant |

|  |  |      |  |   |
|--|--|------|--|---|
|  | patients.<br>1.3. Perform and document pre-operative nursing care  |      |  |   |
| 2. Proceed to OR suites to undergo operation | 2. Assists in the performance of operation<br>2.1. Performs and documents intra and post operative nursing care <ul style="list-style-type: none"> <li>a. Registers to RADISH to fill up necessary details of operation for respective patients.</li> <li>b. Accomplishes and signs necessary OR documents</li> <li>c. Facilitates transfer of post operative patients from OR bed to respective recovery room areas.</li> </ul> | None | Variable<br><br>180 minutes                                  | <i>Scrub Nurse</i><br><br><i>Circulating Nurse</i><br><br>Attending Physicians<br>Utility Workers |
| <b>TOTAL:</b>                                |  | None | Processing Time:<br>210 minutes<br>Surgery time:<br>Variable |   |

## 9. Surgery – Transfer out to ward

For admitted patients, patients will be transferred to a ward once stable.

|  |  |   |                         |  |
|--|--|---|-------------------------|--|
| <b>Office or Division:</b>                 | Department of Ophthalmology and Visual Sciences  |   |                         |  |
| <b>Classification:</b>                     | Simple   |   |                         |  |
| <b>Type of Transaction:</b>                | G2C  |   |                         |  |
| <b>Who may avail:</b>                      | All In-Patient that undergone operation at the SOJR-OR   |   |                         |  |
| <b>CHECKLIST OF REQUIREMENTS</b>           |  | <b>WHERE TO SECURE</b>  |                         |  |
| Anesthesiologist Clearance/ transfer order |  | Attending physician   |                         |  |
| Hospital bill charged through Open ERP     |  | SOJR-OR PhilHealth Office (1 <sup>st</sup> floor SOJR building) |                         |  |
| Accomplished and signed PhilHealth forms   |  | Attending Physician   |                         |  |
| Allotted bed from service unit             |  | Attending Physician   |                         |  |
| <b>CLIENT STEPS</b>                        | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>                                      |
| 1. Present Order for Trans Out             | 1. Verifies doctor's order for trans out   | None  | 10 minutes              | <i>PACU Nurse/<br/>Utility worker/<br/>Residents in charge</i> |
|  | 1.1 Accomplishes and checks the completeness of the following OR documents:<br>a. PhilHealth forms: CSF, CF2 & CF4<br>b. Intraoperative record<br>c. Verification Form<br>d. OR technique form<br>e. Anesthesia Record<br>f. Doctor's post op order form |   | 10 minutes              |  |
|  | 1.2. Endorses and facilitates the transfer back of patient from OR to respective unit/ward   |   | 15 minutes              |  |
| <b>TOTAL:</b>                              |  | None  | 35 minutes              |  |

## 10. Surgery – Patient Discharge

Discharge of out-patients after surgery

|  |  |  |                         |  |
|--|--|--|-------------------------|--|
| <b>Office or Division:</b>               | Department of Ophthalmology and Visual Sciences  |  |                         |  |
| <b>Classification:</b>                   | Simple   |  |                         |  |
| <b>Type of Transaction:</b>              | G2C  |  |                         |  |
| <b>Who may avail:</b>                    | All Out-Patient that undergone operation at the SOJR-OR  |  |                         |  |
| <b>CHECKLIST OF REQUIREMENTS</b>         |  | <b>WHERE TO SECURE</b>                                       |                         |  |
| Discharge order                          |  | Attending physician  |                         |  |
| Hospital clearance                       |  | SOJR-OR Billing Office (1 <sup>st</sup> floor SOJR building) |                         |  |
| Accomplished and signed PhilHealth forms |  | Attending physician  |                         |  |
| Pharmacy clearance                       |  | SOJR-Pharmacy 2 <sup>nd</sup> floor SOJR building            |                         |  |
| <b>CLIENT STEPS</b>                      | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                       | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present Order for discharge           | 1. Verifies doctor's order for discharge   | None   | 10 minutes              | OR Info Nurse  |
| 2. Settle hospital bill                  | 2. Guides patients & relatives to fill out and accomplish incomplete necessary forms needed for hospital discharge.<br>2.1. Verifies and rechecks the completeness of all necessary forms needed for clearance:<br>a. OR Record<br>b. Anesthesia Record<br>c. CSF, CF2<br>d. Pre-cataract authorization form<br>e. Clinical abstract<br>f. PhilHealth benefit eligibility form<br>g. Pharmacy slip charges<br>2.3. Instructs patients/relatives the proper locations of different offices within the SOJR building where they need to do account settlement to secure clearances<br>2.4. Issues charge slips, if necessary, to be settled by patients or relatives | Refer to succeeding tables                                   | 30 minutes              | Nurse/<br>Nursing<br>Attendant<br>OR<br>Staff-in-Charge<br>SOJR-OR<br>Billing Office |

|                          |   |                            |            |   |
|--------------------------|---|----------------------------|------------|---|
| 3. Prepare for discharge | 3. Assists patient to change clothes from hospital gown to street clothes<br>3.1. Validates hospital clearance form<br>3.2. Instructs post op health education<br>3.3. Provides copy of post-operative health instructions to the patient and relatives | None                       | 30 minutes | OR Info Nurse<br>Nursing Attendants<br>Resident-in charge |
| <b>TOTAL:</b>            |   | Refer to succeeding tables | 70 minutes |   |

**Current Procedure Rates of In-Patient based on Memo Nos. 2012-231 & 2017-96.**

| Basic Operating Room Fee         | Service Rates | Pay Patients Rates |              |                    |               |
|----------------------------------|---------------|--------------------|--------------|--------------------|---------------|
|                                  |               | Ward               | Semi-Private | Private/Studio/ICU | Suite/De Luxe |
|                                  |               |                    | Private      |                    |               |
| Major A - 3 hrs                  | 1,600         | 1,915              | 2,145        | 2,405              | 3,360         |
| Additional/hr in excess of 3 hrs |               | 500                |              |                    |               |
| Major B - 4 hrs                  | 1,600         | 2,380              | 2,650        | 3,880              | 4,740         |
| Additional/hr in excess of 3 hrs |               | 500                |              |                    |               |
| Major C - 5 hrs                  | 1,600         | 3,430              | 4,900        | 8,970              | 11,075        |
| Additional/hr in excess of 3 hrs |               | 500                |              |                    |               |
| PACU                             |               | 570                |              |                    |               |

**Current Procedure Rates of Out-Patient based on Memo Nos. 2012-231 & 2017-96.**

| Basic Operating Room Fee | Outpatient Rates |        |
|--------------------------|------------------|--------|
|                          | Service          | Pay    |
| 1st 1 1/2 hours          | 1,600            | 3,010  |
| Succeeding hours         |                  | 750/hr |

**Current Procedure Rates of Minor OR based on Memo Nos. 2012-231 & 2017-96.**

| Basic Operating Room Fee | Service | Pay   |
|--------------------------|---------|-------|
| 30 minutes               | 1,500   | 2,100 |

**Current Rates of Machine Use based on Memo Nos. 2012-231 & 2017-96.**

| Machine Use         | Service Rates | Pay Patients Rates |                    |                     |                |
|---------------------|---------------|--------------------|--------------------|---------------------|----------------|
|                     |               | Outpay             | Ward/ Semi Private | Private (Big/Small) | Suite/ De Luxe |
|                     |               |                    |                    |                     |                |
| Microscope (LEICA)  | 690           | 1,020              | 1,020              | 1,020               | 1,020          |
| Microscope (LUMERA) | 830           | 1,040              | 1,100              | 1,160               | 1,220          |

|                                 |       |               |       |       |        |  |
|---------------------------------|-------|---------------|-------|-------|--------|--|
| 700)                            |       |               |       |       |        |  |
| Phaco Machine                   | 1,665 | 2,445         | 2,445 | 2,445 | 2,445  |  |
| Anesthesia Machine              | 1,500 | 1st 3 hrs     |       |       | 2,340  |  |
|                                 |       | succeeding hr |       |       | 260/hr |  |
| Cardiac Monitor                 | -     | 1st 4 hrs     |       |       | 300/hr |  |
|                                 |       | succeeding hr |       |       | 25/hr  |  |
| Cautery Machine                 | -     | 1st 3 hrs     |       |       | 750    |  |
|                                 |       | succeeding hr |       |       | 400/hr |  |
| Suction Machine                 | -     | 1st 3 hrs     |       |       | 390    |  |
|                                 |       | succeeding hr |       |       | 70/hr  |  |
| Vitrectomy Machine              | 2,475 | 3,655         | 3,655 | 3,655 | 3,655  |  |
| I/O                             | 150   | 250           | 250   | 250   | 250    |  |
| Endolaser Probe                 | 1,300 | 1,800         | 1,910 | 2,010 | 2,120  |  |
| Cryo Machine                    | 2,130 | 3,290         | 3,480 | 3,680 | 3,870  |  |
| Ocutome ATIOP                   | 6,240 | 6,240         | 6,240 | 6,240 | 6,240  |  |
| Crosslinking ( <b>Per Eye</b> ) | 2,250 | 3,480         | 3,680 | 3,890 | 4,090  |  |
| Oxygen ( <b>Per hour</b> )      | -     | 75            | 75    | 75    | 75     |  |

**New Equipment Charges as per MEMO no. 2021-163**  
**Phacovitrectomy Machine: (Oertli/OS4)**

| <b>Test Procedure</b>  | <b>Service</b> | <b>Outpatient Pay</b> | <b>Ward/Semi Private</b> | <b>Big/Small Private</b> | <b>Suite / Deluxe</b> |
|--|----------------|-----------------------|--------------------------|--------------------------|-----------------------|
| Phacoemulsification (anterior segment) Machine use OERTLI OS4  | 2,140.00       | 3,300.00              | 3,490.00                 | 3,690.00                 | 3,880.00              |
| Phacoemulsification (posterior segment) Machine use OERTLI OS4 | 2,580.00       | 3,980.00              | 4,210.00                 | 4,450.00                 | 4,680.00              |

## 11. Ward Admission

Admission to the SOJR Ward

| <b>Office or Division:</b>   | Department of Ophthalmology and Visual Sciences  |                 |                  |                             |
|--|--|-----------------|------------------|-----------------------------|
| <b>Classification:</b>   | Simple   |                 |                  |                             |
| <b>Type of Transaction:</b>  | G2C  |                 |                  |                             |
| <b>Who may avail:</b>  | All patients requiring admission for eye problems  |                 |                  |                             |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE |                  |                             |
| Admitting order  |  | Eye doctor      |                  |                             |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID | PROCESS-ING TIME | PERSON RESPONSIBLE          |
| 1. Secure admitting order and negative COVID19 RT-PCR swab result  | 1. Write admitting order<br>1.1 Schedule the patient for COVID19 RT-PCR swab<br>1.2 Attach negative result of RT-PCR swab with admitting order | None            | 10 minutes       | <i>Eye doctor</i><br>OPD/ER |
| 2. Present admitting order and negative COVID19 RT PCR swab result to nurse  | 2. Check details of admitting order  | None            | 5 minutes        | <i>Nurse</i><br>Ward        |
| 3. Take note of bed number   | 3. Assign bed number to patient<br>3.1. Write bed number in the admitting order<br>3.2. Sign beside bed number                                 | None            | 1 minute         | <i>Nurse</i><br>Ward        |
| 4. Go to Malasakit Center (Monday to Friday 8:00AM - 4:30PM) or Emergency Room (ER) (Weekdays after 4:30PM or Weekends and Holidays) Palistahan with admitting order | 4. Return admitting order<br>4.1. Instruct patient to go to ER Palistahan to get Patient's Case Record   | None            | 15 minutes       | <i>Nurse</i><br>Ward        |
| 5. Present Patient's Case Record to nurses' station  | 5. Receive Patient's Case Record<br>5.1. Verify if information in case record and admitting orders are correct                                 | None            | 5 minutes        | <i>Nurse</i><br>Ward        |

|   |  |      |                    |   |
|---|--|------|--------------------|---|
|   | 5.2 Prepare the bed assigned to the patient  | None | 10 minutes         | <i>Nursing Attendant Ward</i>           |
| 6. Familiarize with the nurse-on-duty and other staff                                     | 6. Introduce staff to the patient and companion  | None | 1 minute           | <i>Nurse Ward</i>                       |
| 7. Remain at the nurses' station and answer questions                                     | 7. Interview patient and companion<br>7.1. Check vital signs of the patient<br>7.2. Orient rules and regulations in the ward         | None | 10 minutes         | <i>Nurse Ward</i>                       |
| 8. Receive patient and companion's ID and medication tray and proceed to the assigned bed | 8. Give IDs and medication tray<br>8.1. Guide the patient on the way to assigned bed   | None | 2 minutes          | <i>Nurse Ward</i>                       |
|   | 8.2 Facilitate admitting orders<br>8.3. Write details of the patient in the Admission logbook, Ward Report and Patient's Case Record | None | 20 minutes         | <i>Nurse and Nursing Attendant Ward</i> |
| 9. Inform nurse regarding any food restrictions   | 9. Call dietary department and inform them regarding food restrictions of the patient  | None | 2 minutes          | <i>Nurse Ward</i>                       |
| <b>TOTAL:</b>   |  | None | 1 hour, 21 minutes |   |



## 12. Resident and Fellowship Training – Selection Process

Selection process for residency or fellowship training in the department

|   |   |                        |                         |                                     |
|---|---|------------------------|-------------------------|-------------------------------------|
| <b>Office or Division:</b>                        | Department of Ophthalmology and Visual Sciences   |                        |                         |                                     |
| <b>Classification:</b>                            | Simple  |                        |                         |                                     |
| <b>Type of Transaction:</b>                       | G2C   |                        |                         |                                     |
| <b>Who may avail:</b>                             | All doctors who submitted their application form for residency or fellowship training to the Office of the DDHO   |                        |                         |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                  |   | <b>WHERE TO SECURE</b> |                         |                                     |
| Application Form (2 original copies)              |   | ODDHO                  |                         |                                     |
| <b>CLIENT STEPS</b>                               | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. Receive interview schedule                     | 1. Pre-select candidates for interview based on submitted requirements<br>1.1. Formulate criteria for pre-selection and interview selection<br>1.2 Send out interview schedule to pre-selected applicants | None                   | 5 minutes               | <i>Admissions Committee</i><br>DOVS |
| 2. Go to the interview                            | 2. Conduct interview of selected applicants   | None                   | 15 minutes              | <i>Admissions Committee</i><br>DOVS |
|   | 2.1 Deliberate with the admissions committee<br>2.2 Submit committee's recommendation to the Chair  | None                   | 2 hours                 | <i>Admissions Committee</i><br>DOVS |
| 3. Receive letter of acceptance or non-acceptance | 3. Send letter of acceptance or non-acceptance  | None                   | 10 minutes              | <i>Admissions Committee</i><br>DOVS |
| <b>TOTAL:</b>                                     |   | None                   | 2 hours, 30 minutes     |                                     |

### 13. Post graduate Courses – Registration

Registration to post-graduate course offered by the department

|   |  |   |                        |                             |
|---|--|---|------------------------|-----------------------------|
| <b>Office or Division:</b>                                | Department of Ophthalmology and Visual Sciences  |   |                        |                             |
| <b>Classification:</b>                                    | Simple   |   |                        |                             |
| <b>Type of Transaction:</b>                               | G2C  |   |                        |                             |
| <b>Who may avail:</b>                                     | All interested to attend postgraduate courses offered by the department  |   |                        |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                          |  | <b>WHERE TO SECURE</b>                    |                        |                             |
| Registration form   |  | Google form, URL from the poster          |                        |                             |
| Payment   |  | Personal funds/Funds from the institution |                        |                             |
| <b>CLIENT STEPS</b>                                       | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Register for the course                                | 1.Receive registration form  | None                                      | 5 minutes              | <i>Resident doctor DOVS</i> |
| 2. Deposit payment  | 2.Receive payment and issue receipt  | Refer to succeeding table                 | 10 minutes             | <i>Cashier DOVS</i>         |
| 3. Send deposit slip/ receipt to designated email address | 3.Receive the deposit slip/receipt<br>3.1. Send confirmatory email of receipt<br>3.2. Confirm registration to the course | None                                      | 10 minutes             | <i>Resident doctor DOVS</i> |
| <b>TOTAL:</b>   |  | Refer to succeeding table                 | 25 minutes             |                             |

#### Current Rates of Postgraduate Course Registration as of October 13, 2022.

| Post-graduate Course                                   | In-training | Consultant |
|--|-------------|------------|
| Basic Course in Phacoemulsification                    | Php 2,500   | Php 3,000  |
| Basic Course in Clinical Diagnostics & Instrumentation | Php 2,500   | Php 3,000  |
| Contact Lens Workshop (with Skill Transfer Session)    | Php 2,000   | Php 2,500  |
| Basic Course in Ophthalmology                          | Php 6,000   | N/A        |

#### 14. Post graduate courses – Issuance of Certificate of Attendance

Issuance of Certificate of attendance to post-graduate course offered by the department

|   |   |   |                         |   |
|---|---|---|-------------------------|---|
| <b>Office or Division:</b>  | Department of Ophthalmology and Visual Sciences   |   |                         |   |
| <b>Classification:</b>  | Simple  |   |                         |   |
| <b>Type of Transaction:</b>   | G2C   |   |                         |   |
| <b>Who may avail:</b>   | All interested to attend postgraduate courses offered by the department   |   |                         |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                    |                         |   |
| Registration form   |   | Google form, URL from the poster          |                         |   |
| Payment   |   | Personal funds/Funds from the institution |                         |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Attend the course  | 1. Verify attendance to the course via signature in the attendance sheet  | None                                      | 5 minutes               | <i>Administrative Assistant</i><br>DOVS |
|   | 1.1 Check if attendance is at least 60% of total number of days or hours  | None                                      | 1 hour                  | <i>Administrative Assistant</i><br>DOVS |
|   | 1.2 Print certificate of attendance<br>1.3 Have the certificate signed by the Post-graduate course Coordinator and the Chair  | None                                      | 5 hours                 | <i>Administrative Assistant</i><br>DOVS |
| 2. Accomplish evaluation form   | 2. Receive accomplished evaluation form   | None                                      | 1 minute                | <i>Administrative Assistant</i><br>DOVS |
| 3. After the end of the course, receive the certificate of attendance (if eligible) | 3. Check if eligible to receive certificate of attendance<br>3.1. Distribute certificate of attendance to eligible participants<br>3.2. Have the participant sign once received | None                                      | 5 minutes               | <i>Administrative Assistant</i><br>DOVS |
| <b>TOTAL:</b>   |   | None                                      | 6 hours, 11 minutes     |   |

## 15. Observership

Application for observership to the department

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Ophthalmology and Visual Sciences  |                        |                        |   |
| <b>Classification:</b>  | Highly Technical   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |   |
| <b>Who may avail:</b>   | All ophthalmologists-in-training desirous of doing observership to the department  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| Letter of intent (1 original)   |  | Observer               |                        |   |
| Memorandum of Agreement (MOA)   |  | Legal office           |                        |   |
| Payment   |  | Observer               |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Send letter of request from Training institution/ hospital addressed to DOVS Chairperson | 1.Receive letter of request<br>1.1. Acknowledge receipt of the letter  | None                   | 5 minutes              | <i>Administrative Assistant/<br/>Office Aide/<br/>Administrative Personnel<br/>DOVS</i> |
|   | 1.2 Approve or deny request  | None                   | 10 minutes             | <i>Chair<br/>DOVS</i>   |
|   | 1.3 If request is approved, send endorsement letter addressed to PGH Director with attached schedule of rotation of residents for the MOA  | None                   | 20 minutes             | <i>Administrative Assistant/<br/>Officer/<br/>Administrative Personnel<br/>DOVS</i>     |
|   | 1.4 Formulate MOA with the following signatories:<br>DOVS Chairperson,<br>PGH Director,<br>Deputy Director for Health Operations,<br>Chair of respective hospital/institution,<br>Hospital director,<br>Observer | None                   | 10 days                | <i>Staff-in-Charge<br/>PGH Legal office</i>   |
| 2. Notarize the MOA and   |  | None                   | (paused-clock)         | <i>Observer/<br/>Training</i>   |

|  |  |                           |                |   |
|--|--|---------------------------|----------------|---|
| photocopy  |  |                           |                | Institution/<br>Hospital  |
| 3. Keep 1 copy of the MOA. Submit other copies to DOVS | 3. Receive MOA and keep 1 photocopy. Submit original copy of the MOA and 4 photocopies to PGH legal office | None                      | 15 minutes     | Administrative Assistant/<br>Officer/<br>Administrative Personnel<br>DOVS |
| 4. Pay to PGH cashier                                  | 4. Receive official receipt from the observer  | Refer to succeeding table | 10 minutes     | Administrative Assistant/<br>Administrative Personnel<br>DOVS             |
| <b>TOTAL:</b>  |  | None                      | 10 days 1 hour |   |

**Observership Rates based on Memo No. 2014 – 181 (Local) and Memo No. 2014 – 121 (Abroad)**

| Observership Fee                 | Cost per month          |
|----------------------------------|-------------------------|
| Local                            | PHP 4,983               |
| Abroad                           | USD 210                 |
| Government hospital/ institution | Less 50% of above rates |

## 16. Facility Rental

Application for rental of SOJR facility

|  |   |                           |                         |   |
|--|---|---------------------------|-------------------------|---|
| <b>Office or Division:</b>                             | Department of Ophthalmology and Visual Sciences                       |                           |                         |   |
| <b>Classification:</b>                                 | Simple  |                           |                         |   |
| <b>Type of Transaction:</b>                            | G2C   |                           |                         |   |
| <b>Who may avail:</b>                                  | All users desirous of renting SOJR Facility                           |                           |                         |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                       |   | <b>WHERE TO SECURE</b>    |                         |   |
| Letter of intent (1 original)                          |   | Requesting unit           |                         |   |
| Payment  |   | Requesting unit           |                         |   |
| <b>CLIENT STEPS</b>                                    | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>    | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Send letter of intent addressed to DOVS Chairperson | 1.Receive letter of request<br>1.1. Acknowledge receipt of the letter | None                      | 10 minutes              | <i>Administrative Personnel</i><br>DOVS |
|  | 1.2. Assess availability of facility during the requested date        | None                      | 5 minutes               | <i>Administrative Officer</i><br>DOVS   |
| 2. Receive copy of approval                            | 2. Approve or deny request (Depending on the availability)            | None                      | 10 minutes              | <i>Administrative Officer</i><br>DOVS   |
| 3. Fill out request form for the use of facility       | 3.Receive request form  | None                      | 5 minutes               | <i>Administrative Officer</i><br>DOVS   |
| 4. Receive Billing statement                           | 4.Prepare billing statement   | Refer to succeeding table | 10 minutes              | <i>Administrative Officer</i><br>DOVS   |
| 5. Pay to PGH cashier                                  | 5.Receive official receipt copy                                       | Refer to succeeding table | 5 minutes               | <i>Administrative Personnel</i><br>DOVS |
| <b>TOTAL:</b>  |   | Refer to succeeding table | 45 minutes              |   |

**Rates of Rental as of as of October 13, 2022**(based on PGH Memo No. 2006-085 and CM Utility and Space Rental Charges as of December 16, 2016)

|                 | <b>Minimum of 2 hrs rate</b> |                |              | <b>Charge per additional hour</b> |                |              |
|-----------------|------------------------------|----------------|--------------|-----------------------------------|----------------|--------------|
| Facility        | UPM Users                    | Other UP users | Non-UP users | UPM Users                         | Other UP users | Non-UP users |
| Conference Room | 85                           | 355            | 615          | 45                                | 180            | 310          |
| RBE Auditorium  | 841.20                       | 4,124.83       | 7,408.46     | 420.60                            | 2,062.42       | 3,704.23     |

## 17. Space Rental - New

Application for rental of space in the SOJR building

|  |   |  |                         |                                  |
|--|---|--|-------------------------|----------------------------------|
| <b>Office or Division:</b>   | Department of Ophthalmology and Visual Sciences                       |  |                         |                                  |
| <b>Classification:</b>   | Simple  |  |                         |                                  |
| <b>Type of Transaction:</b>  | G2C   |  |                         |                                  |
| <b>Who may avail:</b>  | All stakeholders desirous of renting space in the SOJR building       |  |                         |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                 |                         |                                  |
| Letter of request (1 original)   |   | SOJR Administrative Officer            |                         |                                  |
| Payment  |   |  |                         |                                  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                 | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Send letter of request addressed to DOVS Chairperson with attached terms of reference | 1.Receive letter of request   | None                                   | 10 minutes              | Administrative Personnel DOVS    |
|  | 1.1. Acknowledge receipt of the letter                                |  |                         |                                  |
|  | 1.2 Forward letter of request addressed to Department Chair           | None                                   | 10 minutes              | Administrative Personnel DOVS    |
|  | 1.3 Approval of the Department Chair                                  | None                                   | 1 day                   | Staff-in-Charge PGH Legal Office |
| 2. Notification of requesting unit   | 2. Notification of requesting unit and scheduling of approved request | None                                   | 5 minutes               | Administrative Personnel DOVS    |
| 4. Pay to PGH cashier and submit official receipt to DOVS                                | 4. Receive official receipt   | Depends on Approved Terms of Reference | 5 minutes               | Administrative Personnel DOVS    |
| <b>TOTAL:</b>  |   | Depends on Approved Terms of Reference | 1 day, 30 minutes       |                                  |

## **Department of Orthopedics**

### **External Services**



## 1. Consultation and Management of Orthopedic Out-Patients at General Clinic

This service covers the activities involved from the arrival of the patient at the OPD General Clinic to their final disposition

|   |   |  |                        |                                       |
|---|---|--|------------------------|---------------------------------------|
| <b>Office or Division:</b>  | Department of Orthopedics   |  |                        |                                       |
| <b>Classification:</b>  | Simple  |  |                        |                                       |
| <b>Type of Transaction:</b>   | G2C   |  |                        |                                       |
| <b>Who may avail:</b>   | Those seeking consultation for an orthopedic related complaint or those with referral for outpatient consultation   |  |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |                                       |
| Blue Card issued by PGH (PGH Form No. P-310045) (1 original)                      |   | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1.1. Present blue card; submit referral form (if referred from another physician) | 1.1. Accept blue card with or without a referral form<br>- Clinic clerk receives the patient's name and blue card on a first come, first served basis   | None   | 5 minutes              | <i>Clinic Clerk / Nurse Assistant</i> |
| 2. Await consultation in waiting area   | 2.1 Receive front of chart from triage for new patients or retrieve the chart from the Record Section (for follow-up patients)<br>2.2 Arrange the patient charts based on the order and arrange patients accordingly in the waiting area<br>2.3 Call patients strictly following patient sequence<br>2.4 Write down the time on chart when a patient does not respond to a call | None   | 1 hour                 | <i>Clinic Clerk / Nurse Assistant</i> |

|  |  |      |            |  |
|--|--|------|------------|--|
| 3. Proceed to Interview and Evaluation | <p>3.1 New Cases are evaluated in the Orthopedics General Clinic (OPD Room 105)</p> <p>3.2 Follow-up patients are seen in the subspecialty clinics.</p> <p>3.3 All data and findings are recorded in the patient's chart</p>   | None | 20 minutes | <i>Supervising Consultant and Resident</i> |
| 4. Await Management                    | <p>4.1 Explain assessment and plan to the patient</p> <p>4.2 Write down referral to appropriate Orthopedic subspecialty clinic if for further workup and management</p> <p>4.3 Perform appropriate office procedure if applicable; may include the following:</p> <ul style="list-style-type: none"> <li>• steroid injection</li> <li>• percutaneous trigger finger release</li> <li>• core needle biopsy</li> <li>• casting / removal of cast</li> <li>• removal of pins</li> </ul> <p>4.4 Prepare laboratory request forms, prescriptions and referral slips</p> | None | 30 minutes | <i>Supervising Consultant and Resident</i> |
| 5. Await Disposition                   | <p>5.1 Receive patient's chart after evaluation and management</p> <p>5.2 Carry out plans and discharge the patient as follows:</p> <ul style="list-style-type: none"> <li>• for follow-up</li> <li>• for subspecialty referral</li> <li>• for operation (minor/major)</li> </ul>  | None | 5 minutes  | <i>Clinic Nurse</i>                        |

|               |  |      |         |  |
|---------------|--|------|---------|--|
|               | <ul style="list-style-type: none"> <li>• discharge from clinic</li> <li>• referred to other department for opinion, co-management, or final disposition</li> </ul> <p>5.3 Update patient follow-up schedule for consult or special procedures</p> <p>5.4 Return patient's blue card and advice patient</p> |      |         |  |
| <b>TOTAL:</b> |  | None | 2 hours |  |

## 2. Consultation and Management of Orthopedic OPD Patients at Specialty Clinics

This service covers the activities involved from the arrival of the patient at the OPD Specialty Clinic to their final disposition

|  |   |                               |                         |  |
|--|---|-------------------------------|-------------------------|--|
| <b>Office or Division:</b>                     | Department of Orthopedics   |                               |                         |  |
| <b>Classification:</b>                         | Simple  |                               |                         |  |
| <b>Type of Transaction:</b>                    | G2C   |                               |                         |  |
| <b>Who may avail:</b>                          | Those seeking consultation for an orthopedic related complaint or those with referral for outpatient consultation   |                               |                         |  |
| <b>CHECKLIST OF REQUIREMENTS</b>               |   | <b>WHERE TO SECURE</b>        |                         |  |
| Schedule of consult written in the Blue Card   |   | Nurse in charge of scheduling |                         |  |
| Completed work up (as applicable) - 1 original |   | Medical Records, Patient Labs |                         |  |
| <b>CLIENT STEPS</b>                            | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>        | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1.1. Present blue card                         | 1.1. Accept blue card with or without a referral form<br>• Clinic clerk receives the patient's name and blue card on a first come, first served basis   | None                          | 5 minutes               | <i>Clinic Clerk / Nurse Assistant</i>      |
| 2. Await consultation in waiting area          | 2.1 Retrieve the chart from the Record Section<br>2.2 Arrange the patient charts with labs based on the order and arrange patients accordingly in the waiting area<br>2.3 Call patients strictly following patient sequence<br>2.4 Write down the time on chart when a patient does not respond to a call | None                          | 1 hour                  | <i>Clinic Clerk / Nurse Assistant</i>      |
| 3. Proceed to Interview and Evaluation         | 3.1 All patients at subspecialty clinics are evaluated<br>3.2 All data and findings are recorded in the patient's chart   | None                          | 20 minutes              | <i>Supervising Consultant and Resident</i> |
| 4. Await Management                            | 4.1 Explain assessment and plan to the patient<br>4.2 Write down referral to other appropriate Orthopedic subspecialty  | None                          | 30 minutes              | <i>Supervising Consultant and Resident</i> |

|                      |   |      |           |              |
|----------------------|---|------|-----------|--------------|
|                      | <p>clinic if for further workup and management</p> <p>4.3 Perform appropriate office procedure if applicable; may include the following:</p> <ul style="list-style-type: none"> <li>• steroid injection</li> <li>• percutaneous trigger finger release</li> <li>• core needle biopsy</li> <li>• casting / removal of cast</li> <li>• removal of pins</li> </ul> <p>4.4 Prepare laboratory request forms, prescriptions and referral slips</p>   |      |           |              |
| 5. Await Disposition | <p>5.1 Receive patient's chart after evaluation and management</p> <p>5.2 Carry out plans and discharge the patient as follows:</p> <ul style="list-style-type: none"> <li>• for follow-up</li> <li>• for subspecialty referral</li> <li>• for operation (minor/major)</li> <li>• discharge from clinic</li> <li>• referred to other department for opinion, co-management, or final disposition</li> </ul> <p>5.3 Update patient follow-up schedule for consult or special procedures</p> <p>5.4 Return patient's blue card and advice patient</p> | None | 5 minutes | <i>Nurse</i> |
| <b>TOTAL:</b>        |   | None | 2 hours   |              |

### 3. Consultation and Management of Orthopedic Emergency Patients

This service aims at providing quality orthopedic patient care in the emergency room. It begins with the activities involved from patient's referral to Orthopedics at the emergency room until the final disposition.

|   |  |  |                        |   |
|---|--|--|------------------------|---|
| <b>Office or Division:</b>  | Department of Orthopedics  |  |                        |   |
| <b>Classification:</b>  | Simple   |  |                        |   |
| <b>Type of Transaction:</b>   | G2C  |  |                        |   |
| <b>Who may avail:</b>   | Those triaged or referred to Orthopedics at the emergency room   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |   |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original                        |  | Charity patients:<br>PGH Records Section – ER Palistahan<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |   |
| Front of Chart  |  | PGH Records Section – ER Palistahan  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Secure and fill-out patient information sheet at ER triage                       | 1.1 Do Initial assessment<br>1.2 Triage to Ortho if primarily an orthopedic case<br>1.3 Primary service refers to Orthopedics for co-management  | None   | 15 minutes             | <i>ER Officer</i>                                   |
| 2. Await Interview and Assessment<br>2.1 Patient proceeds to Orthopedics area in ER | 2.1 Do Initial evaluation<br>• history of injury or illness and perform focused physical examination<br>2.2 All data and findings are recorded in the patient's chart                  | None   | 30 minutes             | <i>Consultant-on-Call and Resident-on-duty</i>      |
| 3. Await Diagnostics and Treatment  | 3.1 Ordering of diagnostics (X-ray, CT scan, MRI, laboratory examinations)<br>3.2 Provide appropriate initial treatment, including:<br>• wound care<br>• splinting / skeletal traction | None   | 5 hours                | <i>Resident, Lab Technician, Radiologist, Nurse</i> |

|                      |   |      |                        |   |
|----------------------|---|------|------------------------|---|
|                      | <ul style="list-style-type: none"> <li>• antibiotics (to be given by nurse)</li> </ul> <p>3.3 Referral to other department for co-management</p> <p>3.4 Referral to Consultant-on-Call</p> <p>3.5 Provide definitive ER treatment (if applicable), including:</p> <ul style="list-style-type: none"> <li>• casting</li> <li>• suturing</li> <li>• completion of IV antibiotics</li> </ul>   |      |                        |   |
| 4. Await Disposition | <p>4.1 Carry out plans and discharge the patient as follows:</p> <ul style="list-style-type: none"> <li>• Discharge with OPD follow-up</li> <li>• Emergency Surgery</li> <li>• Admission</li> <li>• Transfer of Service</li> <li>• Others: Home against medical advice, Absconded, Coordinated hospital transfer</li> </ul> <p>4.2. Update patient follow-up schedule for consult or special procedures</p> <p>4.3 Return patients blue card and advice patient</p> | None | 30 minutes             | <i>Consultant-on-Call and Resident-on-duty, and Nurse</i> |
| <b>TOTAL:</b>        |   | None | 6 hours and 15 minutes |   |

#### 4. Provision of Schedule of Orthopedic Surgery (Out-Patient)

Gives the patient a schedule for surgical management for cases that may be done on out-patient basis.

|   |  |  |                        |                             |
|---|--|--|------------------------|-----------------------------|
| <b>Office or Division:</b>                                      | Department of Orthopedics  |  |                        |                             |
| <b>Classification:</b>  | Simple   |  |                        |                             |
| <b>Type of Transaction:</b>                                     | G2C  |  |                        |                             |
| <b>Who may avail:</b>   | Patients advised by the clinic for surgical management as outpatient   |  |                        |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                |  | <b>WHERE TO SECURE</b>   |                        |                             |
| 1. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original |  | Charity patients:<br>PGH Records Section – ER Palistahan<br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                             |
| 2. Complete work up   |  | Laboratory, Imaging (PGH or outside PGH)<br>Chart entry  |                        |                             |
| 3. Physician's advice for surgical management as outpatient     |  | Chart entry  |                        |                             |
| 4. Cardiopulmonary and anesthetic clearance (as needed)         |  | PATEC clinic for Adult patients and Gen Ped clinic for pediatric patients  |                        |                             |
| 5. Availability of schedule                                     |  | OPD OR Scheduling logbook  |                        |                             |
| 6. Available funding  |  | Various sources available  |                        |                             |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Proceed to nurse after consultation with medical officer     | 1. Receive the patient's chart and ascertain completeness of medical officer's chart entries including:<br>• plan for surgery<br>• indicate if in minor or major OPD OR<br>• consent form signed by patient<br>• referral to PATEC clinic for anesthetic clearance (as needed) | None   | 5 minutes              | <i>Clinic Clerk / Nurse</i> |
| 2. Await to be given schedule of surgery                        | 2.1 Log patient in the OPD OR Logbook and RADISH OR Scheduler<br>2.2 Inform patient of OR schedule and instructions to be followed on the day<br>2.3 Refer to PATEC clinic for anesthetic clearance (as needed)  | None   | 10 minutes             | <i>Clinic Clerk / Nurse</i> |
| <b>TOTAL:</b>   |  | None   | 15 minutes             |                             |



## 5. Provision of Schedule of Orthopedic Surgery (In-Patient)

Gives the patient a schedule for surgical management for cases that require admission to the Orthopedics Ward.

| <b>Office or Division:</b>  | Department of Orthopedics   |  |                 |                                       |
|---|---|--|-----------------|---------------------------------------|
| <b>Classification:</b>  | Simple  |  |                 |                                       |
| <b>Type of Transaction:</b>   | G2C   |  |                 |                                       |
| <b>Who may avail:</b>   | Patients advised by the clinic for surgical management as inpatient   |  |                 |                                       |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |                                       |
| 1. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original                   |   | Charity patients:<br>PGH Records Section – ER Palistahan<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                 |                                       |
| 2. Completed work up and photocopy of medical records                             |   | Laboratory, Imaging, Chart entry (Medical records, OPD)  |                 |                                       |
| 3. Consultant's approval for surgical management as inpatient                     |   | Chart entry (Medical Records, OPD)   |                 |                                       |
| 4. Cardiopulmonary and anesthetic clearance (as needed)                           |   | PATEC clinic for Adult patients and Gen Ped clinic for pediatric patients  |                 |                                       |
| 5. Available funding (e.g. PCSO Guarantee Letter, DSWD Guarantee Letter)          |   | Various sources available  |                 |                                       |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                    |
| 1. Arrive at OPD Specialty Clinic on scheduled follow-up<br>1.1 Present Blue Card | 1.1. Accept blue card and/or referral form - Clinic clerk receives the patient's name and blue card on a first come, first served basis   | None   | 5 minutes       | <i>Clinic Clerk / Nurse Assistant</i> |
| 2. Await consultation in waiting area   | 2.1 Receive front of chart from triage for new patients or retrieve the chart from the Record Section (for follow-up patients)<br>2.2 Arrange the patient charts based on the order and arrange patients accordingly in the waiting area<br>2.3 Call patients strictly following patient sequence | None   | 1 hour          | <i>Clinic Clerk / Nurse Assistant</i> |

|                                  |  |      |                       |  |
|----------------------------------|--|------|-----------------------|--|
|                                  | 2.4 Write down the time on chart when a patient does not respond to a call   |      |                       |  |
| 3. Proceed to Resident in Charge | 3.1 Receive chart and ascertain completeness of requirements for admission including: <ul style="list-style-type: none"> <li>• consultant-approved plan of surgery</li> <li>• completed workup</li> <li>• available funding</li> <li>• blood donor slips (as needed)</li> </ul> 3.2 Refer to Senior Resident for scheduling<br>3.3 Patient details including contact number written on the OR Schedule Logbook | None | 15 minutes            | <i>Supervising Consultant, Resident in Charge, Senior Resident</i> |
| 4. Receive schedule of surgery   | 4. Inform patient of schedule of surgery and disclose instructions <ul style="list-style-type: none"> <li>• all scheduled dates are tentative and subject to final confirmation via text or call from the Senior Resident (factors such as availability of bed, funding, may affect the final schedule)</li> </ul>   | None | 5 minutes             | <i>Supervising Consultant, Resident in Charge, Senior Resident</i> |
| <b>TOTAL:</b>                    |  | None | 1 hour and 25 minutes |  |

## 6. Orthopedic Ward Admission (Elective)

Provides schedule of admission for planned surgery

| <b>Office or Division:</b>  | Department of Orthopedics   |  |                 |                           |
|---|---|--|-----------------|---------------------------|
| <b>Classification:</b>  | Complex   |  |                 |                           |
| <b>Type of Transaction:</b>   | G2C   |  |                 |                           |
| <b>Who may avail:</b>   | Patients already waitlisted in the OR logbook per specialty   |  |                 |                           |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |                           |
| 1. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original                             |   | Charity patients:<br>PGH Records Section – ER Palistahan<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                 |                           |
| 2. Completed work up and photocopy of medical records                                       |   | Laboratory, Imaging, Chart entry (Medical records, OPD)  |                 |                           |
| 3. Consultant's approval for surgical management as inpatient                               |   | Chart entry (Medical Records, OPD)   |                 |                           |
| 4. Cardiopulmonary and anesthetic clearance (as needed)                                     |   | PATEC clinic for Adult patients and Gen Ped clinic for pediatric patients  |                 |                           |
| 5. Available funding (e.g. PCSO Guarantee Letter, DSWD Guarantee Letter)                    |   | Various sources available  |                 |                           |
| 6. Available bed  |   | Senior resident  |                 |                           |
| 7. Blood donor slips (as needed)  |   | Various sources available  |                 |                           |
| 8. Available watcher  |   | Various sources available  |                 |                           |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE        |
| 1. Wait for admission   | 1.1 Confirm priority number of patient in OR logbook<br>1.2 Contact patient for possible admission  | None   | 12 hours        | <i>Resident in Charge</i> |
| 2. Receive message, confirm completion of requirements, and confirm readiness for admission | 2. Receive confirmation<br>2.1. Admit patient for surgical management based on an appropriate day agreed upon by both parties<br>• Admitting orders may be given at OPD or at the Ward Nurses Station on day of admission | None   | 5 working days  | <i>Resident in Charge</i> |
| 3. Arrive for admission   | 3. Facilitate admission, orient regarding basic ward rules  | None   | 3 hours         | <i>Nurse</i>              |

|   |  |      |                     |   |
|---|--|------|---------------------|---|
| 4. Go to assigned bed and awaits schedule                   | 4. Ensure that patient has proper clearances and work up<br>4.1. Refer to appropriate co-managing services | None | 5 days              | <i>Resident in Charge</i>                     |
| 5. Patient given a schedule, signs written informed consent | 5. Prepare patient for OR - preoperative evaluation, orientation, NPO                                      | None | 8 hours             | <i>Resident in Charge</i><br><br><i>Nurse</i> |
|   |  |      |                     |   |
| <b>TOTAL:</b>   |  | None | 5 days and 12 hours |   |

## 7. Orthopedic Ward Admission (Emergency)

Provides admission for patient at Emergency Room to Ward.

| <b>Office or Division:</b>   | Department of Orthopedics  |  |                 |   |
|--|--|--|-----------------|---|
| <b>Classification:</b>   | Simple   |  |                 |   |
| <b>Type of Transaction:</b>  | G2C  |  |                 |   |
| <b>Who may avail:</b>  | Patients at the emergency requiring admission for further work-up and management   |  |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                 |   |
| 1. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original              |  | Charity patients:<br>PGH Records Section – ER Palistahan<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                 |   |
| 2. Patient's Chart   |  | ER Nurses' Station   |                 |   |
| 3. Admitting Orders  |  | Resident   |                 |   |
| 3. Consultant's approval for surgical management as inpatient                |  | Chart Entry  |                 |   |
| 4. Available bed   |  | Senior resident  |                 |   |
| 5. Available watcher   |  | Various sources available  |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                                |
| 1. Wait for admitting orders and prepare for admission for admission to ward | 1.1 Resident refers to Consultant-on-call<br>1.2 Consultant-on-call confirms management plan<br>1.3 Resident endorses admitting orders to nurse  | None   | 12 hours        | <i>Supervising Consultant, Resident in Charge</i> |
|  | 1.4 ER Nurse endorses admission to Ward Nurse<br>1.5 Custodian facilitates transfer of patient to Ward<br>1.6 Ward Nurse accepts patient to Ward | None   | 12 hours        | <i>ER Nurse, Custodian, and Ward Nurse</i>        |
| <b>TOTAL:</b>  |  | None   | 24 hours        |   |

## 8. Orthopedic Surgery- Actual Procedure (OPD Minor OR)

Performing a surgical procedure under local anesthesia at the OPD Minor OR

|   |  |  |                         |  |
|---|--|--|-------------------------|--|
| <b>Office or Division:</b>                                      | Department of Orthopedics  |  |                         |  |
| <b>Classification:</b>  | Simple   |  |                         |  |
| <b>Type of Transaction:</b>                                     | G2C  |  |                         |  |
| <b>Who may avail:</b>   | Patients advised surgical procedure under local anesthesia at the OPD OR   |  |                         |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                |  | <b>WHERE TO SECURE</b>   |                         |  |
| 1. Completed work up and copy of medical records - 1 original   |  | Laboratory, Imaging, Chart entry (OPD, Medical records)  |                         |  |
| 2. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original |  | <b>Charity patients:</b><br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><b>Private patients:</b><br>PGH Main Building - Pay Admitting |                         |  |
| 3. Available funding  |  | Various sources available  |                         |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>                |
| 1. Arrive at OPD OR at designated time                          | 1. Receive blue card and name of patient   | None   | 5 minutes               | Nurse                                    |
| 2. Wait for name to be called                                   | 2. Call out patient's name   | None   | 2 hours                 | Nurse or Resident                        |
| 3. Enter the minor OR   | 3. Confirm consent, take vital signs (VS) and prepare patient for surgery if VS is within acceptable limit   | Based on approved hospital rates   | 15 minutes              | Nurse                                    |
| 4. Receive surgery  | 4. Perform surgery   | None   | 45 minutes              | Supervising Consultant, Resident Surgeon |
| 5. Receive post operative instructions prior to discharge       | 5.1 Give post operative instructions <ul style="list-style-type: none"> <li>wound care and precautions</li> <li>medications</li> <li>follow-up</li> </ul> 5.2 Submit properly fixed specimen (if applicable) | Based on approved hospital rates   | 15 minutes              | Supervising Consultant, Resident Surgeon |
| <b>TOTAL:</b>   |  | Based on approved hospital rates   | 3 hours, 20 minutes     |  |

## 9. Orthopedic Surgery- Actual Procedure (OPD Major OR)

Performing surgery under IV sedation, spinal or general anesthesia at the OPD Major OR

|  |  |  |                        |                           |
|--|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Orthopedics  |  |                        |                           |
| <b>Classification:</b>   | Simple   |  |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |  |                        |                           |
| <b>Who may avail:</b>  | Patients advised surgical procedure under IV sedation, spinal or general anesthesia at the OPD Major OR                      |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                           |
| 1. Completed updated work up and copy of medical records - 1 original                    |  | Laboratory, Imaging, Chart entry (OPD, Medical Records)  |                        |                           |
| 2. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original                          |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                           |
| 3. Physician advise for surgical management as inpatient - 1 original                    |  | Chart entry (OPD, Medical Records)   |                        |                           |
| 4. Cardiopulmonary and anesthetic clearance (as needed) - 1 each original                |  | PATEC clinic for adults or Gen Ped clinic for pediatric patients   |                        |                           |
| 5. Consultant and co-managing services opinion and availability (as needed) - 1 original |  | Chart entry  |                        |                           |
| 6. Available watcher   |  | Various sources available  |                        |                           |
| 7. Available funding   |  | Various sources available  |                        |                           |
| 8. Compliant with perioperative instructions (Good NPO, no antiplatelets taken, etc.)    |  | Patient  |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Arrive at OPD OR at designated time   | 1. Receive blue card and name of patient   | None   | 5 minutes              | Nurse                     |
| 2. Wait for name to be called  | 2. Call out patient's name   | None   | 2 hours                | Nurse or Resident         |
| 3. Enter the major OR  | 3. Confirm consent, assure good NPO, take vital signs (VS) and prepare patient for surgery if VS is within acceptable limits | Based on approved hospital rates   | 15 minutes             | Nurse                     |
|  | 3.1. Induction of patient  |  | 30 minutes             | Anesthesiologist          |

|   |  |                                  |                    |  |
|---|--|----------------------------------|--------------------|--|
|   | 3.2. Perform surgery   |                                  | 2 hours            | Surgeon                                    |
|   | 3.3. Send patient to PACU for observation  |                                  | 2 hours            | Anesthesiologist                           |
| 4. Receive post operative instructions prior to discharge | 4.1 Give post operative instructions <ul style="list-style-type: none"> <li>• wound care and precautions</li> <li>• medications</li> <li>• follow-up</li> </ul> 4.2 Submit properly fixed specimen (if applicable) | Based on approved hospital rates | 15 minutes         | Supervising Consultant, Resident in Charge |
| <b>TOTAL:</b>   |  | Based on approved hospital rates | 7 hours, 5 minutes |  |



## 10. Orthopedic Surgery- Actual Procedure (Inpatient)

Performing surgery under IV sedation or general anesthesia as inpatient

| <b>Office or Division:</b>   | Department of Orthopedics  |  |                 |  |
|--|--|--|-----------------|--|
| <b>Classification:</b>   | Complex  |  |                 |  |
| <b>Type of Transaction:</b>  | G2C  |  |                 |  |
| <b>Who may avail:</b>  | In-patients advised surgical procedure under IV sedation, spinal or general anesthesia |  |                 |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                 |  |
| 1. Completed updated work up and copy of medical records - 1 original                    |  | Laboratory, Imaging, Chart entry (OPD, Medical Records)  |                 |  |
| 2. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original                          |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                 |  |
| 3. Physician advise for surgical management as inpatient - 1 original                    |  | Chart entry (OPD, Medical Records)   |                 |  |
| 4. Cardiopulmonary and anesthetic clearance (as needed) - 1 each original                |  | PATEC clinic for adults or Gen Ped clinic for pediatric patients   |                 |  |
| 5. Consultant and co-managing services opinion and availability (as needed) - 1 original |  | Chart entry  |                 |  |
| 6. Available watcher   |  | Various sources available  |                 |  |
| 7. Available funding   |  | Various sources available  |                 |  |
| 8. Compliant with perioperative instructions (Good NPO, no antiplatelets taken, etc.)    |  | Patient  |                 |  |
| 9. Admitted patient  |  | Pls. see 6 Or 7  |                 |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                                 |
| 1. Transit to OR   | 1. Transfer patient to OR complex  | None   | 1 hour          | <i>Custodian</i>                                   |
| 2. Arrive at OR complex and transfer to surgical bed                                     | 2. Confirm identity of patient, follow preoperative checklist                          | <i>Based on approved hospital rates</i>  | 15 minutes      | <i>Nurse</i>                                       |
|  | 2.1. Induction of patient  |  | 1 hour          | <i>Anesthesiologist</i>                            |
|  | 2.2. Perform surgery   |  | 12 hours        | <i>Supervising Consultant and Resident Surgeon</i> |

|               |                                  |   |                                    |   |
|---------------|----------------------------------|---|------------------------------------|---|
|               | 2.3 Take off anesthesia          | None  | 1 hour                             | <i>Anesthesiologist</i>                           |
|               | 2.4 Send to PACU for observation |   | 12 hours                           | <i>Anesthesiologist,<br/>Nurse,<br/>Custodian</i> |
| <b>TOTAL:</b> |                                  | <i>Based on<br/>approved<br/>hospital<br/>rates</i> | 6 days, 14<br>hours, 15<br>minutes |   |

## 11. Issuance of Subsidized Orthopedic Implants Under PGH Consignment (Emergency)

This service provides Class D patients admitted from the emergency room with subsidized orthopedic implants under PGH Consignment.

| <b>Office or Division:</b>   | Department of Orthopedics  |  |                  |  |
|--|--|--|------------------|--|
| <b>Classification:</b>   | Complex  |  |                  |  |
| <b>Type of Transaction:</b>  | G2C  |  |                  |  |
| <b>Who may avail:</b>  | Class D patients admitted from the emergency room  |  |                  |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                  |  |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original + 1 photocopy                             |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center |                  |  |
| Prescription of Implants needed  |  | Resident in Charge   |                  |  |
| Approved Justification letter with Class D MSS evaluation  |  | Fiscal Office, MSS   |                  |  |
| Clinical Abstract – 3 certified true copy  |  | PGH Outpatient Department - Medical Records  |                  |  |
| Operation and Anesthesia Record – 3 certified true copy  |  | PGH Outpatient Department - Medical Records  |                  |  |
| “Pagkilala sa Tinanggap na Tulong” form  |  | Malasakit Center   |                  |  |
| Medical Assistance Voucher   |  | Chairman’s Office, 3 <sup>rd</sup> Flr, Orthopedics Bldg   |                  |  |
| Official Receipt for payment of excess of guaranteed amount given by hospital – original + 1 photocopy |  | Patient, various sources   |                  |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESS-ING TIME | PERSON RESPONSIBLE                         |
| 1. Await MSS evaluation at Ward  | 1.1 Preparation of justification letter for consigned orthopedic implant and prescription of implants<br>1.2 Referral to MSS for evaluation<br>1.3 Confirmation of patient’s Status as Class D | None   | 6 hours          | <i>Resident, MSS Officer</i>               |
| 2. Submit Justification Letter to Fiscal Office  | 2.1 Approve justification letter   | None   | 3 hours          | <i>Deputy Director for Fiscal Services</i> |

|  |  |      |                  |  |
|--|--|------|------------------|--|
| 3. Submit approved justification letter and prescription of implants to Orthopedics Administrative Assistant (AA)  | 3.1 Receive justification letter and implant prescription<br>3.2 Prepare the Inspection and Acceptance Report (IAR)<br>3.3 Resident in charge is informed of approved justification letter<br>3.4 Surgeon informs the designated supplier for consigned orthopedic implant to be used  | None | 3 hours          | <i>Administrative Assistant (Orthopedics), Resident in Charge,</i><br><br><i>Surgeon</i> |
| 4. Submit post-operative requirements to Orthopedics AA:<br>• Clinical Abstract<br>• Operation and Anesthesia Record<br>• Official Receipt for excess payment (amount to be agreed upon by patient and MSS)<br>• Signed Medical Assistance Voucher<br>• Signed "Pagkilala sa Tinanggap na Tulong" form | 4.1 Receive postop requirements from patient<br>4.2 Receive postop forms from supplier<br>• Delivery Receipt<br>• Sales Invoice<br>4.3 Prepare IAR<br>4.4 Prepare Charged Slip<br>4.5 Forward original Justification letter and Charged Slip to Malasakit Center<br>4.6 Forward all forms to Consignment Office for processing of Disbursement Voucher | None | 5 working days   | <i>Administrative Assistant (Orthopedics)</i>  |
| <b>TOTAL:</b>  |  | None | 5 days, 12 hours |  |

## 12. Issuance of Subsidized Orthopedic Implants Under PGH Consignment (Elective)

This service provides Class D patients admitted from the emergency room with subsidized orthopedic implants under PGH Consignment.

| <b>Office or Division:</b>   | Department of Orthopedics  |  |                 |  |
|--|--|--|-----------------|--|
| <b>Classification:</b>   | Complex  |  |                 |  |
| <b>Type of Transaction:</b>  | G2C  |  |                 |  |
| <b>Who may avail:</b>  | Class D patients admitted from the emergency room  |  |                 |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                 |  |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original + 1 photocopy                             |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center |                 |  |
| Prescription of Implants needed  |  | Resident in Charge   |                 |  |
| Approved Justification letter with Class D MSS evaluation  |  | Fiscal Office, MSS   |                 |  |
| Clinical Abstract – 3 certified true copy  |  | PGH Outpatient Department - Medical Records  |                 |  |
| Operation and Anesthesia Record – 3 certified true copy  |  | PGH Outpatient Department - Medical Records  |                 |  |
| “Pagkilala sa Tinanggap na Tulong” form  |  | Malasakit Center   |                 |  |
| Medical Assistance Voucher   |  | Chairman’s Office, 3 <sup>rd</sup> Flr, Orthopedics Bldg   |                 |  |
| Official Receipt for payment of excess of guaranteed amount given by hospital – original + 1 photocopy |  | Patient, various sources   |                 |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                         |
| 1. Await MSS evaluation at Ward OPD  | 1.1 Preparation of justification letter for consigned orthopedic implant and prescription of implants<br>1.2 Referral to MSS for evaluation<br>1.3 Confirmation of patient’s Status as Class D | None   | 1 week          | <i>Resident, MSS Officer</i>               |
| 2. Submit Justification Letter to Fiscal Office  | 2.1 Approve justification letter   | None   | 1 day           | <i>Deputy Director for Fiscal Services</i> |
| 3. Submit approved   | 3.1 Receive  | None   | 3 hours         | <i>Administrative</i>                      |

|  |  |      |                  |  |
|--|--|------|------------------|--|
| justification letter and prescription of implants to Orthopedics Administrative Assistant (AA)   | justification letter and implant prescription<br>3.2 Prepare the Inspection and Acceptance Report (IAR)<br>3.3 Resident in charge is informed of approved justification letter<br>3.4 Surgeon/RIC informs the designated supplier for consigned orthopedic implant to be used  |      |                  | <i>Assistant (Orthopedics), Resident in Charge,</i><br><br><i>Surgeon / Resident-in-Charge</i> |
| 4. Submit post-operative requirements to Orthopedics AA:<br>• Clinical Abstract<br>• Operation and Anesthesia Record<br>• Official Receipt for excess payment (amount to be agreed upon by patient and MSS)<br>• Signed Medical Assistance Voucher<br>• Signed “Pagkilala sa Tinanggap na Tulong” form | 4.1 Receive postop requirements from patient<br>4.2 Receive postop forms from supplier<br>• Delivery Receipt<br>• Sales Invoice<br>4.3 Prepare IAR<br>4.4 Prepare Charged Slip<br>4.5 Forward original Justification letter and Charged Slip to Malasakit Center<br>4.6 Forward all forms to Consignment Office for processing of Disbursement Voucher | None | 5 working days   | <i>Administrative Assistant (Orthopedics)</i>  |
| <b>TOTAL:</b>  |  | None | 5 days, 12 hours |  |

### 13. GAIT Lab (Motion Analysis Program)

Provides gait analysis to patients in need, most especially those with cerebral palsy, clubfeet, post reconstructive surgery and stroke patients.

|   |   |  |                        |                                     |
|---|---|--|------------------------|-------------------------------------|
| <b>Office or Division:</b>                                      | Department of Orthopedics   |  |                        |                                     |
| <b>Classification:</b>  | Highly Technical  |  |                        |                                     |
| <b>Type of Transaction:</b>                                     | G2C   |  |                        |                                     |
| <b>Who may avail:</b>   | Patients advised by the clinic for gait lab analysis  |  |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                |   | <b>WHERE TO SECURE</b>   |                        |                                     |
| 1. Referral from Physicians for PGH and Non-PGH Patients        |   | Residents, Consultants   |                        |                                     |
| 2. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original |   | Charity patients:<br>PGH Records Section – ER Palistahan<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                                     |
| 3. Complete work up   |   | Imaging (PGH or outside PGH)<br>Chart entry  |                        |                                     |
| 4. Availability of schedule                                     |   | Gait Laboratory Scheduling logbook   |                        |                                     |
| 5. Availability of Funding                                      |   | Various Sources Available  |                        |                                     |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. Arrive at scheduled date and time                            | 1. Check blue card and log necessary entries  | None   | 5 minutes              | <i>Physical Therapist</i>           |
| 2. Signing of Informed Consent                                  | 2. Explain the rationale behind the analysis<br>2.1 Explain the content of the informed consent form.<br>2.2 Make sure that the consent is signed before proceeding | None   | 5 minutes              | <i>Physical Therapist</i>           |
| 3. Proceed to Evaluation  | 3. Perform evaluation on the patient in accordance with the laboratory's physical examination form  | None   | 15 minutes             | <i>Resident/ Physical Therapist</i> |
| 4. Proceed to Actual Motion Analysis                            | 4. Prepare the patient<br>• proper draping<br>• make sure all needed assistive device are present<br>4.1 Perform desired motion analysis<br>4.2 Provide charge      | <i>Based on approved hospital rates</i>  | 45 minutes             | <i>Resident/ Physical Therapist</i> |

|                 |   |   |                                       |                           |
|-----------------|---|---|---------------------------------------|---------------------------|
|                 | slip<br>4.3 Make sure that payment is settled<br>• ask for the receipt number once paid   |   |                                       |                           |
| 5. Await Result | 5. Schedule delivery of result to referring physician<br>5.1 Make sure that necessary payments are settled.<br>5.2 Send result to referring physician on scheduled date | None                                    | 5 working days                        | <i>Physical Therapist</i> |
| <b>TOTAL:</b>   |   | <i>Based on approved hospital rates</i> | 5 working days, 1 hour and 10 minutes |                           |



#### 14. Tissue Bank (Donation and Storage)

Tissue Bank is used for receiving Cranial Flaps, Large Segment Allografts and Femoral Head Allografts

|  |   |                                  |                        |                              |
|--|---|----------------------------------|------------------------|------------------------------|
| <b>Office or Division:</b>                           | Department of Orthopedics   |                                  |                        |                              |
| <b>Classification:</b>                               | Complex   |                                  |                        |                              |
| <b>Type of Transaction:</b>                          | G2C   |                                  |                        |                              |
| <b>Who may avail:</b>                                | 1. Those who wish to have the Cranial Flaps of their patients stored at the Tissue bank, to be received at a later date for reconstruction.<br>2. Those who are submitting bone allografts (Large segment/Femoral Heads) For Banking and Distribution |                                  |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                     |   | <b>WHERE TO SECURE</b>           |                        |                              |
| 1. Referral letter from surgeons/Data for allografts |   | Residents, Surgeons              |                        |                              |
| 2. Cranium Registry form                             |   | Tissue Bank                      |                        |                              |
| 3. Donor form  |   | Tissue Bank                      |                        |                              |
| 4. Available Funding                                 |   | Various sources available        |                        |                              |
| <b>CLIENT STEPS</b>                                  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. Present referral letter from surgeons             | 1.1 Accept Referral letter/ Fill up form  | Based on approved hospital rates | 5 minutes              | <i>Tissue Bank Personnel</i> |
| 2. Submit Bones                                      | 2.1 Receive bones from person submitting<br>2.2 Label the Bone with pertinent information<br>2.3 Store the labeled specimen in appropriate freezer  | None                             | 10 minutes             | <i>Tissue Bank Personnel</i> |
| <b>TOTAL:</b>  |   | Based on approved hospital rates | 15 minutes             |                              |

## 15. Tissue Bank (Distribution)

Releasing of stored cranial flaps/allografts to requesting surgeons/authorized representative.

|  |  |   |                         |                              |
|--|--|---|-------------------------|------------------------------|
| <b>Office or Division:</b>                     | Department of Orthopedics  |   |                         |                              |
| <b>Classification:</b>                         | Simple   |   |                         |                              |
| <b>Type of Transaction:</b>                    | G2C  |   |                         |                              |
| <b>Who may avail:</b>                          | Patients requiring tissue grafts for surgery                                       |   |                         |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>               |  | <b>WHERE TO SECURE</b>  |                         |                              |
| 1. Request for release of stored cranial flaps |  | 1. Neurosurgery clinic or Out Patient Clinic of other Hospitals |                         |                              |
| 2. Recipient form for allografts               |  | Tissue Bank   |                         |                              |
| 3. Cranium Registry Form                       |  | Tissue Bank   |                         |                              |
| 4. Available Funding                           |  | Various sources available                                       |                         |                              |
| <b>CLIENT STEPS</b>                            | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESS-ING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. Receive request form from surgeon           | 1.1 Receive letter of request  | None  | 5 minutes               | <i>Tissue Bank Personnel</i> |
|  | 1.2 Retrieve Cranium Registry Form/ Fill up Recipient form for allograft recipient |   | 5 minutes               |                              |
| 2. Prepare Bone Graft                          | 2.1 Prepare container with ice label   | None<br><i>Based on approved hospital rates</i>                 | 10 minutes              | <i>Tissue Bank Personnel</i> |
|  | 2.2 Locate Cranial Flap/ retrieve allograft Bone requested                         |   | 10 minutes              |                              |
|  | 2.3 Seal container   |   |                         |                              |
|  | 2.4 Give instructions to patients or authorized representative                     |   |                         |                              |
| <b>TOTAL:</b>                                  |  | <i>Based on approved hospital rates</i>                         | 20 minutes              |                              |

### Based on PGH Memo No. 2021-177

|                                  | Service  | Outpatient-Pay | Ward/Semi Private | Private Big/Small | Suite/Deluxe |
|----------------------------------|----------|----------------|-------------------|-------------------|--------------|
| Large Segment Allograft (per cm) | 960.00   | 1,480.00       | 1,560.00          | 1,650.00          | 1,740.00     |
| Femoral Head Allograft           | 3,720.00 | 5,750.00       | 6,090.00          | 6,430.00          | 6,760.00     |
| Cranial Flap Autograft           | 1,500.00 | 2,320.00       | 2,460.00          | 2,600.00          | 2,730.00     |
| Bone Chip                        | 750.00   | 1,160.00       | 1,230.00          | 1,300.00          | 1,360.00     |
| Amnion Dressing                  | 2,320.00 | 3,590.00       | 3,800.00          | 4,010.00          | 4,220.00     |
| Extract (per ml)                 | 4.00     | 6.00           | 7.00              | 7.00              | 7.00         |

## 16. Facility Rental

Application for rental of Ambrosio F. Tangco Conference Room facility

|   |  |                           |                        |  |
|---|--|---------------------------|------------------------|--|
| <b>Office or Division:</b>                                    | Department of Orthopedics  |                           |                        |  |
| <b>Classification:</b>  | Simple   |                           |                        |  |
| <b>Type of Transaction:</b>                                   | G2C  |                           |                        |  |
| <b>Who may avail:</b>   | All users desirous of renting Orthopedics Facility   |                           |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                              |  | <b>WHERE TO SECURE</b>    |                        |  |
| Letter of intent (1 original)                                 |  | Requesting unit           |                        |  |
| Payment   |  | Requesting unit           |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                |
| 1. Send letter of intent addressed to Orthopedics Chairperson | 1. Receive letter of request   | None                      | 10 minutes             | <i>Administrative Personnel</i>          |
|   | 1.1. Acknowledge receipt of the letter<br>1.2. Assess availability of facility during the requested date | None                      | 5 minutes              | <i>Chair/<br/>Administrative Officer</i> |
| 2. Receive copy of approval                                   | 2. Approve or deny request (Depending on the availability)   | None                      | 10 minutes             | <i>Chair/<br/>Administrative Officer</i> |
| 3. Fill out request form for the use of facility              | 3. Receive request form  | None                      | 5 minutes              | <i>Administrative Personnel</i>          |
| 4. Receive Billing statement                                  | 4. Prepare billing statement   | Refer to succeeding table | 10 minutes             | <i>Administrative Personnel</i>          |
| 5. Pay to PGH cashier   | 5. Receive official receipt copy   | Refer to succeeding table | 5 minutes              | <i>Administrative Personnel</i>          |
| <b>TOTAL:</b>   |  | Refer to succeeding table | 45 minutes             |  |

### Rates of Rental as of May 18, 2021 (based on PGH Memo No. 2021-087)

| Facility   | UPM-PGH Users | Other UP Users | Non-UP Users |
|--|---------------|----------------|--------------|
| Ambrosio F. Tangco Conference Room for the first two (2) hours | Php 460.00    | Php 1,350.00   | Php 2,240.00 |
| Additional per hour in excess of two (2) hours                 | Php 230.00    | Php 675.00     | Php 1,120.00 |

***In determining the type of user, the Purpose of activity shall be considered***

# **Department of Otorhinolaryngology**

## **External Services**

## 1. Emergency Room Consultation Service

Involves examination, diagnosis and treatment of patients with an Otorhinolaryngology-related complaint at the emergency room

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Department of Otorhinolaryngology (ORL)   |   |                        |   |
| <b>Classification:</b>  | Simple  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | All individuals with a chief complaint related to the ears, nose, throat  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                        |                        |   |
| 1. Referral from other departments or institutions (as applicable)          |   | Referring physician                           |                        |   |
| 2. Blue card (1 original)   |   | ER Palistahan                                 |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| <b>DECKED TO ORL AS PRIMARY SERVICE</b>                                     |   |   |                        |   |
| 1. Arrive at the ORL ER unit after being triaged by DEM for chief complaint | 1. Receive patient and perform thorough history taking and physical examination<br><br>1.1. Give advice regarding the appropriate diagnostic and therapeutic management | None  | 30 minutes             | Physician and intern on duty (ORL ER Unit)  |
| 2. Give consent to further management                                       | 2. Perform the appropriate diagnostic and therapeutic management  | Please refer to the approved schedule of fees | 48 hours               | ORL Physician and intern on duty, Radiology |
| <b>TOTAL:</b>   |   | Please refer to the approved schedule of fees | 2 days, 30 minutes     |   |
| <b>REFERRED TO ORL FOR CO-MANAGING SERVICE</b>                              |   |   |                        |   |
| 1. Wait to be seen by ORL service   | 1. Receive patient and perform thorough history taking and physical examination<br><br>1.2. Give advice regarding the appropriate                                       | None  | 55 minutes             | ORL Physician and intern                    |

|                                       |  |   |                    |                                  |
|---------------------------------------|--|---|--------------------|----------------------------------|
|                                       | diagnostic and therapeutic management                        |   |                    |                                  |
| 2. Give consent to further management | 2. Perform appropriate diagnostic and therapeutic management | Please refer to the approved schedule of fees | 48 hours           | ORL Physician, intern, Radiology |
| <b>TOTAL:</b>                         |  | Please refer to the approved schedule of fees | 2 days, 55 minutes |                                  |

## 2. General OPD Consultation Service

Involves examination, diagnosis and treatment of patients with an ORL-related complaint at the outpatient services

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Department of Otorhinolaryngology  |                        |                        |   |
| <b>Classification:</b>   | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>  | G2C  |                        |                        |   |
| <b>Who may avail:</b>  | All individuals with a chief complaint related to the ears, nose, throat   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |   |
| 1. Referral from other departments or institutions (as applicable)   |  | Referring physician    |                        |   |
| 2. Blue card (if on follow up) (1 original)  |  | DOPS Palistahan        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| <b>NEW PATIENT</b>   |  |                        |                        |   |
| 1. Arrive at the ORL clinic after being triaged at 1 <sup>st</sup> floor and wait to be called for initial interview | 1. Receive patient's name, check if patient has issued passcode for Radish retrieval of chart  | None                   | 2 hours, 5 minutes     | Nurse on duty, Physician and interns on duty (Dept. of ORL) |
| 2. Enter the clinic once called  | 2. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan   | None                   | 2 hours                | Physician and Intern on duty (Dept. of ORL)                 |
| 3. Give consent to further management  | 3. Perform appropriate diagnostic and therapeutic management<br><br>3.1. Give prescription and/or laboratory requests as needed<br><br>3.2. Send the patient to the nurse for scheduling | None                   | 30 minutes             | Physician and intern on duty (Dept. of ORL)                 |
| 4. Enter Room 211 clinic for final disposition   | 4. Give instructions regarding the laboratory and/or medications   | None                   | 30 minutes             | Nurse on duty (Dept. of ORL)                                |

|  |  |      |                     |                                  |
|--|--|------|---------------------|----------------------------------|
|  | prescribed<br>4.1. Give schedule of follow up or consult to subspecialty clinic  |      |                     |                                  |
| <b>TOTAL:</b>                                  |  | None | 5 hours, 5 minutes  |                                  |
| <b>FOLLOW UP CONSULT</b>                       |  |      |                     |                                  |
| 1. Arrive at the ORL clinic                    | 1. Receive blue card&check if patient has issued passcode for Radish retrieval of chart  | None | 5 minutes           | Nurse on duty (Dept. of ORL)     |
| 2. Wait to be called for initial interview     | 2. Check Radish for chart entries  | None | 2 hours             | Nurse on duty (Dept. of ORL)     |
| 3. Enter the clinic once called                | 3. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management | None | 30 minutes          | Physician on duty (Dept. of ORL) |
| 4. Give consent to further management          | 4. Perform appropriate diagnostic and therapeutic management<br>4.1. Give prescriptions and/or laboratory requests as needed   | None | 30 minutes          | Physician on duty (Dept. of ORL) |
| 5. Enter Room 211 clinic for final disposition | 5. Give the instructions regarding the laboratory and/or medications prescribed<br>5.1. Give schedule of follow up or consult to subspecialty clinic                       | None | 30 minutes          | Nurse on duty (Dept. of ORL)     |
| <b>TOTAL:</b>                                  |  | None | 3 hours, 35 minutes |                                  |



### 3. OPD Specialty Clinic Consultation Service

Involves examination, diagnosis and treatment of patients with complex cases already previously seen at the general clinic or those who have completed work-ups

| <b>Office or Division:</b>   | Department of Otorhinolaryngology  |   |                 |   |
|--|--|---|-----------------|---|
| <b>Classification:</b>   | Simple   |   |                 |   |
| <b>Type of Transaction:</b>  | G2C  |   |                 |   |
| <b>Who may avail:</b>  | All individuals with a chief complaint related to the ears, nose, throat deemed complicated or requiring specialty consultant opinion                                      |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                           |                 |   |
| 1. Referral from General Clinic  |  | Physician consulted at the general clinic |                 |   |
| 2. Schedule of consult written in the Blue Card  |  | Nurse in charge of scheduling             |                 |   |
| 3. Complete work up (as applicable)  |  | Medical records, patient labs             |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                           | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Arrive at the specialty clinic and submit his/her blue card to the nurse            | 1. Receive the Blue card and check if patient has issued passcode for Radish retrieval of chart  | None                                      | 5 minutes       | Nurse on duty (Dept. of ORL)  |
| 2. Wait for his/her turn to be called  | 2. Nurse inform physician/resident regarding patient's arrival<br><br>2.1. Chart and relevant diagnostic results reviewed  | None                                      | 2 hours         | Nurse on duty (Dept. of ORL)<br><br>Medical Records staff, 3 <sup>rd</sup> Flr, OPD |
| 3. Enter the clinic when name is called and answer questions regarding his/her history | 3. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management | None                                      | 2 hours         | Physician on duty (Dept. of ORL)  |
| 4. Give consent to plan.   | 4. Perform appropriate diagnostic and therapeutic management   | None                                      | 30 minutes      | Physician on duty (Dept. of ORL)  |

|  |  |      |                    |                              |
|--|--|------|--------------------|------------------------------|
|  | 4.1. Give instructions, prescriptions and/or laboratory requests as needed   |      |                    |                              |
| 5. Enter Room 211 clinic for final disposition | 5. Give the instructions regarding the laboratory and/or medications prescribed<br><br>5.1. Give schedule of follow up | None | 30 minutes         | Nurse on duty (Dept. of ORL) |
| <b>TOTAL:</b>                                  |  | None | 5 hours, 5 minutes |                              |

#### 4. Scheduling of Consult at OPD

Providing a follow up schedule for consultation at the OPD

| <b>Office or Division:</b>   | Department of Otorhinolaryngology   |                              |                 |                              |
|--|---|------------------------------|-----------------|------------------------------|
| <b>Classification:</b>   | Simple  |                              |                 |                              |
| <b>Type of Transaction:</b>  | G2C   |                              |                 |                              |
| <b>Who may avail:</b>  | Patient who were advised to follow up at the OPD                              |                              |                 |                              |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE              |                 |                              |
| 1. Blue card (1 original)  |   | OPD Ground Floor             |                 |                              |
| 2. Physician advise to follow up or consult at the Specialty Clinic        |   | Written in the Patient Chart |                 |                              |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID              | PROCESSING TIME | PERSON RESPONSIBLE           |
| <b>OPD Follow Up Consult</b>   |   |                              |                 |                              |
| 1. Bring his/her blue card and submit to nurse                             | 1. Receive the blue card and check physician orders via Radish for follow up  | None                         | 5 minutes       | Nurse on duty (Dept. of ORL) |
|  | 1.1. Schedule follow up appointment via Radish and write on Blue card         | None                         | 5 minutes       | Nurse on duty (Dept. of ORL) |
|  | 1.2. Blue card is returned to patient   |                              |                 |                              |
| <b>TOTAL:</b>  |   | None                         | 10 minutes      |                              |
|  |   |                              |                 |                              |
| <b>OPD Specialty Clinic Consult</b>  |   |                              |                 |                              |
| 1. Brings Blue Card to the Room 211 nurse after concluding his/her consult | 1. Receive the blue card and note physician's orders for follow up via Radish | None                         | 5 minutes       | Nurse on duty (Dept. of ORL) |
|  | 1.1. Schedule follow up appointment via Radish and write on Blue card         | None                         | 5 minutes       | Nurse on duty (Dept. of ORL) |
|  |   |                              |                 |                              |
| <b>TOTAL:</b>  |   | None                         | 10 minutes      |                              |

## 5. OPD Scheduling of Surgery

Gives the patient a schedule for surgical management for cases that can be done at the OPD OR

|   |  |   |                        |                              |
|---|--|---|------------------------|------------------------------|
| <b>Office or Division:</b>                                  | Department of Otorhinolaryngology  |   |                        |                              |
| <b>Classification:</b>                                      | Simple   |   |                        |                              |
| <b>Type of Transaction:</b>                                 | G2C  |   |                        |                              |
| <b>Who may avail:</b>                                       | Patients advised by the clinic for surgical management as outpatient   |   |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                            |  | <b>WHERE TO SECURE</b>                                  |                        |                              |
| 1. Complete work up   |  | Laboratory, Imaging (PGH or outside PGH)<br>Chart entry |                        |                              |
| 2. Physician's advise for surgical management as outpatient |  | Chart entry   |                        |                              |
| 3. Cardiopulmonary and anesthetic clearance (as needed)     |  | PATEC clinic (Room 210)                                 |                        |                              |
| 4. Availability of schedule                                 |  | Chief Resident to check availability of OR slot         |                        |                              |
| 5. Available funding  |  | Various sources available                               |                        |                              |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. Bring Blue Card to the nurse after concluding consult    | 1. Receive the Blue Card and note physician's orders for surgery at OPD OR<br><br>1.1. Advise to proceed to await notification from Chief Resident regarding OR schedule | None  | 5 minutes              | Nurse on duty (Dept. of ORL) |
|   |  |   |                        |                              |
| <b>TOTAL:</b>   |  | None  | 5 minutes              |                              |

## 6. Inpatient Queueing for Admission

Gives the patient a schedule for surgical management for cases that require admission

|   |   |   |                        |                               |
|---|---|---|------------------------|-------------------------------|
| <b>Office or Division:</b>                                      | Department of Otorhinolaryngology   |   |                        |                               |
| <b>Classification:</b>  | Simple  |   |                        |                               |
| <b>Type of Transaction:</b>                                     | G2C   |   |                        |                               |
| <b>Who may avail:</b>   | Patients advised by the clinic for surgical management as inpatient                             |   |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                |   | <b>WHERE TO SECURE</b>                                  |                        |                               |
| 1. Completed work up and photocopy of medical records           |   | Laboratory, Imaging, Chart entry (Medical records, OPD) |                        |                               |
| 2. Physician advise for surgical management as inpatient        |   | Chart entry and ASI form (Medical Records, OPD)         |                        |                               |
| 3. Cardiopulmonary and anesthetic clearance (as needed)         |   | PATEC clinic (Room 210)                                 |                        |                               |
| 4. Available funding  |   | Various sources available                               |                        |                               |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Await notification from Chief Resident regarding OR schedule | 1. Check file containing list of patients advised for surgery and classify by specialty service | None  | 2 hours                | Chief Resident (Dept. of ORL) |
| <b>TOTAL:</b>   |   |   | 2 hours                |                               |

## 7. Inpatient Scheduling of Admission for Surgery

Provides schedule of admission for planned surgery

| <b>Office or Division:</b>  | Department of Otorhinolaryngology  |   |                      |                               |
|---|--|---|----------------------|-------------------------------|
| <b>Classification:</b>  | Simple   |   |                      |                               |
| <b>Type of Transaction:</b>   | G2C  |   |                      |                               |
| <b>Who may avail:</b>   | Patients already waitlisted at the OCR   |   |                      |                               |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE   |                      |                               |
| 1. Completed updated work up and photocopy of medical records                               |  | Laboratory, Imaging, Chart entry (Medical records, OPD) |                      |                               |
| 2. Advise for surgical management as inpatient  |  | Chart entry and ASI form (Medical records, OPD)         |                      |                               |
| 3. Cardiopulmonary and anesthetic clearance (as needed)                                     |  | PATEC clinic (Room 210)                                 |                      |                               |
| 4. Consultant and co-managing services' opinion and availability (as needed)                |  | Resident in charge                                      |                      |                               |
| 5. Availability of bed  |  | Chief resident, Ward 10                                 |                      |                               |
| 6. Available funding  |  | Various sources available                               |                      |                               |
| 7. Blood donor slips (as needed)  |  | Various sources available                               |                      |                               |
| 8. Available designated adult caregiver   |  | Various sources available                               |                      |                               |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME      | PERSON RESPONSIBLE            |
| 1. Wait for admission   | 1. Contact patient for possible admission  | None  | 30 minutes           | Chief Resident (Dept. of ORL) |
| 2. Receive message, confirm completion of requirements, and confirm readiness for admission | 2. Receive confirmation<br><br>2.1. Admit patient for surgical management based on agreed day between Chief Resident and patient | None  | 12 hours             | Chief Resident (Dept. of ORL) |
| <b>TOTAL:</b>   |  |   | 12 hours, 30 minutes |                               |

## 8. Surgery- Actual Procedure (OPD Minor OR)

Performing a surgical procedure under local anesthesia at the OPD Minor OR

| <b>Office or Division:</b>   | Department of Otorhinolaryngology  |   |                     |   |
|--|--|---|---------------------|---|
| <b>Classification:</b>   | Simple   |   |                     |   |
| <b>Type of Transaction:</b>  | G2C  |   |                     |   |
| <b>Who may avail:</b>  | Patients advised surgical procedure under local anesthesia at the OPD OR   |   |                     |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                     |   |
| 1. Completed work up and copy of medical records                       |  | Laboratory, Imaging, Chart entry (OPD, Medical records) |                     |   |
| 2. Blue card (1 original)  |  | OPD Ground floor  |                     |   |
| 3. Available funding   |  | Various sources available                               |                     |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME     | PERSON RESPONSIBLE                                      |
| 1. Arrive at OPD OR  | 1. Receive name of patient   | None  | 5 minutes           | Nurse on duty (OPD Minor OR)                            |
| 2. Wait for name to be called  | 2. Call out patient's name   | None  | 2 hours             | Nurse on duty (OPD Minor OR) or Physician (Dept of ORL) |
| 3. Enter the minor OR  | 3. Confirm consent, check COVID swab result, take vital signs (VS) and prepare patient for surgery if VS is within acceptable limits | Please refer to the approved schedule of fees           | 15 minutes          | Nurse on duty (OPD Minor OR) or Physician (Dept of ORL) |
|  | 3.1. Perform surgery   |   | 2 hours             | Physician (Dept. of ORL)                                |
| 4. Listen to post operative wound care instructions prior to discharge | 4. Give post operative instructions, fixes specimen  | Please refer to the approved schedule of fees           | 15 minutes          | Physician and Intern (Dept. of ORL)                     |
| <b>TOTAL:</b>  |  | Please refer to the approved schedule of fees           | 4 hours, 35 minutes |   |

## 9. Surgery- Actual Procedure (OPD Major OR)

Performing a surgical procedure under IV sedation or general anesthesia at the OPD Major OR

| <b>Office or Division:</b>  | Department of Otorhinolaryngology   |   |                 |  |
|---|---|---|-----------------|--|
| <b>Classification:</b>  | Simple  |   |                 |  |
| <b>Type of Transaction:</b>   | G2C   |   |                 |  |
| <b>Who may avail:</b>   | Patients advised surgical procedure under IV sedation or general anesthesia at the OPD Major OR   |   |                 |  |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE   |                 |  |
| 1. Completed updated work up and copy of medical records                              |   | Laboratory, Imaging, Chart entry (OPD, Medical Records) |                 |  |
| 2. Physician advise for surgical management as inpatient                              |   | Chart entry (OPD, Medical Records)                      |                 |  |
| 3. Cardiopulmonary and anesthetic clearance (as needed)                               |   | PATEC clinic (Room 210)                                 |                 |  |
| 4. Consultant and co-managing services opinion and availability (as needed)           |   | Resident in charge                                      |                 |  |
| 5. Available designated adult caregiver   |   | Various sources available                               |                 |  |
| 6. Available funding  |   | Various sources available                               |                 |  |
| 7. Compliant with perioperative instructions (Good NPO, no antiplatelets taken, etc.) |   | Patient   |                 |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                                       |
| 1. Arrive at OPD OR   | 1. Receive name of patient  | None  | 5 minutes       | Nurse on duty (OPD Major OR)                             |
| 2. Wait for name to be called   | 2. Call out patient's name  | None  | 2 hours         | Nurse on duty (OPD Major OR) or Physician (Dept. of ORL) |
| 3. Enter the major OR   | 3. Confirm consent, check COVID swab result, assure good NPO, take vital signs (VS) and prepare patient for surgery if VS is within acceptable limits | Please refer to the approved schedule of fees           | 15 minutes      | Nurse on duty (OPD Major OR) or Physician (Dept. of ORL) |
|   | 3.1. Induce patient   |   | 30 minutes      | Physician (Dept of Anesthesiology)                       |
|   | 3.2. Perform surgery  |   | Up to 2 hours   | Physician (Dept. of ORL)                                 |



|  |   |   |                           |   |
|--|---|---|---------------------------|---|
|  | 3.3. Take off anesthesia<br><br>3.4. Send patient to PACU for observation |   | 30 minutes<br><br>2 hours | Physician (Dept of Anesthesiology)<br><br>Physician (Dept of ORL and Anesthesiology)<br>Nurse on duty |
| 4. Listen to post operative wound care instructions prior to discharge | 4. Give post operative instructions, fix specimen                         | None  | 15 minutes                | Physician and Intern  |
| <b>TOTAL:</b>  |   | Please refer to the approved schedule of fees | 7 hours, 35 minutes       |   |

## 10. Surgery- Actual Procedure (Inpatient)

Performing a surgical procedure under IV sedation or general anesthesia as inpatient

| <b>Office or Division:</b>  | Department of Otorhinolaryngology  |   |                 |  |
|---|--|---|-----------------|--|
| <b>Classification:</b>  | Complex  |   |                 |  |
| <b>Type of Transaction:</b>   | G2C  |   |                 |  |
| <b>Who may avail:</b>   | Patients advised surgical procedure under IV sedation or general anesthesia as inpatient   |   |                 |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE   |                 |  |
| 1. Completed updated work up and photocopy of medical records               |  | Laboratory, Imaging, Chart entry (OPD, Medical records) |                 |  |
| 2. Cardiopulmonary and anesthetic clearance (as needed)                     |  | PATEC clinic (Room 210)                                 |                 |  |
| 3. Consultant and co-managing services opinion and availability (as needed) |  | Resident in charge                                      |                 |  |
| 4. Available funding  |  | Various sources available                               |                 |  |
| 5. Blood donor slips (as needed)  |  | Various sources available                               |                 |  |
| 6. Available designated adult caregiver                                     |  | Various sources available                               |                 |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                             |
| 1. Arrive for admission   | 1. Facilitate admission, orient regarding basic ward rules   | None  | 3 hours         | Ward nurse on duty, ER palistahan, Physician   |
| 2. Go to assigned bed and await schedule                                    | 2. Ensure that patient has proper clearances, check COVID swab result, and work up<br><br>2.1. Refer to appropriate co-managing services | None  | 4 days          | Physician, Intern (Dept of ORL)                |
| 3. Receive given schedule, sign written informed consent                    | 3. Prepare patient for OR—preoperative evaluation, orientation, NPO  | None  | 8 hours         | Nurse on duty, Physician, Intern (Dept of ORL) |
| 4. Transfer to transport bed  | 4. Send patient to OR complex  | None  | 1 hour          | Institutional worker                           |
| 5. Arrive at OR complex and transfer to surgical bed                        | 5. Confirm identity of patient, follow preoperative checklist  | Please refer to the approved schedule of fees           | 15 minutes      | Nurse on duty (RCB OR)                         |

|               |   |   |                             |  |
|---------------|---|---|-----------------------------|--|
|               | 5.1. Commit patient to the anesthesia monitoring machines, induce |   | 1 hour                      | Physician (Dept of Anesthesiology)             |
|               | 5.2. Perform surgery  |   | 18 hours                    | Physician (Dept. of ORL)                       |
|               | 5.3 Take off anesthesia   |   | 1 hour                      | Physician (Dept of Anesthesiology)             |
|               | 5.4 Send to PACU for observation                                  |   | 24 hours                    | Physician, Institutional worker, Nurse on duty |
| <b>TOTAL:</b> |   | Please refer to the approved schedule of fees | 6 days, 8 hours, 15 minutes |  |

## 11. Ward Admission from ER

Patients with anticipated prolonged ER stay will be admitted to the ward

|  |   |                        |                             |  |
|--|---|------------------------|-----------------------------|--|
| <b>Office or Division:</b>                             | Department of Otorhinolaryngology   |                        |                             |  |
| <b>Classification:</b>                                 | Simple  |                        |                             |  |
| <b>Type of Transaction:</b>                            | G2C   |                        |                             |  |
| <b>Who may avail:</b>                                  | Patients with anticipated prolonged ER stay that will be admitted to the ward |                        |                             |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                       |   | <b>WHERE TO SECURE</b> |                             |  |
| 1. Admitting orders                                    |   | Physician              |                             |  |
| 2. Availability of ward bed                            |   | Wards                  |                             |  |
| 3. Management plan conferred with consultant in charge |   | Physician              |                             |  |
| <b>CLIENT STEPS</b>                                    | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b>                    |
| 1. Wait for advise from the attending physician        | 1. Assess patient who needs more than 24 hour stay in the hospital            | None                   | 24 hours                    | Nurse on duty (DEM), Physician (Dept of ORL) |
|  | 2. Entry admitting orders in the Radish chart and endorse to ER nurses        | None                   | 15 minutes                  | Physician (Dept of ORL)                      |
|  | 3. Endorse patient to ward nurses   | None                   | 12 hours                    | Nurse on duty (DEM)                          |
| <b>TOTAL:</b>  |   | None                   | 1 day, 12 hours, 15 minutes |  |

## 12. Videostroboscopy

For patients referred for videostroboscopy

|  |   |   |                        |  |
|--|---|---|------------------------|--|
| <b>Office or Division:</b>   | Department of Otorhinolaryngology; Videostroboscopy Unit  |   |                        |  |
| <b>Classification:</b>   | Simple  |   |                        |  |
| <b>Type of Transaction:</b>  | G2C   |   |                        |  |
| <b>Who may avail:</b>  | All patients referred for videostroboscopy by an ORL specialist   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                                      |                        |  |
| 1. Videostroboscopy Request Form   |   | Dept of ORL – Outpatient Dept.; Referring private physician |                        |  |
| 2. MSS White Card (1 original)   |   | Medical Social Services Office                              |                        |  |
| 3. PhilHealth Forms (CSF, CF2, CF4)                                      |   | Dept of ORL Office  |                        |  |
| 4. Blue Card (1 original)  |   | DOPS ER or DOPS Palistahan                                  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| <b>For Patients with Blue Card only:</b>                                 |   |   |                        |  |
| 1. Present the Videostroboscopy Request form for scheduling of procedure | 1. Schedule the patient for the procedure and outpatient swabbing   | None  | 5 minutes              | Administrative Aide (Dept. of ORL)                   |
| 2. Arrive at Ward 10 on the scheduled date and time of procedure         | 2. Check all the requirements including COVID swab result, prepare the videostroboscopy room.                         | None  | 3 minutes              | Administrative Aide (Dept. of ORL)                   |
| 3. Wait to be called   | 3. Call the patient and perform the procedure   | None  | 30 minutes             | Physician, Dept. of ORL                              |
| 4. Proceed to Cash Division Office for payment                           | 4. Instruct the patient to go to the Cash Division Office and present the Blue Card and Videostroboscopy request form | ₱3,010 (Regular Patients)<br>₱2,486 (Senior Citizen)        | 5 minutes              | Cashier, Cash Division Office Ground Flr, Main Bldg. |
| 5. Present the Official Receipt  | 5. Scan the Official Receipt and release the Result   | None  | 3 minutes              | Administrative Aide (Dept. of ORL)                   |
|  | <b>Total</b>  | ₱3,010 (Regular Patients)<br>₱2,486                         | 46 minutes             |  |

|  |  |                  |            |   |
|--|--|------------------|------------|---|
|  |  | (Senior Citizen) |            |   |
| <b>For Patient with Blue/MSS White Card:</b>                             |  |                  |            |   |
| 6. Present the Videostroboscopy Request form for scheduling of procedure | 6. Schedule the patient for the procedure and outpatient swabbing  | None             | 5 minutes  | Administrative Aide (Dept. of ORL)  |
| 7. Arrive at Ward 10 on the scheduled date and time of procedure         | 7. Check all the requirements, including COVID swab result, prepare the videostroboscopy room.   | None             | 3 minutes  | Administrative Aide (Dept. of ORL)  |
| 8. Wait to be called   | 8. Call the patient and perform the procedure  | None             | 30 minutes | Physician, Dept. of ORL   |
| 9. Proceed to Cash Division Office for payment                           | 9. Instruct the patient to go to the Cash Division Office and present the MSS White Card and Videostroboscopy request form   | ₱1,150           | 5 minutes  | Administrative Aide (Dept. of ORL), Cashier, Cash Division Office, Ground Flr, Main Bldg. |
| 10. Present the Official Receipt   | 10. Scan the Official Receipt and release the result   | None             | 3 minutes  | Administrative Aide (Dept. of ORL)  |
|  | <b>Total</b>   | ₱1,150           | 46 minutes |   |
| <b>For Patients with PhilHealth (OPD-Charity Patients):</b>              |  |                  |            |   |
| 1. Present the Videostroboscopy Request form for scheduling of procedure | 1. Schedule the patient for the procedure and outpatient swabbing  | None             | 5 minutes  | Administrative Aide (Dept. of ORL)  |
| 2. Arrive at Ward 10 on the scheduled date and time of procedure         | 2. Check all the requirements (MSS White Card, PhilHealth Member Data Record, PhilHealth Forms CSF, CF2, CF4), including COVID swab result, prepare the videostroboscopy room. | None             | 3 minutes  | Administrative Aide (Dept. of ORL)  |
| 3. Wait to be called   | 3. Call the patient and  | None             | 30 minutes | Physician, Dept.  |

|  |  |                           |                   |  |
|--|--|---------------------------|-------------------|--|
|  | perform the procedure  |                           |                   | of ORL   |
| 4. Prepare for processing of PhilHealth papers                           | 4. Check that PhilHealth Forms are properly filled out, and ensure patient has MSS White Card, and Charge Slip | None (PhilHealth covered) | 5 minutes         | Administrative Aide (Dept. of ORL)               |
| 5. Go to OPD PhilHealth Office for processing of charged procedure       | 5. Process the papers  | None                      | 15 minutes        | Medical Claims Assistant, PhilHealth Office, OPD |
| 6. Go back to ORL office once processing of PhilHealth paper is complete | 6. Verify the PhilHealth acknowledgement receipt, then release the Videostroboscopy result                     | None                      | 5 minutes         | Administrative Aide (Dept. of ORL)               |
|  | <b>Total</b>   |                           | 1 hour, 3 minutes |  |

**For Pay Patients with PhilHealth under private physician**

|  |   |      |            |  |
|--|---|------|------------|--|
| 1. Ask schedule for Videostroboscopy                             | 1. Schedule for the procedure and outpatient swabbing, inform patient to prepare the PhilHealth Member Data Record Form | None | 5 minutes  | Administrative Aide, Dept. of ORL, Ward 10         |
| 2. Arrive at Ward 10 on the scheduled date and time of procedure | 2. Check all the requirements, including COVID swab result, prepare the videostroboscopy request form                   | None | 3 minutes  | Administrative Aide (Dept. of ORL)                 |
| 3. Enroll for electronic admission                               | 3. Fill out Patient's data information  | None | 15 minutes | Administrative/ Office Aide, Pay Admitting Section |
| 4. Wait to be called   | 4. Call the patient and perform the procedure   | None | 30 minutes | Physician, Dept. of ORL                            |
| 5. Prepare for processing of PhilHealth papers                   | 5. Check that PhilHealth Forms are properly filled out, and provide Charge Slip   | None | 5 minutes  | Administrative Aide (Dept. of ORL)                 |

|  |  |  |                       |  |
|--|--|--|-----------------------|--|
| 6. Go to PhilHealth Billing Section to process PhilHealth papers         | 6. Process the papers  | None<br>(PhilHealth covered)   | 20 minutes            | Office Asst.,<br>Billing Section,<br>Ground Flr,<br>Central Block<br>Bldg. |
| 7. Go back to ORL office once processing of PhilHealth paper is complete | 7. Verify the PhilHealth acknowledgement receipt, then release the Videostroboscopy result                                 | None   | 5 minutes             | Administrative<br>Aide (Dept. of<br>ORL)                                   |
|  | <b>Total</b>   | None   | 1 hour,<br>23 minutes |  |
| <b>For Pay Patients, non-PhilHealth under private physician</b>          |  |  |                       |  |
| 1. Ask schedule for Videostroboscopy                                     | 1. Schedule for the procedure ad and outpatient swabbing, inform patient to prepare the PhilHealth Member Data Record Form | None   | 5 minutes             | Administrative<br>Aide (Dept. of<br>ORL)                                   |
| 2. Arrive to the scheduled date and time of procedure                    | 2. Check all the requirements, including COVID swab result, prepare the videostroboscopy request form                      | None   | 3 minutes             | Administrative<br>Aide (Dept. of<br>ORL)                                   |
| 3. Wait to be called   | 3. Call the patient and perform the procedure  | None   | 30 minutes            | Physician, Dept.<br>of ORL   |
| 4. Proceed to Cash Division Office for payment                           | 4. Prepare videostroboscopy form with corresponding amount   | ₱2,620-<br>Videostrob<br>oscopy<br>Fee<br>₱390-<br>Reader's<br>Fee<br>₱2,096-<br>Videostrob<br>oscopy<br>Fee<br>(Senior<br>Citizen)<br>₱390-<br>Reader's | 10 minutes            | Cashier, Cash<br>Division,<br>Ground Flr,<br>Main Bldg.                    |



|   |   | Fee  |            |                                    |
|---|---|------|------------|------------------------------------|
| 5. Go back to ORL office once processing of PhilHealth papers is complete | 5. Verify and scan official receipt and release the Videostroboscopy result | None | 5 minutes  | Administrative Aide (Dept. of ORL) |
| <b>TOTAL:</b>   |   |      | 53 minutes |                                    |

### 13. Craniomaxillofacial Prosthesis and Bioengineering Unit

For patient requiring craniomaxillofacial prosthesis

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>                            | Department of Otorhinolaryngology; Craniomaxillofacial Prosthesis and Bioengineering Unit  |   |                        |  |
| <b>Classification:</b>                                | Highly Technical   |   |                        |  |
| <b>Type of Transaction:</b>                           | G2C  |   |                        |  |
| <b>Who may avail:</b>                                 | All patients referred for craniomaxillofacial prosthesis                                   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                      |  | <b>WHERE TO SECURE</b>                        |                        |  |
| 1. Prosthesis Request Slip                            |  | Dept of ORL – Outpatient Department/Ward 10   |                        |  |
| 2. MSS White Card (1 original)                        |  | Medical Social Services                       |                        |  |
| 3. Prosthesis Billing Form                            |  | Dept of ORL Office                            |                        |  |
| <b>CLIENT STEPS</b>                                   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                      |
| 1. Schedule for prosthesis                            | 1. Set schedule including outpatient swabbing, and inform about the payment for prosthesis | None  | 3 minutes              | Administrative Aide (Dept. of ORL)             |
| 2. Arrive to the scheduled date and time of procedure | 2. Inform Prosthesis fellows/doctors, check swab result                                    | None  | 3 minutes              | Administrative Aide (Dept. of ORL)             |
| 3. Prepare for procedure                              | 3. Do the initial impression of the prosthesis   | None  | 30 minutes             | Prosthesis Fellow.doctors, Dept. of ORL        |
| 4. Prepare for fitting of prosthesis                  | 4. Fit the prosthesis to the patient   | None  | 19 days                | Prosthesis Fellow/doctors, Dept. of ORL        |
| 5. Proceed to Cash Division Office for payment        | 5. Prepare prosthesis billing form   | Please refer to the approved schedule of fees | 10 minutes             | Cashier, Cash Division, Ground Flr, Main Bldg. |
| <b>TOTAL:</b>   |  | Please refer to the approved schedule of fees | 19 days, 46 minutes    |  |

# **Department of Outpatient Services**

## **External Services**

## 1. PAGPAPAISKEDYUL NG KONSULTASYON SA Department of Outpatient Services (DOPS)

|  |  |   |                           |  |
|--|--|---|---------------------------|--|
| <b>Saang Opisina/Klinika:</b>  | Mga klinika ng DOPS  |   |                           |  |
| <b>Klasipikasyon:</b>  | Simple   |   |                           |  |
| <b>Uri ng Transakyon:</b>  | G2C  |   |                           |  |
| <b>Sino-sino ang dapat magpakonsulta:</b>  | Lahat ng pasyente.   |   |                           |  |
| <b>Listahan ng mga Kailangan</b>   |  | <b>Saan Nakakuha</b>  |                           |  |
| Katunayan ng may iskedyul (celphone/gadyet) sa <b>bagong pasyente</b> .<br><br><b>Blue Card</b> sa mga may follow ups o may internal referral napasyente.  |  | "Online Consultation Request and Appointment" (OCRA) sa bagong pasyente.<br><br>Sa iskedyul na nakasulat sa Blue Card ng Pasyente |                           |  |
| <b>1. Paano magpaiskedyul ng konsultasyon?</b>   |  |   |                           |  |
| <b>Mga Hakbang ng Pasyente/Bantay</b>  | <b>GAGAWIN NG YUNIT NG DOPS</b>  | <b>Mga Bayarin</b>  | <b>ITATAGAL NG GAWAIN</b> | <b>EMPLOYADONG NAMAMAHALA</b>            |
| <b>a. Bagong pasyente:</b> <ul style="list-style-type: none"> <li>Magrehistro atsagutinang "OCRA" nanasa website naito: (pghopd.up.edu.ph)</li> <li>Maghintay ng "text message" o tawag kung kailan ang appointment sadoktor.</li> </ul> | <ul style="list-style-type: none"> <li>Bigyan ng iskedyul ang mgapasyente.</li> </ul>  | Wala  | 3 araw                    | "Junior Office Aide" o Naka duty na Nars |
|  | <b>b. Datinang pasyente, bagong pasyente na may iskedyul na o may inter-department referral galing sa ibang klinika.</b> <ul style="list-style-type: none"> <li>Tanggapin ang pasyentesang anabanggit na klinika.</li> </ul> | Wala  | 5 minuto                  | Nakadutyna Nars                          |
| <ul style="list-style-type: none"> <li>Ipakita ang blue card na may katunayanna "follow up consult" o cellphone na may appointment nasa entrance ng</li> </ul>   | <ul style="list-style-type: none"> <li>Asikasuhin ang mgapasyenten gnakaskedyul o may "inter-department referral" at</li> </ul>  | Wala  | 5 minuto                  | Nakadutyna Nars                          |

|   |   |      |   |                  |
|---|---|------|---|------------------|
| DOPS at pumuntasanakasaa dna Clinic o Room No.<br>• Kung may “internal referral” naman nanakasulatsa blue card, ipakitasapupuntaha ngklinika. | tulungan ang doktorbago ang konsultasyon.   |      |   |                  |
| <b>2. Konsultasyon:</b><br>• Maghintay ng tawagmulasadoktor.  | • Konsultasyon ng pasyentesadoktor  | Wala | 30 minuto(Ang oras ay dependesakaso ng sakit) | NakadutynaDoktor |
| <b>3. Pagpa-discharge ng pasyente:</b><br>• Makinigsamgapagh ahanda para saproseso ng pag discharge.  | • Mag iskedyul para sa follow ups, inter-referrals at Operating Room (OR) procedures. | Wala | 5minuto                                       | NakadutynaNars   |
| <b>Total</b>  |   | Wala | 45minuto (konsultasyon)                       |                  |

*Paalala: May limitasyonsabilang ng mgapasyentesabawatklinikaayonnarinsapagsunodsa Department of Health (DoH) protocols.*

## 2. OUTPATIENT SURGICAL SERVICES (DOPS-OR)

| Klasipikasyon:   | Simple  |                                      |                          |                                      |
|--|---|--------------------------------------|--------------------------|--------------------------------------|
| Uri ng Transakyon:                                       | G2C   |                                      |                          |                                      |
| Sino ang dapat operahan:                                 | Pasyenteng nakaiskedyul sa operasyon  |                                      |                          |                                      |
| Listahan ng mga Kailangan                                |   | Saan Nakakakuha                      |                          |                                      |
| Blue Card with Schedule                                  |   | DOPS                                 |                          |                                      |
| PhilHealth Assessment Form                               |   | PhilHealth Express Office (Room 116) |                          |                                      |
| Mga Hakbang ng Pasyente/Bantay                           | Gagawin ng Yunit ng DOPS  | Mga Bayarin                          | Itatagal ng Gawain       | Empleyadong Namamahala               |
| 1. Dumating sa takdang oras ng operasyon.                | <ul style="list-style-type: none"> <li>Ihandang dokumento para sa operasyon</li> </ul>  | Wala                                 | 20 minuto                | <i>Nakadutyna Naras o Ward Clerk</i> |
| 2. Sumailalim sa Operasyon                               | <ul style="list-style-type: none"> <li>Gawin ang operasyon sa loob ng Operating Room.</li> </ul>  | Wala                                 | "Variable"               | <i>Surgeon &amp; Nurse on Duty</i>   |
| 3. Ikumpleto ang mga prosesos pag discharge ng pasyente. | <ul style="list-style-type: none"> <li>I-proseso ang mga kaukulang dokumento bagoumuni.</li> <li>Magbigay sa pasyente ng home care instructions o magagabay.</li> </ul> | Variable                             | 10 minuto                | <i>Nakadutyna Naras</i>              |
| TOTAL:   |   | Wala o Variable                      | Actual Surgery: Variable |                                      |

## **Department of Pay Patient Services**

### **External Services**

## 1. Admission of Patients to the DPPS

The Department of Pay Patient Services (DPPS), one of the income generating departments of the hospital, aims to provide the best quality health care to many Filipinos at the most affordable cost. The admission of patients covers activities from registration at the Pay Admitting Unit up to endorsement of patient to the Nurse-on-duty at the Payfloor.

| <b>Office or Division:</b>   | Pay Admitting Unit – DPPS  |  |                 |  |
|--|--|--|-----------------|--|
| <b>Classification:</b>   | Simple   |  |                 |  |
| <b>Type of Transaction:</b>  | G2C  |  |                 |  |
| <b>Who may avail:</b>  | All Pay Patients   |  |                 |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                 |  |
| 1. Admitting Order<br>2. Online Waitlist Registration<br>3. RT-PCR Result<br>4. KaalamanForm (1 original)<br>5. Broad Consent Form<br>6. LOA (HMO)<br>7. eHope/Guarantee Form (UP-PGH Employees) (1 original)<br>8. Undertaking Form (1 original)<br>9. Blue Card (1 original) |  | Attending Physician and or his/her representative<br><a href="https://bit.ly/patientinfo-pghdpps">https://bit.ly/patientinfo-pghdpps</a><br>Any DOH accredited molecular laboratory<br>Pay Admitting Unit<br>Pay Admitting Unit<br>Accredited HMO<br>Billing Section<br><br>Pay Admitting Unit<br>Pay Admitting Unit |                 |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                           |
| 1. Register to the Online Waitlist Link  | 1. Check Responses if patient is already registered  | None   | 1 minute        | <i>Patient/relative</i>                      |
| 1.1 Proceed to Pay Admitting Unit on day of admission to secure Kaalaman Form and other forms needed   | 1.1 Ask patient/ relative to fill up Kaalaman form and explain the service and requirements to patient/ relative | None   | 2.5 minutes     | <i>Pay Admitting Unit Clerk on duty DPPS</i> |
| 2. Submit filled up Kaalaman Form, Admitting Order and other related documents   | 2. Accept and check if Kaalaman Form is completely filled up   | None   | 1 minute        | <i>Pay Admitting Unit Clerk on duty DPPS</i> |
|  | 2.1 Countercheck the Admitting Orders  | None   | 1 minute        |  |
|  | 2.2 Offer alternative rooms to patient/ relative if their room of choice is not available                        | None   | 2 minutes       |  |



|  |  |      |           |   |
|--|--|------|-----------|---|
| 3. Patient will accept the room offered and proceed with the admission   | 3. Inform patient/ relative of the approved hospital deposit amount.   | None | 1 minute  | <i>Pay Admitting Unit Clerk on duty</i><br>DPPS |
|  | 3.1 Input patient details using the core information systems for proper hospital profiling based on the completed Kaalaman Form.   | None | 2 minutes |   |
|  | 3.2 Provide the Undertaking Form and Broad Consent Form then inform patient/ relative to read and fully understand the hospital regulations and conditions prior to signing the forms  | None | 1 minute  |   |
| 4. Sign the Undertaking Form and Broad Consent form as an affirmation that patient agrees to the conditions indicated and return the form to the PAU clerk on duty | <p>4. Accept Undertaking Form and provide Notice of Admission (NOA) which states patient's complete name, name of admitting physician, case number, room number and amount to be deposited.</p> <p>*Reminder: Waiver of initial deposit is only applicable to UPM Manila/PGH, UP Diliman employees, UPM Manila Students, dependents/ immediate family of regular employees and contractual employees who have been in service for 5 years and above and Employees/Members of company/ institutions</p> | None | 1 minute  | <i>Pay Admitting Unit Clerk on duty</i><br>DPPS |

|  |  |   |             |   |
|--|--|---|-------------|---|
|  | with Memorandum of Agreement (MOA) with PGH  |   |             |   |
| 5. Proceed to PGH Cash Services Division/ DPPS Cashier to pay the initial hospital deposit                     | 5. Accept payment and provide Official Receipt   | Please refer to the approved schedule of fees | 5 minutes   | <i>PGH Cashier (24 hours);<br/>DPPS Cashier (9:00 AM–4:00 PM) on weekdays</i> |
| 6. Return to Pay Admitting Unit Counter and present official receipt   | 6. Print Patient Case Record and note patient's classification (official receipt/ Salary Deduction/ Guarantee Letter/ name of Company or institution with MOA), PAU A or B at the upper right hand corner of the patient case record | None  | 1 minute    | <i>Pay Admitting Unit Clerk on duty<br/>DPPS</i>                              |
|  | 6.1 Make sure that a PhilHealth Member will be stamped with "PHILHEALTH MEMBER" in his/ her Patient Case Record  | None  | 1 minute    |   |
|  | 6.2 Provide all the papers of acceptance to patient/relative/watcher   | None  | 1 minute    |   |
| 7. Verify and sign if details on patient case record are certified correct and receive all pertinent documents | 7. Ask patient/ representative to affix signature below the printed name (at the back portion of the NOA) as proof that the patient received the ID Bracelet and watchers ID.  | None  | 1 minute    | <i>Pay Admitting Unit Clerk on duty<br/>DPPS</i>                              |
| 8. Patient to be wheeled out to the designated Pay Room  | 8. Called patient's name and put the ID bracelet on the patient's wrist prior to taking the patient to the pay floor   | None  | 1.5 minutes | <i>Orderly on duty<br/>DPPS</i>   |

|               |   |      |            |  |
|---------------|---|------|------------|--|
|               | 8.1 Endorse patient to the Nurse on duty together with the Admitting order, Accomplished Kaalaman Form, Print out of Patient's case record, Accomplished Undertaking form and Broad Consent Form. | None | 5 minutes  |  |
| <b>TOTAL:</b> |   |      | 28 minutes |  |

## 2. Admission and Decking of Pay Patients – Admission of Pay Patients from Pay ER

The procedure on admission and decking of Pay patients from Pay ER covers activities from registration at the Pay Admitting Unit up to endorsement of patient to the nurse-on-duty at the Pay floor.

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | Pay Admitting Unit – DPPS  |   |                        |   |
| <b>Classification:</b>  | Simple   |   |                        |   |
| <b>Type of Transaction:</b>   | G2C  |   |                        |   |
| <b>Who may avail:</b>   | All Pay Patients   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Acknowledgement of Estimated Hospitalization Cost<br>2. Admitting Order<br><br>3. Broad Consent Form<br>4. KaalamanForm (1 original)     |  | Pay Admitting Unit<br><br>Attending Physician and or his/her representative<br><br>Pay Admitting Unit<br>Pay Admitting Unit |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Proceed to the Pay Admitting Unit, present Admitting Order and fully accomplished Acknowledgement of Estimated Hospitalization Cost      | 1. Check admitting order and if Acknowledgement of Estimated Hospitalization Cost is accomplished properly and accurately  | None  | 2 minutes              | <i>Pay Admitting Unit Clerk</i><br>DPPS |
|   | 1.1 Inform the patient/relative/watcher of the type and rate of room assigned to the patient and required initial deposit  | None  | 1 minute               |   |
|   | 1.2 Provide the Undertaking Form and Transfer slip, request patient/relative/watcher to read and understand the hospital regulations and conditions prior to signing the form. | None  | 2 minute               |   |
| 2. Fill up the Undertaking Form and Transfer Slip as an affirmation that patient agrees to the conditions written in the form and return to | 2. Accept the signed undertaking form and Transfer slip, call the Nurses' Station where the patient will be conducted for acknowledgement of                                   | None  | 3 minute               | <i>Pay Admitting Unit Clerk</i><br>DPPS |

|   |  |   |   |   |
|---|--|---|---|---|
| PAU clerk on duty   | the Admission<br>2.1 Instruct relative of patient to go to PGH-Billing Section for update of ER charges then at DPPS Cashier to pay the ER charges using Order of Payment (Billing Section) and have the Official receipt noted/ recorded at the Pay Admitting Unit Acknowledgement Form for approval of Dr. M. Lat-Luna/SHO               | None  | 1 minute                                  |   |
| 3. Proceed to PGH Cash Division/ DPPS Cashier to pay the hospital deposit | 3. Accept payment and provide Official Receipt<br><br>3.1 Issue the Admission Kit to the patient/ relative. Request patient/ relative/watcher to duplicate copy of the NOA.<br>3.2 Advise relative to return to Pay ER and wait for the Orderly to pick up the patient for conveyance to the Pay Floors after endorsement to the pay room. | Please refer to the approved schedule of fees<br>None<br><br>None | 5 minutes<br><br>1 minute<br><br>1 minute | <i>PGH cashier (24 hours);<br/>DPPS Cashier (9:00 AM – 4:00 PM) on weekdays</i> |
| 4. Wait to be wheeled out to the designated Pay Room                      | 4. Announce patient's name and put the ID bracelet on the patient's wrist prior to taking the patient to the pay floor<br>4.1 Endorse patient to the Nurse on duty together with the Admitting order, Accomplished Kaalaman Form, Print out of Patient's case record, Accomplished Undertaking form and                                    | None<br><br>None  | 1 minute<br><br>4 minutes                 | <i>Orderly on duty<br/>DPPS</i>   |

|  |                     |  |            |  |
|--|---------------------|--|------------|--|
|  | Broad Consent Form. |  |            |  |
|  | <b>TOTAL:</b>       |  | 21 minutes |  |

### 3. Admission and Decking of Pay Patients – Waitlist and Advance Reservation Process

The procedure on admission and decking of Pay patients who are waitlisted or who have advance reservation covers activities from registration at the Pay Admitting Unit up to payment and confirmation of scheduled admission date.

| <b>Office or Division:</b>  | Pay Admitting Unit – DPPS  |   |                 |  |
|---|--|---|-----------------|--|
| <b>Classification:</b>  | Simple   |   |                 |  |
| <b>Type of Transaction:</b>   | G2C  |   |                 |  |
| <b>Who may avail:</b>   | All Pay Patients   |   |                 |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                           |                 |  |
| 1. Admitting Order<br>2. KaalamanForm (1 original)                                |  | Attending Physician<br>Pay Admitting Unit |                 |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                           | PROCESSING TIME | PERSON RESPONSIBLE                       |
| 1. Proceed to Pay Admitting Unit to secure a Waitlist Form and other forms needed | 1. Check and confirm that patient's intention is to be admitted to the DPPS  | None                                      | 1 minute        | Pay Admitting Unit Clerk on duty<br>DPPS |
|   | 1.1 Ask patient/relative/watcher to fill up Waitlist Form and explain all the necessary information they need to know. | None                                      | 2.5 minutes     |  |
| 2. Submit filled up Waitlist Form, Admitting order and other related documents    | 2. Accept and Check if Waitlist Form is Completely filled up   | None                                      | 1 minute        | Pay Admitting Unit Clerk on duty<br>DPPS |
|   | 2.1 Countercheck the Admitting Order   | None                                      | 1 minute        |  |
|   | 2.2 Check the patient's directory/ Reservation List if room of choice is available                                     | None                                      | 2 minutes       |  |
|   | 2.3 Inform patient/relative/watcher to choose an alternative room if their room of choice is not available             | None                                      | 2 minutes       |  |
| *Patients with desired room will be listed in                                     |  |   |                 |  |

|   |  |                                |           |   |
|---|--|--------------------------------|-----------|---|
|   | the daily Waitlist and informed immediately once room is available   |                                |           |   |
| 3. If patient prefers to avail of the Advance Reservation inform the PAU Clerk    | 3. Check and make sure if the case of the patient is confirmed as an elective admission 7 days – 4 weeks prior to admission or upon availability of slots at the DPPS. | None                           | 2 minutes | <i>Pay Admitting Unit Clerk on duty<br/>DPPS</i>                                |
|   | 3.1 Countercheck the Admitting Order   | None                           | 1 minute  |   |
|   | 3.2 Check the Reservation List if room of choice is available on the requested date  | None                           | 1 minute  |   |
|   | 3.3 Upon confirmation of the scheduled admission, issue a notice of admission for payment of the Advance Reservation Fee   | None                           | 2 minutes |   |
|   | 3.4 Instruct patient/ representative to pay the NON-refundable and NON-deductible amount at the PGH Cash division/DPPS Cashier   | None                           | 1 minute  |   |
| 4. Proceed to PGH Cash Division / DPPS Cashier to pay the Advance Reservation Fee | 4. Accept payment and provide Official Receipt   | Reservation Fee:<br>PHP 300.00 | 3 minutes | <i>PGH cashier (24 hours);<br/>DPPS Cashier (9:00 AM – 4:00 PM) on weekdays</i> |
| 5. Return to Pay Admitting Unit and present official receipt                      | 5. Take note of the date and time of admission including   | None                           | 3 minutes | <i>Pay Admitting Unit Clerk on duty</i>   |



|               |  |            |              |      |
|---------------|--|------------|--------------|------|
|               | <p>the name of the patient and the O.R. number in the Advance Reservation Monitoring Sheet</p> <p>*The selected advance reservation date is considered final. A change to the advance reservation date is subject to approval. Failure on the part of the patient to arrive on or before the scheduled time of admission will mean forfeiture of the reservation fee unless there is an acceptable reason for the delay.</p> |            |              | DPPS |
| <b>TOTAL:</b> |  | PHP 300.00 | 22.5 minutes |      |

#### 4. Admission and Decking of Pay Patients – Transfer from Other Hospitals

The procedure on admission and decking of Pay patients who will be transferred from other hospital covers activities from registration at the Pay Admitting Unit up to providing information about room availability.

| <b>Office or Division:</b>   | Pay Admitting Unit – DPPS   |   |                 |   |
|--|---|---|-----------------|---|
| <b>Classification:</b>   | Simple  |   |                 |   |
| <b>Type of Transaction:</b>  | G2C   |   |                 |   |
| <b>Who may avail:</b>  | All Pay Patients  |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                 |   |
| 1. Admitting Order<br>2. Kaalaman Form (1 original)<br>3. Hospital Transfer Form<br>4. Acknowledgement of Estimated Hospitalization Cost |   | Attending Physician<br>Pay Admitting Unit<br>Pay Admitting Unit<br>Pay Admitting Unit |                 |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                              |
| 1. Proceed to Pay Admitting Unit and present Admitting Order   | 1. Check and confirm that patients intention is to be transferred/ admitted to the DPPS   | None  | 1 minute        | <i>Pay Admitting Unit Clerk on duty</i><br>DPPS |
|  | 1.1 Ask patient/ relative to fill up Hospital Transfer form and Acknowledgement of Estimated Hospitalization Cost form and explain all the necessary information they need to know.   | None  | 4.5 minutes     |   |
|  | *Consultant should explain to the patient/ relative the estimated hospitalization cost prior to transfer to the DPPS.<br><br>1.2 Instruct patient/ relative to have the "Acknowledgement of Estimated Hospitalization Cost" form approved by the Deputy Director for Fiscal Services. | None  | 1 minute        |   |

|   |   |      |              |  |
|---|---|------|--------------|--|
|   | *After office hours the SHO (Senior House Officer) on duty will be in-charge.   |      |              |  |
| 2. Proceed to the Office of the Deputy Director for Fiscal Services | 2. Assess and approve the "Acknowledgement of Estimated Hospitalization Cost" form.   | None | 15 minutes   | <i>Deputy Director for Fiscal Service (DDFS)/ Senior House Officer (SHO) on duty</i> |
| 3. Return Approved form to the PAU                                  | 3. Receive approved "Acknowledgement of Estimated Hospitalization Cost" form  | None | 2 minutes    | <i>Pay Admitting Unit Clerk on duty<br/>DPPS</i>                                     |
|   | 3.1 Assign a control number and file accordingly<br><br>*Patient will be listed and will be informed immediately once room is available | None | 1 minute     |  |
| <b>TOTAL:</b>   |   |      | 21.5 minutes |  |

## 5. Admission and Decking of Pay Patients – Room-to-Room Transfers

The procedure on admission and decking of Pay patients who have expressed intention to transfer to another room covers activities from processing of request at the Pay Admitting Unit up to providing information about the incoming transfer to the Nurses' Station.

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | Pay Admitting Unit   |   |                        |   |
| <b>Classification:</b>  | Simple   |   |                        |   |
| <b>Type of Transaction:</b>   | G2C  |   |                        |   |
| <b>Who may avail:</b>   | All Pay Patients   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                                  |                        |   |
| 1. Transfer slip (1 original)   |  | Pay Admitting Unit                                      |                        |   |
| 2. Updated Billing Statement  |  | Billing Section   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Proceed to Pay Admitting Unit, express intention to transfer   | 1. Advise relative to proceed to Billing Section and request for an updated billing statement.   | None  | 1 minute               | <i>Pay Admitting Unit Clerk</i><br>DPPS |
| 2. Secure updated billing statement from the Billing Section; return to PAU and present updated billing statement | 2. Advise relative to fill-out transfer slip form in quadruple copies and inform relative that patient will be charged for the transfer fee.   | None  | 1 minute               | <i>Pay Admitting Unit Clerk</i><br>DPPS |
|   | <u>*Lateral Transfer</u> , Advise the relative that there is a Transfer Fee charge to the account of the patient.  | PhP 200.00  | 2 minutes              |   |
|   | <u>Downgrade</u><br><br><u>Upgrade</u> , Advise the relative to proceed to the Billing Section and request for an updated billing statement and settle the amount plus the required initial deposit. | None<br><br>Variable (depending on the amount required) |                        |   |
|   | <u>Transfer from ICU to Regular Room/ Ward,</u>  | None  | 2 minutes              |   |

|   |   |   |            |   |
|---|---|---|------------|---|
|   | <p>Advise the relative to proceed to the Billing Section and request for an updated billing statement and settle the amount.</p> <p>2.1 Call the Nurses' Station where the patient is decked to inform the nurse on duty of the incoming transfer.</p> <p>2.2 Advise the relative to update/ pay their bill at the Cashier.</p> | None  | 2 minutes  |   |
|   |   | None  | 3 minutes  |   |
| 3. Proceed to PGH Cash Division to pay the required amount indicated by the Billing Section | 3. Accept payment and provide Official Receipt  | Variable (depending on outstanding bill of the patient) | 1 minute   | <i>PGH cashier (24 hours);<br/>DPPS Cashier (9:00 AM – 4:00 PM) on weekdays</i> |
| 4. Return to Pay Admitting Unit and present official receipt                                | 4. Record the OR Number and advice relative to bring the completely filled-out Transfer Slip in four copies to the Billing Section. Billing clerk signs the transfer slip and retains one copy  | None  | 2 minutes  | <i>Pay Admitting Unit Clerk on duty<br/>DPPS</i>                                |
|   | 4.1 Encode the patient's transfer to the Daily Transfer report and update to OpenERP/Radish,.   | None  | 1 minute   | NOD   |
|   | 4.2 Replace the patient's Room Number in the Watchers' ID.  | None  | 1 minute   |   |
| <b>TOTAL:</b>   |   |   | 16 minutes |   |

## 6. Out-Patient Profiling

Generation of Case Record for Out-Pay Patients

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Pay Admitting Unit  |   |                        |   |
| <b>Classification:</b>  | Simple  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | All OutPay Patients   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                            |                        |   |
| 1. Kaalaman Form (1 original)   |   | Pay Admitting Unit                                |                        |   |
| 2. Admitting Order  |   | Attending Physician and or his/her representative |                        |   |
| 3. Blue Card (1 original)   |   | Pay Admitting Unit                                |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Proceed to Pay Admitting Unit, secure and fill-out Kaalaman Form     | 1. Encode the Patient's Case Record and print the document.                               | None  | 3 minutes              | <i>Pay Admitting Unit Clerk on duty</i><br>DPPS |
| 2. Check, verify and sign case record if details are certified correct. | 2. Advise client to return to the appropriate unit where the procedure will be performed. | None  | 2 minutes              | <i>Pay Admitting Unit Clerk on duty</i><br>DPPS |
| <b>TOTAL:</b>   |   | None  | 5 minutes              |   |

# **Department of Pediatrics**

## **External Services**

## 1. Patient Consultation (OPD)

Patient consultation at the Pediatrics Outpatient services

|  |  |   |                 |                              |
|--|--|---|-----------------|------------------------------|
| Office or Division:  | Department of Pediatrics – Outpatient Services   |   |                 |                              |
| Classification:  | Simple   |   |                 |                              |
| Type of Transaction:                                       | G2C  |   |                 |                              |
| Who may avail:   | Patients 18 years old and below  |   |                 |                              |
| CHECKLIST OF REQUIREMENTS                                  |  | WHERE TO SECURE                                 |                 |                              |
| Blue card (1 original)                                     |  | Main OPD Ground Floor                           |                 |                              |
| Referral letter (if any) (1 original)                      |  |   |                 |                              |
| Information or “Kaalaman” form (1 original)                |  |   |                 |                              |
| Queue number   |  | Pediatrics Clinic, 2 <sup>nd</sup> OPD building |                 |                              |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                                 | PROCESSING TIME | PERSON RESPONSIBLE           |
| New Patients   |  |   |                 |                              |
| 1. Give name to the information counter.                   | 1. Record the name of the patient and ask to fill up the “Kaalaman form” for issuance of blue card<br>1.1 Instruct the patient to proceed to the Pediatrics Clinic   | None  | 2 minutes       | Clerk<br>Information Counter |
| 2. Proceed to the clinic and enlist name                   | 2. List the name and give queue number   | None  | 2 minutes       | Nurse<br>OPD Clinic          |
| 3. Patient waits for the name or queue number to be called | 3. None  | None  | 2 hours         | None                         |
| 4. Enter the clinic once name is called                    | 4. Call the name or queue number of the patient<br>4.1 Take the history of the patient<br>4.2 Examine the patient<br>4.3 Explain the findings and management plans for the patient<br>4.4 Give prescription and/or laboratory requests as needed<br>4.5 Send the patient to the nurse for scheduling | None  | 1 hour          | Doctor<br>OPD Clinic         |
| 5. Give the chart to the nurse for                         | 5. Give instructions regarding the   | None  | 5 minutes       | Nurse<br>OPD Clinic          |



|  |  |      |                    |                                     |
|--|--|------|--------------------|-------------------------------------|
| scheduling   | laboratory and or medications prescribed<br>5.1. Give schedule of follow-up or consult to subspecialty clinic  |      |                    |                                     |
| <b>TOTAL:</b>  |  | None | 3 hours, 9 minutes |                                     |
| <b>Old Patients</b>  |  |      |                    |                                     |
| 1. Give blue card to the information counter.              | 1. Instruct the patient to proceed to the Pediatrics Clinic  | None | 1 minute           | <i>Clerk</i><br>Information Counter |
| 2. Proceed to the clinic and enlist name                   | 2. List the name and give queue number   | None | 2 minutes          | <i>Nurse</i><br>OPD Clinic          |
| 3. Patient waits for the name or queue number to be called | 3. None  | None | 2 hours            | None                                |
| 4. Enter the clinic once name is called                    | 4. Call the name or queue number of the patient<br>4.1 Take the history of the patient<br>4.2 Examine the patient<br>4.3 Explain the findings and management plans for the patient<br>4.4 Give prescription and/or laboratory requests as needed<br>4.5 Send the patient to the nurse for scheduling | None | 1 hour             | <i>Doctor</i><br>OPD Clinic         |
| 5. Give the chart to the nurse for scheduling              | 5. Give instructions regarding the laboratory and or medications prescribed<br>5.1. Give schedule of follow-up or consult to subspecialty clinic   | None | 5 minutes          | <i>Nurse</i><br>OPD Clinic          |
| <b>TOTAL:</b>  |  | None | 3 hours, 8 minutes |                                     |

## 2. Patient Consultation (ED)

Patient consultation at the Emergency Department (ED)

|   |   |                      |                   |                                |
|---|---|----------------------|-------------------|--------------------------------|
| Office or Division:   | Department of Pediatrics- Emergency Department  |                      |                   |                                |
| Classification:   | Simple  |                      |                   |                                |
| Type of Transaction:  | G2C   |                      |                   |                                |
| Who may avail:  | Patients 18 years old and below   |                      |                   |                                |
| CHECKLIST OF REQUIREMENTS                                   |   | WHERE TO SECURE      |                   |                                |
| Blue card (1 original)                                      |   | Emergency Department |                   |                                |
| Referral letter (if any) (1 original)                       |   |                      |                   |                                |
| Information or “Kaalaman” form (1 original)                 |   |                      |                   |                                |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID      | PROCESSING TIME   | PERSON RESPONSIBLE             |
| New Patients  |   |                      |                   |                                |
| 1. Give name to the triage officer.                         | 1. Record the name of the patient.<br>1.1 Do Initial history and physical examination   | None                 | 5 minutes         | Doctor<br>Emergency Department |
| 2.Proceed to the emergency room (ER) “Palistahan”           | 2. List the name and provide blue card and front of chart   | None                 | 2 minutes         | Clerk<br>ED Palistahan         |
| 3. Enter the ED resuscitation or observation area           | 3. Take the history of the patient<br>3.1 Examine the patient<br>3.2 Explain the findings and management plans for the patient<br>3.3 Give prescription and/or laboratory requests as needed<br>3.4 Chart is given to the nurse on duty | None                 | 1 hour            | Doctor/Nurse<br>ED             |
| TOTAL:  |   | None                 | 1 hour, 7 minutes |                                |
| Old Patients  |   |                      |                   |                                |
| 1. Give name to the triage officer.                         | 1. Record the name of the patient.<br>1.1Do initial history and physical examination  | None                 | 5 minutes         | Doctor<br>Emergency Department |
| 2. Patient proceeds to the emergency room (ER) “Palistahan” | 2. List the name and provide front of chart   | None                 | 2 minutes         | Clerk<br>ER Palistahan         |

|   |  |      |                      |                           |
|---|--|------|----------------------|---------------------------|
| 3. Enter the ER resuscitation or observation area | 3. Take the history of the patient<br>3. Examine the patient<br>3.1 Explain the findings and management plans for the patient<br>3.2 Give prescription and/or laboratory requests as needed<br>3.3 Give chart to the nurse on duty | None | 1 hour               | <i>Doctor/Nurse</i><br>ED |
| <b>TOTAL:</b>                                     |  | None | 1 hour,<br>7 minutes |                           |

### 3. Admission of Patients

Admission of patients to the wards

|   |   |                           |                        |                                      |
|---|---|---------------------------|------------------------|--------------------------------------|
| <b>Office or Division:</b>                        | Department of Pediatrics  |                           |                        |                                      |
| <b>Classification:</b>                            | Simple  |                           |                        |                                      |
| <b>Type of Transaction:</b>                       | G2C   |                           |                        |                                      |
| <b>Who may avail:</b>                             | Patients 18 years old and below   |                           |                        |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>                  |   | <b>WHERE TO SECURE</b>    |                        |                                      |
| Admitting Order Sheet (1 original)                |   | Emergency Department (ED) |                        |                                      |
|   |   |                           |                        |                                      |
| <b>CLIENT STEPS</b>                               | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>            |
| 1. Give the admitting order sheet to Doctor at ED | 1. Endorse the patient to the ward physician<br>1.1 Give the admitting order to the nurse on duty | None                      | 15 minutes             | <i>Doctor</i><br>ED                  |
| 2. Wait to be transported to the ward             | 2. Nurse in charge endorses to ward nurse<br>2.1 Utility staff wheels in the patient to the ward  | None                      | 1 hour                 | <i>Nurse and Utility Staff</i><br>ED |
| <b>TOTAL:</b>                                     |   | None                      | 1 hour, 15 minutes     |                                      |

#### 4. Issuance of Discharge Papers

Discharge process in the pediatrics wards, emergency department, intensive care units

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Division:</b>                                   | Department of Pediatrics   |                        |                        |  |
| <b>Classification:</b>                                       | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>                                  | G2C  |                        |                        |  |
| <b>Who may avail:</b>  | Patients 18 years old and below  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |  | <b>WHERE TO SECURE</b> |                        |  |
| Chart with discharge orders                                  |  | Attending Physician    |                        |  |
|  |  |                        |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Wait for discharge orders from Doctor                     | 1. Give discharge orders and instruction to patient<br>1.1 Give the chart to the nurse in charge   | None                   | 10 minutes             | <i>Doctor</i><br>Ward/ER/ICU   |
| 2. Process the papers for discharge at the PhilHealth Office | 2. Give instruction on the discharge process<br>2.1 PhilHealth personnel receive the document and reviews discharge papers completeness<br>2.2 Process the discharge | None                   | 2 hours                | <i>Nurse</i><br>Ward/ER/ICU<br><br><i>Staff-on-duty</i><br>PhilHealth Office |
| 3. Return to the ward/to beds                                | 3. Issue clearance form  | None                   | 10 minutes             | <i>Nurse</i><br>Ward/ER/ICU  |
| 4. Prepare to go home  | 4. Assist in vacating the bed  | None                   | 20 minutes             | <i>Nursing Attendant</i><br>Ward/ER/ICU                                      |
| <b>TOTAL:</b>  |  | None                   | 2 hours, 40 minutes    |  |

## 5. Diagnostic Services

Diagnostic services at the outpatient services and emergency department

|   |   |                        |                        |                                 |
|---|---|------------------------|------------------------|---------------------------------|
| <b>Office or Division:</b>                                | Department of Pediatrics  |                        |                        |                                 |
| <b>Classification:</b>                                    | Simple  |                        |                        |                                 |
| <b>Type of Transaction:</b>                               | G2C   |                        |                        |                                 |
| <b>Who may avail:</b>                                     | Patients 18 years old and below   |                        |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                          |   | <b>WHERE TO SECURE</b> |                        |                                 |
| Laboratory request form (1 original)                      |   | Doctor                 |                        |                                 |
|   |   |                        |                        |                                 |
| <b>CLIENT STEPS</b>                                       | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1. Present laboratory request at reception area of OPD/ED | 1. Receive the laboratory request<br>1.1 List down the name of the patient in the logbook   | None                   | 2 minutes              | <i>Nurse or clerk</i><br>OPD/ER |
| 2. Wait for name to be called                             | 2. Call out name of patient   | None                   | 30 minutes             | <i>Nurse or clerk</i><br>OPD/ER |
| 3. Go to the procedure room and wait                      | 3. Perform the test   | None                   | 1 hour                 | <i>Technician</i><br>OPD/ER     |
| 4. Go to reception for instructions                       | 4. Give instructions to patient to come back on scheduled follow up date.<br>4.1 Results are encoded and attached to the medical charts of patients | None                   | 5 minutes              | <i>Nurse or clerk</i><br>OPD/ER |
| <b>TOTAL:</b>   |   | None                   | 1 hour, 37 minutes     |                                 |

## 6. Immunization at the Outpatient Department

Diagnostic services at the outpatient services and emergency department

|  |   |                        |                          |   |
|--|---|------------------------|--------------------------|---|
| <b>Office or Division:</b>   | Department of Pediatrics – Outpatient services  |                        |                          |   |
| <b>Classification:</b>   | Simple  |                        |                          |   |
| <b>Type of Transaction:</b>  | G2C   |                        |                          |   |
| <b>Who may avail:</b>  | Patients 18 years old and below   |                        |                          |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                          |   |
| Medical chart or record  |   | Records Office         |                          |   |
| Blue card (1 original)   |   | OPD Main Building      |                          |   |
|  |   |                        |                          |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>               |
| 1. Give name to the OPD information counter.   | 1. Record the name of the patient<br>1.1 Instruct the patient to proceed to the Pediatrics Clinic   | None                   | 2 minutes                | <i>Clerk</i><br>OPD Information Counter |
| 2. Proceed to the clinic and enlist name<br><br>Wait for the name or queue number to be called | 2. List the name and give queue number<br>2.1 Retrieve chart  | None<br><br>None       | 2 minutes<br><br>2 hours | <i>Nurse</i><br>OPD clinic              |
| 3. Enter the clinic once name is called  | 3. Call the name or queue number of the patient<br>3.1 Take the history of the patient<br>3.2 Examine the patient<br>3.3 Administer the vaccine<br>3.4 Give prescription and/or laboratory requests as needed<br>3.5 Send the patient to the nurse for scheduling | None                   | 15 minutes               | <i>Doctor</i><br>OPD Clinic             |
| <b>TOTAL:</b>  |   | None                   | 2 hours, 19 minutes      |   |

## 7. Issuance of Clearance prior to Operative Procedure

Process on the issuance of clearance prior to contemplated operative procedure

|  |  |                       |                    |                      |
|--|--|-----------------------|--------------------|----------------------|
| Office or Division:  | Department of Pediatrics   |                       |                    |                      |
| Classification:  | Simple   |                       |                    |                      |
| Type of Transaction:   | G2C  |                       |                    |                      |
| Who may avail:   | Patients 18 years old and below  |                       |                    |                      |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE       |                    |                      |
| Blue card (1 original)   |  | Pediatrics OPD clinic |                    |                      |
| Referral letter (if any) (1 original)  |  |                       |                    |                      |
| Medical record or chart  |  |                       |                    |                      |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID       | PROCESSING TIME    | PERSON RESPONSIBLE   |
| 1. Present blue card or referral letter to Nurse at the OPD Clinic<br>Wait for the name to be called | 1. Record the name of the patient  | None                  | 30 minutes         | Nurse<br>OPD Clinic  |
|  | 1.1 Retrieve medical chart or record   | None                  | 30 minutes         |                      |
| 2. Enter the clinic once name is called  | 2. Call the name or queue number of the patient<br>2.1 Take the history of the patient<br>2.2 Examine the patient<br>2.3 Explain the findings and management plans for the patient<br>2.4 Issue clearance<br>2.5 Send the patient to the nurse for final instruction | None                  | 30 minutes         | Doctor<br>OPD Clinic |
| 3. Give the chart to the nurse for scheduling  | 3. Give instructions regarding the laboratory and or medications prescribed<br>3.1. Give schedule of follow-up or consult to subspecialty clinic   | None                  | 5 minutes          | Nurse<br>OPD Clinic  |
| TOTAL:   |  | None                  | 1 hour, 35 minutes |                      |



## 8. Transfer of Inpatient to Local Health Center

Process of transferring inpatients to local health center

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                                   | Department of Pediatrics   |                        |                        |   |
| <b>Classification:</b>                                       | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                                  | G2C  |                        |                        |   |
| <b>Who may avail:</b>  | Patients 18 years old and below  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |  | <b>WHERE TO SECURE</b> |                        |   |
| Chart with transfer orders                                   |  | Ward                   |                        |   |
| Discharge papers   |  | Ward                   |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Wait for transfer order from the Doctor                   | 1. Give transfer order<br>1.1 Give the chart to the nurse in charge<br>1.2 Coordinate and endorse the case to another institution or hospital      | None                   | 1 hour                 | <i>Doctor</i><br>Ward   |
| 2. Process the papers for discharge at the PhilHealth Office | 2. Give instruction on the discharge process<br>2.1 Receive the document and review discharge papers for completeness<br>2.2 Process the discharge | None                   | 2 hours                | <i>Nurse</i><br>Ward<br><br><i>Staff-in-Charge</i><br>PhilHealth Office |
| 3. Return to the ward  | 3. Issue clearance form for transfer   | None                   | 10 minutes             | <i>Nurse</i><br>Ward  |
| <b>TOTAL:</b>  |  | None                   | 3 hours, 10 minutes    |   |

## 9. Medical Mission of the Hospital

Participation in the in-house and outreach medical mission of PGH

|  |  |                        |                        |                           |
|--|--|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Pediatrics   |                        |                        |                           |
| <b>Classification:</b>   | Simple   |                        |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |                        |                        |                           |
| <b>Who may avail:</b>  | Patients 18 years old and below  |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |                           |
| Letter request from the department in-charge of the medical mission (1 original) |  | Department in-charge   |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Give the name of the patient to the clerk at the OPD Clinic                   | 1. Record the name and details of the patient  | None                   | 2 minutes              | Clerk<br>OPD clinic       |
| Wait in line until the name is called  | 1.1 Instruct the patient to wait in line   | None                   | 30 minutes             |                           |
| 2. Approach the doctor once name is called                                       | 2. Call the name or queue number of the patient<br>2.1 Take the history of the patient<br>2.2 Examine the patient<br>2.3 Explain the findings and management plans for the patient<br>2.4 Give prescription and/or laboratory requests as needed<br>2.5 Send the patient to the nurse for scheduling | None                   | 30 minutes             | Doctor<br>OPD Clinic      |
| 3. Go back to the nurse at the OPD Clinic  | 3. Give instruction  | None                   | 2 minutes              | Nurse<br>OPD Clinic       |
| <b>TOTAL:</b>  |  | None                   | 1 hour, 4 minutes      |                           |

## 10. Acceptance of Residency and Fellowship Training Program Application

The acceptance of application for Residency and Fellowship Training covers activities from submission of application requirements up to deliberation and sending decision letter

|   |   |  |  |   |
|---|---|--|--|---|
| <b>Office or Division:</b>  | Department of Pediatrics  |  |  |   |
| <b>Classification:</b>  | Highly Technical  |  |  |   |
| <b>Type of Transaction:</b>   | G2C   |  |  |   |
| <b>Who may avail:</b>   | All Applicants for Residency and Fellowship Program   |  |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |  |   |
| <ul style="list-style-type: none"> <li>☐ Endorsement of DDHO with the application form (2 copies)</li> <li>☐ Letter of intent</li> <li>☐ 2x2 picture (2 copies)</li> <li>☐ Certificate of Class Rank</li> <li>☐ Photocopies of the following: <ul style="list-style-type: none"> <li>- Transcript of Records (TOR) (1 copy)</li> <li>- Medical Diploma (1 copy)</li> <li>- PRC Board Rating (1 copy)</li> <li>- Certificate of Internship (1 copy)</li> </ul> </li> <li>☐ Certificate of Residency – <i>for fellowship</i></li> </ul> |   | Deputy Director for Health Operations<br><br>From the Applicant<br><br>Medical School<br><br>Medical School<br>Medical School<br>Philippine Regulatory Commission (PRC)<br>Training Hospital |  |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>                     | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit application form and complete requirements to the Deputy Director for Health Operations   | 1. Accept Residents and Fellowship Training Application<br>1.1 Forward application to the department  | PHP 100 Application Fee  | 1 day                                      | <i>Administrative Staff</i><br>DDHO   |
| 2. Attend pre-residency activities at designated venue  | 2. Give instruction on the schedule of pre-residency activities<br>2.1 Schedule 3-week rotations in the wards, NICU and ER<br>2.2 Schedule case management and interview<br>2.3 Give qualifying examination | PHP 1,000 Exam Fee   | 1 day<br><br>---<br><br>1 day<br><br>1 day | <i>Chief Resident</i><br><br><br><i>Chief Resident/Consultant</i><br><br><i>Chief Resident Department</i> |
| 3. Receive acceptance/ rejection letter from Residency Training Committee   | 3. Deliberate and send acceptance/ rejection letter<br>3.1 Submit accepted applicants to DDHO   | None   | 7 days                                     | <i>Residency Training Committee</i><br>Department   |
| <b>TOTAL:</b>   |   | PHP1,100   | 11 days                                    |   |

## 11. Issuance of Clearance to Graduated/ Retired/ Resigned Pediatrics Employees

This procedure covers activities from submission of accomplished clearance form up to issuance of clearance

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Pediatrics  |                        |                        |   |
| <b>Classification:</b>  | Highly Technical  |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C   |                        |                        |   |
| <b>Who may avail:</b>   | All graduated/ retired/ resigned pediatrics employees in the Department of Pediatrics |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |   |
| 1. Clearance form from the Administrative Assistant. (1 original)         |   | Pedia Office           |                        |   |
| 2. Fully accomplished clearance form with complete signature (1 original) |   | From the Employee      |                        |   |
|   |   |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Ask Clearance form from Pedia Office                                   | 1. Provide clearance form   | None                   | 1 minute               | <i>Administrative Staff</i><br>Pedia Office     |
| 2. Submit fully accomplished clearance form to Pedia Office               | 2.Receive the fully accomplished clearance form<br>2.1 Issue clearance                | None                   | 10 days                | <i>Administrative Assistant</i><br>Pedia Office |
| <b>TOTAL:</b>   |   | None                   | 10 days,<br>1 minute   |   |

## 12. Provision of Medical Assistance (Supplies/ Equipment, Drugs) to the Pediatric Patients

This procedure covers activities from receipt of referral up to providing medical assistance

|   |   |                                 |  |   |
|---|---|---------------------------------|--|---|
| <b>Office or Division:</b>                                  | Department of Pediatrics                              |                                 |  |   |
| <b>Classification:</b>                                      | Simple  |                                 |  |   |
| <b>Type of Transaction:</b>                                 | G2C   |                                 |  |   |
| <b>Who may avail:</b>                                       | Pediatric Consultants and Other Health Care Providers |                                 |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                            |   | <b>WHERE TO SECURE</b>          |  |   |
| Endorsement from the Medical Social Service (1 original)    |   | Department of Pediatrics Office |  |   |
|   |   |                                 |  |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                  | <b>FEES TO BE PAID</b>          | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>                       |
| 1. Proceed to the Pedia Office with a referral from the MSS | 1. Refer to the Child Foundation                      | None                            | 5 minutes  | <i>Administrative Assistant</i><br>Pedia Office |
| 2. Proceed to the Child Foundation                          | 2. If available:<br>Give assistance                   | None                            | 5 minutes  | <i>Child Foundation</i><br>Department           |
|   | If not available:<br>Process the need                 |                                 | 2 days   | <i>Child Foundation</i><br>Department           |
| <b>TOTAL:</b>   |   | None                            | If available:<br>10 minutes<br>If not available:<br>2 days,<br>5 minutes |   |

### 13. Annual Postgraduate Course

Conduct of annual postgraduate course

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>                                     |   | Department of Pediatrics  |                        |   |
| <b>Classification:</b>   |   | Simple  |                        |   |
| <b>Type of Transaction:</b>                                    |   | G2G   |                        |   |
| <b>Who may avail:</b>  |   | Physician   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                               |   | <b>WHERE TO SECURE</b>  |                        |   |
| Properly filled out registration form (1 original) and payment |   | Chief resident  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Be informed of postgraduate course schedule                 | 1. Post postgraduate course schedule and program  | None  | 5 minutes              | <i>Chief Resident</i><br>Pedia Office                                   |
| 2. Register and pay for the event online or onsite             | 2. List registered attendees<br>2.1 Receive cash payment or confirm payment made through bank | Pre-registration fee:<br>PHP 2,800.00<br><br>Onsite registration fee:<br>PHP 3,000.00 (for alumni)<br><br>PHP 3,500.00 (for non-alumni) | 1 hour                 | <i>Chief Resident/</i><br><i>Registration Committee</i><br>Pedia Office |
| <b>TOTAL:</b>  |   | Pre-registration fee: PHP 2,800.00<br><br>Onsite registration fee: PHP 3,000.00 (for alumni)<br><br>PHP 3,500.00 (for non-alumni)       | 1 hour, 5 minutes      |   |

## 14. Issuance of postgraduate course certificate

Issuance of postgraduate course certificate

|  |  |                           |                        |  |
|--|--|---------------------------|------------------------|--|
| <b>Office or Division:</b>                             | Department of Pediatrics   |                           |                        |  |
| <b>Classification:</b>                                 | Simple   |                           |                        |  |
| <b>Type of Transaction:</b>                            | G2G  |                           |                        |  |
| <b>Who may avail:</b>                                  | Physician  |                           |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                       |  | <b>WHERE TO SECURE</b>    |                        |  |
| Attendance signature                                   |  | Postgraduate course event |                        |  |
|  |  |                           |                        |  |
| <b>CLIENT STEPS</b>                                    | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Sign the attendance at the designated venue         | 1. Provide attendance sheet<br>1.1 Submit the name of participants to society or government agency | None                      | 5 minutes              | <i>Chief Resident/<br/>Registration Committee<br/>Pedia Office</i> |
| 2. Receive certificate of attendance from Pedia Office | 2. Issue certificate of attendance   | None                      | 5 minutes              | <i>Chief Resident/<br/>Registration Committee<br/>Pedia Office</i> |
| <b>TOTAL:</b>  |  | None                      | 10 minutes             |  |

## 15. Acceptance of Observership (External)

Clinical Observership in the Department of Pediatrics

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Department of Pediatrics   |                        |                        |  |
| <b>Classification:</b>  | Complex  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |  |
| <b>Who may avail:</b>   | Physician  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |  |
| Letter of intent/approved letter by the PGH-Director (observers outside of PGH)<br>(1 original) |  | PGH Director's Office  |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
|   |  |                        |                        |  |
| 1. Present letter of intent to the department   | 1. Receive the letter  | None                   | 5 minutes              | <i>Administrative Assistant</i>                                      |
|   | 1.1 Forward the letter to the Administrative Officer to prepare endorsement letter to the Director and forward to the Department Chair for signature | None                   | 1 day                  | <i>Administrative Officer<br/>Pedia Office</i>                       |
| 2. Wait for the letter to be approved and the MOA to be prepared                                | 2. Forward letter to the Director's Office, Through Channels for approval  | None                   | 10 minutes             | <i>Administrative Assistant/<br/>Utility Worker<br/>Pedia Office</i> |
|   | 2.1 Receive the letter for recommending approval by the Deputy Director and forward to Director's Office for approval                                | None                   | 1 day                  | <i>Staff-in-Charge<br/>DDHO</i>                                      |
|   | 2.2 Receive and have the letter approved by the Director then forward to the Legal Office for preparation of Memorandum of Agreement (MOA)           | None                   | 1 day                  | <i>Staff-in-Charge<br/>Director's Office</i>                         |
|   | 2.3 Prepare MOA then forward to the Department   | None                   | 10 days                | <i>Staff-in-Charge<br/>Legal Office</i>                              |



|  |  |  |                        |  |
|--|--|--|------------------------|--|
|  | 2.4 Receive MOA for signature of Department Chair, DDHO, and Director then release to the rotator for notarization                       | None   | 2 days                 | <i>Administrative Assistant<br/>Pedia Office</i>                     |
| 3. Submit notarized MOA (7sets including the original)   | 3. Receive and record the notarized MOA (7 sets including the original) then forward the 4 copies including the original to Legal Office | None   | 1 day                  | <i>Administrative Assistant<br/>Pedia Office</i>                     |
| 4. Proceed to the Cashier's Office to pay the Rotator's Fee and submit one (1) photo copy of the Official Receipt and Payment Form to Pedia Office | 4. Release Payment Form to the rotator to pay the Rotator's Fee  | <b><u>Rotators Fee:</u></b><br>Private Hospital :<br>PHP<br>4,983.00<br><br>Public Hospital:<br>PHP<br>2,491.50<br><br>International : USD<br>150.00 | 10 minutes             | <i>Administrative Assistant/<br/>Utility Worker<br/>Pedia Office</i> |
| 5. Start of the rotatorship  | 4.1 Accept photocopy of the OR and Payment Form  |  | 2 minutes              | <i>Administrative Assistant<br/>Pedia Office</i>                     |
| <b>TOTAL:</b>  |  | <b><u>Rotators Fee:</u></b><br>Private:<br>PHP<br>4,983.00;<br>Public:<br>PHP<br>2,491.50;<br>International : USD<br>150.00                          | 16 days,<br>27 minutes |  |

## 16. Preparation of Vouchers

This procedure covers activities from receipt of approved voucher up to endorsement to the Accounting Services.

|                                      |  |                        |                        |   |
|--------------------------------------|--|------------------------|------------------------|---|
| <b>Office or Division:</b>           | Department of Pediatrics   |                        |                        |   |
| <b>Classification:</b>               | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>          | G2B  |                        |                        |   |
| <b>Who may avail:</b>                | Suppliers  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>     |  | <b>WHERE TO SECURE</b> |                        |   |
| Approved Purchase Order (1 original) |  | Purchasing Office      |                        |   |
| <b>CLIENT STEPS</b>                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Wait for the approved voucher     | 1. Receive/record the approved Purchase Order with complete requirements from the Purchasing Office then forward to Administrative Officer | None                   | 5 minutes              | <i>Administrative Assistant</i><br>Pedia Office                     |
|                                      | 1.1 Prepare voucher  | None                   | 20 minutes             | <i>Administrative Officer</i><br>Pedia Office                       |
|                                      | 1.2 Sign voucher   | None                   | 1 hour                 | <i>Department Chair</i><br>Pedia Office                             |
|                                      | 1.3 Forward voucher to the Accounting Division   | None                   | 10 minutes             | <i>Administrative Assistant/<br/>Utility Worker</i><br>Pedia Office |
| <b>TOTAL:</b>                        |  | None                   | 1 hour, 35 minutes     |   |

# **Department of Pediatrics**

## **Internal Services**

## 1. House Staff Lectures

Conduct of lectures for fellows, residents and students on a scheduled basis

|   |   |                        |                        |                                     |
|---|---|------------------------|------------------------|-------------------------------------|
| <b>Office or Division:</b>                        | Department of Pediatrics                  |                        |                        |                                     |
| <b>Classification:</b>                            | Simple                                    |                        |                        |                                     |
| <b>Type of Transaction:</b>                       | G2C                                       |                        |                        |                                     |
| <b>Who may avail:</b>                             | Physicians/students                       |                        |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                  |   | <b>WHERE TO SECURE</b> |                        |                                     |
| Monthly schedule of department activities         |   | Chief resident         |                        |                                     |
| <b>CLIENT STEPS</b>                               | <b>AGENCY ACTION</b>                      | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. Receive schedule of lectures from Pedia Office | 1. Send schedule of lectures 1 week prior | None                   | 5 minutes              | <i>Chief Resident</i><br>Department |
| 2. Attend lecture at designated venue             | 2. Remind scheduled lecture 1 day prior   | None                   | 1 hour                 | <i>Chief Resident</i><br>Department |
| <b>TOTAL:</b>                                     |   | None                   | 1 hour,<br>5 minutes   |                                     |

## 2. Acceptance of Observership (Internal)

Clinical observership in the Department of Pediatrics

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Department of Pediatrics   |                        |                        |  |
| <b>Classification:</b>  | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |  |
| <b>Who may avail:</b>   | Physician  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |  |
| Letter of intent/approved letter by the Department Chair (intradepartmental) (1 original) |  | Department Chair       |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| <b>Internal</b>   |  |                        |                        |  |
| 1. Present letter of intent to the department   | 1. Receive the original letter of intent<br><br>1.1 Forward the letter to the department chair for approval      | None                   | 5 minutes              | <i>Administrative Assistant</i><br>Pedia Office<br><br><i>Administrative Officer</i><br>Pedia Office |
| 2. Wait for the letter to be approved   | 2. Approve letter  | None                   | 1 day                  | <i>Department Chair</i><br>Pedia Office  |
| 3. Receive approval letter  | 3. Give approved letter to interested party<br>3.1 Inform chief resident and involved section of the arrangement | None                   | 5 minutes              | <i>Administrative Assistant</i><br>Pedia Office  |
| <b>TOTAL:</b>   |  | None                   | 1 day,<br>15 minutes   |  |

### 3. Processing of Application Papers of the Consultants for Medical Specialist Item

This procedure covers activities from submission of resume and recommendation letter up to endorsement of requirements to HRDD.

|   |   |                                 |                        |  |
|---|---|---------------------------------|------------------------|--|
| <b>Office or Division:</b>  | Department of Pediatrics  |                                 |                        |  |
| <b>Classification:</b>  | Simple  |                                 |                        |  |
| <b>Type of Transaction:</b>   | G2C   |                                 |                        |  |
| <b>Who may avail:</b>   | Pediatric Consultants   |                                 |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>          |                        |  |
| Endorsement from the Department Chair (1 original)                                      |   | Department of Pediatrics Office |                        |  |
| Resume (1 original copy)  |   | Applicant                       |                        |  |
|   |   |                                 |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Proceed to the Pedia Office to submit resume   | 1. Prepare recommendation letter and have it signed by the Department Chair and attach resume of Pediatric consultant | None                            | 1 day                  | <i>Administrative Assistant,<br/>Administrative Officer<br/>Pedia Office</i> |
| 2. Wait for the approval of the Director for the submission of requirements to the HRDD | 2. Submit the recommendation to the Director's Office (Through Channels)  | None                            | 1 hour                 | <i>Utility Worker/<br/>Administrative Assistant<br/>Pedia Office</i>         |
| <b>TOTAL:</b>   |   | None                            | 1 day, 1 hour          |  |

#### 4. Granting to Use the Department of Pediatrics Conference Rooms

This procedure covers activities from submission of request letter up to providing information about availability of conference room.

|  |   |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>Office or Division:</b>                               | Department of Pediatrics  |                        |                        |   |
| <b>Classification:</b>                                   | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>                              | G2C   |                        |                        |   |
| <b>Who may avail:</b>                                    | Other PGH Departments   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                         |   | <b>WHERE TO SECURE</b> |                        |   |
| Letter of request (1 original)                           |   | From the Department    |                        |   |
| <b>CLIENT STEPS</b>                                      | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Submit the letter of request to the Pediatrics Office | 1. Receive the letter of request and forward to the Administrative Officer                  | None                   | 5 minutes              | <i>Administrative Assistant</i><br>Pedia Office |
|  | 1.1 Check the availability of the room requested in the Department Calendar for Conferences | None                   | 5 minutes              | <i>Administrative Officer</i><br>Pedia Office   |
| 2. Wait for the reply                                    | 2. Inform the requester if approved/denied  | None                   | 5 minutes              | <i>Administrative Officer</i><br>Pedia Office   |
| <b>TOTAL:</b>  |   | None                   | 15 minutes             |   |

## 5. Provision of Evaluation Report for the Product Sample (Medical Supplies, Office Supplies, Others)

This procedure covers activities from submission of product sample up to accomplishment of evaluation report.

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Pediatrics   |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |   |
| <b>Who may avail:</b>   | Suppliers  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                      |  | <b>WHERE TO SECURE</b> |                        |   |
| Product Sample<br>Accomplished Evaluation Form (1 original)           |  | From the Supplier      |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Submit the product sample and evaluation form to Pediatrics Office | 1. Receive the product sample and evaluation form                | None                   | 5 minutes              | <i>Administrative Officer</i><br>Pedia Office |
|   | 1.1 Forward the product sample to the Head Nurses for evaluation | None                   | 1 day                  | <i>Head Nurses</i><br>Pedia Ward              |
|   | 1.2 Wait for the results of the evaluation                       | None                   | 1 day                  | <i>Administrative Officer</i><br>Pedia Office |
|   | 1.3 Submit the evaluation form to Pedia Office                   | None                   | None                   | <i>Head Nurses</i><br>Pedia Ward              |
| <b>TOTAL:</b>   |  | None                   | 2 days,<br>5 minutes   |   |



## 6. Request for Equipment Presentation/ Demonstration

This procedure covers activities from submission of letter of intent up to releasing of approved request.

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>                              | Department of Pediatrics  |                        |                        |   |
| <b>Classification:</b>                                  | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>                             | G2C   |                        |                        |   |
| <b>Who may avail:</b>                                   | suppliers   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                        |   | <b>WHERE TO SECURE</b> |                        |   |
| Letter of intent (1 original)                           |   | From the supplier      |                        |   |
| <b>CLIENT STEPS</b>                                     | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit the letter of intent to the Pediatrics Office | 1. Receive the letter of intent and forward to the Administrative Officer                                     | None                   | 5 minutes              | <i>Administrative Assistant</i><br>Pedia Office                           |
|   | 1.1 Forward the letter to the Department Chair for approval   | None                   | 5 minutes              | <i>Administrative Officer/</i><br><i>Department Chair</i><br>Pedia Office |
|   | 1.2 Approve the letter  | None                   | 2 hours                | <i>Department Chair</i><br>Pedia Office                                   |
|   | 1.3 Forward copy of the letter to the Subspecialty concerned for endorsement then release the approved letter | None                   | 10 minutes             | <i>Administrative Assistant</i><br>Pedia Office                           |
| <b>TOTAL:</b>   |   | None                   | 2 hours,<br>20 minutes |   |

## 7. Request for Gate Pass

This procedure covers activities from submission of request letter up to issuance of gate pass.

| <b>Office or Division:</b>   | Department of Pediatrics   |                    |                                   |  |
|--|--|--------------------|-----------------------------------|--|
| <b>Classification:</b>   | Simple   |                    |                                   |  |
| <b>Type of Transaction:</b>  | G2C  |                    |                                   |  |
| <b>Who may avail:</b>  | Other PGH Departments  |                    |                                   |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE    |                                   |  |
| Letter of request (1 original)<br>with the following:<br>1. Name of the person to bring out/in the items.<br>2. Date of effectivity<br>3. List of items to be brought in/out |  | From the Requester |                                   |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID    | PROCESSING TIME                   | PERSON RESPONSIBLE   |
| 1. Submit the letter of request to the Pediatrics Office   | 1. Receive the letter of request and forward to the Administrative Officer | None               | 5 minutes                         | <i>Administrative Assistant</i><br>Pedia Office                |
|  | 1.1 Prepare the gate pass and forward to Department Chair for approval     | None               | 5 minutes                         | <i>Administrative Officer</i><br>Pedia Office                  |
|  | 1.2 Sign the gate pass   | None               | 2 hours                           | <i>Department Chair</i><br>Pedia Office                        |
|  | 1.3 Forward to the Deputy Director for Administration for approval.        | None               | 1 hour                            | <i>Administrative Assistant/Utility Worker</i><br>Pedia Office |
| 2. Wait for the approved gate pass   | 2. Give the gate pass approved by the Deputy Director for Administration   | None               | 2 days                            | <i>Administrative Officer</i><br>Pedia Office                  |
| <b>TOTAL:</b>  |  | None               | 2 days,<br>3 hours,<br>10 minutes |  |

# **Department of Psychiatry and Behavioral Medicine**

## **External Services**

## 1. Emergency Room Referral (As Co-managing Service)

This procedure covers activities from patient assessment up to documentation of psychiatric findings and plan on patient chart.

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   |   | Psychiatry and Behavioral Medicine   |                        |   |
| <b>Classification:</b>   |   | Simple   |                        |   |
| <b>Type of Transaction:</b>  |   | G2C  |                        |   |
| <b>Who may avail:</b>  |   | Patients requiring psychiatric evaluation and management as deemed by their attending physicians |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |   |
| <ul style="list-style-type: none"> <li>• Phone referral by attending physician AND</li> <li>• Written referral on ER chart by attending physician</li> </ul> |   | Attending Physician  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                      | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Present self to the doctor  | 1. Secure and Review patient chart                        | None   | 30 minutes             | <i>Resident-on-Duty</i><br><br><i>Fellow-on-Duty</i><br>DEM |
| 2. Cooperate with the assessment process by answering questions and by following steps during physical examination   | 2. Conduct psychiatric interview and physical examination | None   | 1 hour                 | <i>Resident-on-Duty</i><br><br><i>Fellow-on-Duty</i><br>DEM |
|  | 2.1 Write psychiatric findings and plan on patient chart  | None   | 30 minutes             | <i>Resident-on-Duty</i><br><br><i>Fellow-on-Duty</i><br>DEM |
| <b>TOTAL:</b>  |   | None   | 2 hours                |   |

## 2. Emergency Room Referral (As Primary Service: Assessment)

This procedure covers activities from patient assessment up to endorsement of plan of care.

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   |   | Psychiatry and Behavioral Medicine   |                        |  |
| <b>Classification:</b>   |   | Simple   |                        |  |
| <b>Type of Transaction:</b>  |   | G2C  |                        |  |
| <b>Who may avail:</b>  |   | Patients who are requiring psychiatric evaluation and management as deemed |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |  |
| <ul style="list-style-type: none"> <li>• Phone referral by ER Officer or</li> <li>• Transfer of service to Psychiatry by other services through chart written entry by another service (Acceptability of transfer of service entry subject to Psychiatry resident on duty assessment)</li> </ul> |   | ER Officer<br>Patient Chart  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                |
| 1. Present self to the doctor  | 1. Secure and Review patient chart  | None   | 30 minutes             | <i>Resident-on-Duty;</i><br><i>Fellow-on-Duty</i><br>DEM |
| 2. Cooperate with the assessment process by answering questions and by following steps during physical examination   | 2. Conduct psychiatric interview and physical examination   | None   | 1 hour                 | <i>Resident-on-Duty;</i><br><i>Fellow-on-Duty</i><br>DEM |
|  | 2.1 Write psychiatric findings and plan on patient chart  | None   | 30 minutes             | <i>Resident-on-Duty/</i><br><i>Fellow-on-Duty</i><br>DEM |
|  | 2.2 Write laboratory and diagnostic requests and prescriptions for patient                        | None   | 30 minutes             | <i>Resident-on-Duty;</i><br><i>Fellow-on-Duty</i><br>DEM |
|  | 2.3 Endorse plan of care, laboratory and diagnostic requests and prescriptions to nurse-in-charge | None   | 15 minutes             | <i>Resident-on-Duty;</i><br><i>Fellow-on-Duty</i><br>DEM |
| <b>TOTAL:</b>  |   | None   | 2 hours, 45 minutes    |  |

### 3. Emergency Room Referral (As Primary Service: Preparation for Admission to Psychiatry Ward)

This procedure covers activities from patient assessment up to endorsement of plan of care.

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   |   | Psychiatry and Behavioral Medicine   |                        |  |
| <b>Classification:</b>   |   | Simple   |                        |  |
| <b>Type of Transaction:</b>  |   | G2C  |                        |  |
| <b>Who may avail:</b>  |   | Patients who are requiring psychiatric evaluation and management as deemed . |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |  |
| <ul style="list-style-type: none"> <li>• Completed necessary diagnostic and laboratory tests</li> <li>• Written medical clearance by appropriate co-managing services</li> <li>• Admitting Orders</li> </ul> |   | Patient Chart<br><br>Resident-on-duty  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present self to the doctor  | 1. Secure and review patient chart ensuring diagnostic and laboratory tests are complete and clearance by appropriate co-managing services are written and acceptable | None   | 30 minutes             | <i>Resident-in-Charge or Resident-on-Duty;<br/>Fellow-in-Charge or Fellow-on-Duty</i><br><br>DEM |
| 2. Cooperate with the assessment process by answering questions and by following steps during physical examination   | 2. Conduct psychiatric interview and physical examination during patient rounds.  | None   | 1 hour                 | <i>Resident-in-Charge or Resident-on-Duty;<br/>Fellow-in-Charge or Fellow-on-Duty</i><br>DEM     |
|  | 2.1 Write on chart current patient findings and indicate that he/she may be admitted to Psychiatry ward   | None   | 15 minutes             | <i>Resident-in-Charge or Resident-on-Duty;<br/>Fellow-in-Charge or Fellow-on-Duty</i><br>DEM     |
|  | 2.2 Write admitting orders  | None   | 15 minutes             | <i>Resident-in-Charge or Resident-on-Duty;<br/>Fellow-in-Charge or Fellow-on-Duty</i>            |

|               |                                |      |                     |  |
|---------------|--------------------------------|------|---------------------|--|
|               |                                |      |                     | DEM  |
|               | 2.3 Endorse to Nurse-in-charge | None | 15 minutes          | <i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty</i><br>DEM |
| <b>TOTAL:</b> |                                | None | 2 hours, 15 minutes |  |

#### 4. Emergency Room Referral (As Primary Service: Preparation for Discharge from Emergency Room)

This procedure covers activities from patient assessment up to endorsement of plan of care.

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   |   | Psychiatry and Behavioral Medicine                               |                        |  |
| <b>Classification:</b>   |   | Simple   |                        |  |
| <b>Type of Transaction:</b>  |   | G2C  |                        |  |
| <b>Who may avail:</b>  |   | Patients who are requiring psychiatric evaluation and management |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |  |
| • Completed necessary diagnostic and laboratory tests  |   | Patient Chart  |                        |  |
| • Written medical clearance by appropriate co-managing services  |   | Patient Chart  |                        |  |
| • Discharge Papers   |   | Resident-in-Charge   |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present self to the doctor.   | 1. Secure and review patient ensuring diagnostic and laboratory tests are complete and clearance by appropriate co-managing services are written and acceptable | None   | 30 minutes             | <i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM</i>      |
| 2. Cooperate with the assessment process by answering questions and by following steps during physical examination | 2. Conduct psychiatric interview and physical examination during patient rounds   | None   | 1 hour                 | <i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM</i>      |
|  | 2.1 Write on chart current findings on patient and indicate that he/she may be discharged   | None   | 30 minutes             | <i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM</i>      |
|  | 2.2 Prepare Discharge Papers  | None   | 15 minutes             | <i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM Duty</i> |



|               |  |      |                     |  |
|---------------|--|------|---------------------|--|
|               |  |      |                     | DEM  |
|               | 2.3 Attach discharge papers to chart and endorse to ER Nurse-on-Duty | None | 15 minutes          | <i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty</i><br>DEM |
| <b>TOTAL:</b> |  | None | 2 hours, 30 minutes |  |

## 5. Consultation-Liaison Psychiatry Referral (Non-Emergency Cases)

This procedure covers activities from patient assessment up to documentation of psychiatric findings and plan on patient chart

|  |   |   |                        |  |
|--|---|---|------------------------|--|
| <b>Office or Division:</b>   |   | Psychiatry and Behavioral Medicine  |                        |  |
| <b>Classification:</b>   |   | Simple  |                        |  |
| <b>Type of Transaction:</b>  |   | G2C   |                        |  |
| <b>Who may avail:</b>  |   | Patients who are requiring psychiatric evaluation and management as deemed by respective attending physicians |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |  |
| <ul style="list-style-type: none"> <li>• Written referral on patient chart by attending physician</li> <li>• Submitted complete referral form by intern or attending physician to the department</li> <li>• Log on referral logbook at ward 7</li> </ul> |   | Attending Physician   |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                      | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                |
| 1. Present self to the doctor  | 1. Secure and Review patient chart                        | None  | 30 minutes             | <i>Resident-in-Charge;<br/>Fellow-in-Charge<br/>Ward</i> |
| 2. Cooperate with the assessment process by answering questions and by following steps during physical examination   | 2. Conduct psychiatric interview and physical examination | None  | 1 hour                 | <i>Resident-in-Charge;<br/>Fellow-in-Charge<br/>Ward</i> |
|  | 2.1 Write psychiatric findings and plan on patient chart  | None  | 30 minutes             | <i>Resident-in-Charge;<br/>Fellow-in-Charge<br/>Ward</i> |
| <b>TOTAL:</b>  |   | None  | 2 hours                |  |

## 6. Consultation-Liaison Psychiatry Referral (Emergency Case)

This procedure covers activities from patient assessment up to documentation of psychiatric findings and plan on patient chart

|  |   |   |                        |  |
|--|---|---|------------------------|--|
| <b>Office or Division:</b>   |   | Psychiatry and Behavioral Medicine  |                        |  |
| <b>Classification:</b>   |   | Simple  |                        |  |
| <b>Type of Transaction:</b>  |   | G2C   |                        |  |
| <b>Who may avail:</b>  |   | Patients who are requiring psychiatric evaluation and management as deemed by their attending physicians. |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |  |
| • Phone referral by attending physician  |   | Attending Physician   |                        |  |
| • Written referral on ward chart by attending physician  |   | Patient Chart   |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                      | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| 1. Present self to the doctor  | 1. Secure and Review patient chart                        | None  | 15 minutes             | <i>Resident-on-Duty;<br/>Fellow-on-Duty<br/>Ward</i> |
| 2. Cooperate with the assessment process by answering questions and by following steps during physical examination | 2. Conduct psychiatric interview and physical examination | None  | 1 hour                 | <i>Resident-on-Duty;<br/>Fellow-on-Duty<br/>Ward</i> |
|  | 2.1 Write psychiatric findings and plan on patient chart  | None  | 30 minutes             | <i>Resident-on-Duty;<br/>Fellow-on-Duty<br/>Ward</i> |
| <b>TOTAL:</b>  |   | None  | 1 hour, 45 minutes     |  |

## 7. Outpatient Department Consultations (Initial Consult)

This procedure covers activities from receiving patient in the clinic up to endorsement for follow-up scheduling and referrals

|                                      |  |  |                        |  |
|--------------------------------------|--|--|------------------------|--|
| <b>Office or Division:</b>           |  | Psychiatry and Behavioral Medicine                       |                        |  |
| <b>Classification:</b>               |  | Simple   |                        |  |
| <b>Type of Transaction:</b>          |  | G2C  |                        |  |
| <b>Who may avail:</b>                |  | Patients requiring psychiatric evaluation and management |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>     |  | <b>WHERE TO SECURE</b>                                   |                        |  |
| Blue Card (1 original)               |  | Main OPD Ground Floor                                    |                        |  |
| Referral from Primary Services       |  | OPD Records Section                                      |                        |  |
| <b>CLIENT STEPS</b>                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                    |
| 1. Proceed to clinic and enlist name | 1. List name and arrange their charts  | None   | 2 minutes              | <i>Nurse</i><br>OPD Psych Clinic             |
| 2. Wait for name to be called        | 2. Ask patient to proceed to waiting area  | None   | 1 hour                 | <i>Nurse</i><br>OPD Psych Clinic             |
| 3. Enter clinic once name is called  | 3. Call patient name<br>3.1 Conduct Psychiatric interview and physical examination<br>3.2 Explain the findings and management to the patient<br>3.3 Give prescription and/or laboratory requests as needed<br>3.4 Send Patient to nurse for follow-up scheduling and referrals to other services | None   | 1 hour and 30 minutes  | <i>Resident Screener</i><br>OPD Psych Clinic |
| 4. Give the chart to the nurse       | 4. Give instructions on prescriptions, laboratory exams, diagnostic exams, follow-up schedule with Psychiatry, or referral to other co-managing services   | None   | 5 minutes              | <i>Nurse</i><br>OPD Psych Clinic             |
| <b>TOTAL:</b>                        |  | None   | 2 hours, 37 minutes    |  |

## 8. Outpatient Department Consultations (Follow-up Consult)

This procedure covers activities from receiving patient in the clinic up to endorsement for follow-up scheduling and referrals

|  |  |  |                        |   |
|--|--|--|------------------------|---|
| <b>Office or Division:</b>                     |  | Psychiatry and Behavioral Medicine                       |                        |   |
| <b>Classification:</b>                         |  | Simple   |                        |   |
| <b>Type of Transaction:</b>                    |  | G2C  |                        |   |
| <b>Who may avail:</b>                          |  | Patients requiring psychiatric evaluation and management |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>               |  | <b>WHERE TO SECURE</b>                                   |                        |   |
| • Blue Card (1 original)                       |  | Main OPD Ground Floor                                    |                        |   |
| • Patient Chart                                |  | OPD Records Section                                      |                        |   |
| <b>CLIENT STEPS</b>                            | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Proceed to clinic and enlist name           | 1. List name and arrange their charts  | None   | 2 minutes              | <i>Nurse</i><br>OPD Psych Clinic              |
| 2. Patient waits for his/her name to be called | 2. Ask patients to proceed to waiting area   | None   | 1 hour                 | <i>Nurse</i><br>OPD Psych Clinic              |
| 3. Enter the clinic once name is called        | 3. Call patient name<br>3.1 Conduct Psychiatric interview and physical examination<br>3.2 Explain the findings and management to the patient<br>3.3 Give prescription and/or laboratory requests as needed<br>3.4 Send Patient to nurse for follow-up scheduling and referrals to other services | None   | 1 hour                 | <i>Resident-in-Charge</i><br>OPD Psych Clinic |
| 4. Give the chart to the nurse                 | 4. Give instructions on prescriptions, laboratory exams, diagnostic exams, next follow-up schedule with Psychiatry, or referral to other co-managing services  | None   | 5 minutes              | <i>Nurse</i><br>OPD Psych Clinic              |
| <b>TOTAL:</b>                                  |  | None   | 2 hours, 7 minutes     |   |

## 9. Women's Desk Evaluation (Decking Procedure)

This procedure covers activities from patient registration up to setting evaluation schedules.

|   |  |  |                        |                           |
|---|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>  |  | Psychiatry and Behavioral Medicine   |                        |                           |
| <b>Classification:</b>  |  | Complex  |                        |                           |
| <b>Type of Transaction:</b>   |  | G2C  |                        |                           |
| <b>Who may avail:</b>   |  | Clients requiring psychiatric evaluation for VAWC (Violence Against Women and Their Children) cases. |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Blue Card (1 original)  |  | Medical Social Service (MSS) Section   |                        |                           |
| Patient Chart from MSS Women's Desk   |  | Medical Social Service (MSS) Section   |                        |                           |
| Request for psychiatric evaluation from authorized DSWD personnel, police, or client's attorney |  | DSWD, Police Station, Client's attorney  |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to Room 107, Ward 7  | 1. List name on Women's Desk Logbook                                       | None   | 5 minutes              | Secretary Ward            |
|   | 1.1 Inform the Resident-in-Charge of Women's Desk client decked to him/her | None   | 5 minutes              | Secretary Ward            |
| 2. Wait to be contacted by Resident-in-Charge   | 2. Contact client for her evaluation schedules                             | None   | 3 days                 | Resident-in-Charge Ward   |
| <b>TOTAL:</b>   |  | None   | 3 days, 10 minutes     |                           |

## 10. Women's Desk Evaluation (Client Psychiatric Evaluation)

This procedure covers activities from patient registration up to conduct of psychiatric evaluation.

|   |  |  |                        |   |
|---|--|--|------------------------|---|
| <b>Office or Division:</b>  |  | Psychiatry and Behavioral Medicine   |                        |   |
| <b>Classification:</b>  |  | Simple   |                        |   |
| <b>Type of Transaction:</b>   |  | G2C  |                        |   |
| <b>Who may avail:</b>   |  | Clients requiring psychiatric evaluation for VAWC (Violence Against Women and Their Children) cases. |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |   |
| Patient Identification Card (1 original)  |  | Government agencies, employer, school  |                        |   |
| Blue Card (1 original)  |  | Medical Social Service (MSS) Section   |                        |   |
| Patient Chart from MSS Women's Desk   |  | Medical Social Service (MSS) Section   |                        |   |
| Request for psychiatric evaluation from authorized DSWD personnel, police, or client's attorney |  | DSWD, Police Station, Client's attorney  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1.Proceed to clinic and enlist name   | 1. List name   | None   | 5 minutes              | <i>Nurse</i><br>OPD Psych Clinic              |
| 2. Wait for name to be called   | 2. Ask clients to proceed to waiting area  | None   | 1 hour                 | <i>Nurse</i><br>OPD Psych Clinic              |
| 3.Enter clinic once name is called  | 3.Call client's name<br>3.1 Conduct Psychiatric evaluation<br>3.2 Give follow-up schedule<br>(Note: Evaluation may take a minimum of three (3) meetings) | None   | 1 hour                 | <i>Resident-in-Charge</i><br>OPD Psych Clinic |
| <b>TOTAL:</b>   |  | None   | 2 hours and 5 minutes  |   |

## 11. Women's Desk Evaluation (Release of Psychiatric Evaluation Report)

This procedure covers activities from patient registration up to releasing of psychiatric evaluation report.

|  |  |  |                        |   |
|--|--|--|------------------------|---|
| <b>Office or Division:</b>                                 |  | Psychiatry and Behavioral Medicine   |                        |   |
| <b>Classification:</b>                                     |  | Simple   |                        |   |
| <b>Type of Transaction:</b>                                |  | G2C  |                        |   |
| <b>Who may avail:</b>                                      |  | Clients requiring psychiatric evaluation for VAWC (Violence Against Women and Their Children) cases. |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                           |  | <b>WHERE TO SECURE</b>   |                        |   |
| • Patient Identification Card (1 original)                 |  | Patient  |                        |   |
| • Blue Card (1 original)                                   |  | Medical Social Service (MSS) Section   |                        |   |
| • Court order for release of Psychiatric Evaluation Report |  | Medical Social Service (MSS) Section   |                        |   |
| • Patient's consent form to release report                 |  | Patient  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1.Proceed to clinic and enlist name                        | 1. List name   | None   | 5 minutes              | <i>Nurse</i><br>OPD Psych Clinic              |
| 2. Wait for name to be called                              | 2. Ask client to proceed to waiting area   | None   | 1 hour                 | <i>Nurse</i><br>OPD Psych Clinic              |
| 3.Enter the clinic once name is called                     | 3. Call client's name<br>3.1 Check documentary requirements if satisfactory<br>3.2 Release psychiatric evaluation report to client | None   | 30 minutes             | <i>Resident-in-Charge</i><br>OPD Psych Clinic |
| <b>TOTAL:</b>  |  | None   | 1 hour and 35 minutes  |   |



## 12. Acceptance of Residency and Fellowship Training Program

This procedure covers activities from receipt of application requirements up to sending of decision letter about the application.

|   |   |  |                        |   |
|---|---|--|------------------------|---|
| <b>Office or Division:</b>  | Psychiatry and Behavioral Medicine (DPBM)   |  |                        |   |
| <b>Classification:</b>  | Complex   |  |                        |   |
| <b>Type of Transaction:</b>   | G2C   |  |                        |   |
| <b>Who may avail:</b>   | All applicants for Residency and Fellowship Program   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |   |
| • Endorsement of DDHO with the application form (2 copies)  |   | Deputy Director for health Operations  |                        |   |
| • Essays on<br>1. Your Anamnesis/Life story and<br>2. Why you chose Psychiatry (for residency applicants only)  |   | Applicant  |                        |   |
| • 2x2 picture   |   | Applicant  |                        |   |
| • Certificate of class rank<br>• Photocopies of the following:<br>- Transcript of Records (TOR)<br>- Medical Diploma<br>- PRC Board Rating<br>- Certificate of Internship |   | Graduate School<br><br>Philippine Regulatory Commission (PRC)<br>Training Hospital |                        |   |
| • Certificate of Residency (for fellowship applicants only)   |   | Training Hospital  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                       |
| 1. Submit copy of the requirements above to the DDHO and the DPBM   | 1. Give instruction on the schedule of pre-residency activities   | None   | 1 day                  | <i>Residency Training Officer and Chief Resident Department</i> |
| 2. Attend pre-residency activities  | 2. Give qualifying examination<br>2.1 Schedule applicant interviews with consultants<br>2.2 Schedule Psychiatry rotation (Trainees rotate in the department for four (4) weeks) | None   | 5 days                 | <i>Chief Resident Department</i>                                |
| 3. Receive acceptance/ rejection letter   | 3. Deliberate and send acceptance/ rejection letter<br>3.1 Submit accepted applicants to DDHO   | None   | 5 days                 | <i>Residency Training Committee Department</i>                  |
| <b>TOTAL:</b>   |   | None   | 11 days                |   |

### 13. Acceptance of Clinical Observership

This procedure covers activities from receipt of application requirements up to sending of decision letter about the application.

|   |  |                   |                 |  |
|---|--|-------------------|-----------------|--|
| Office or Division:   | Department of Psychiatry and Behavioral Medicine   |                   |                 |  |
| Classification:   | Highly Technical   |                   |                 |  |
| Type of Transaction:  | G2C  |                   |                 |  |
| Who may avail:  | Physician, Psychology Undergraduate / Graduate Students, Occupational Therapist Students, Medical Clerks   |                   |                 |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE   |                 |  |
| • Endorsement Letter (Addressed to PGH Director, Thru Department Chair) |  | Department/School |                 |  |
| • Curriculum Vitae  |  |                   |                 |  |
| • Recent copy of grades   |  |                   |                 |  |
| • Memorandum of Agreement   |  | PGH               |                 |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                           |
| 1. Submit all requirements to the Department for approval               | 1. Receive the letter<br>1.1 Forward the letter to the Office Assistant to prepare endorsement letter to the Director and forwards to the Department Chair for signature | None              | 1 day           | Office Assistant<br>Department of Psychiatry |
| 2. Wait for the letter to be approved and the MOA to be prepared        | 2. Forward letter to the Director's Office, Through Deputy Director for Health Operations  | None              | 15 minutes      | Office Assistant<br>Department of Psychiatry |
|   | 2.1 Receive the letter for recommending approval by the Deputy Director and forward to Director's Office for approval  | None              | 1 day           | Staff-in-Charge<br>DDHO                      |
|   | 2.2 Receive approved letter and prepare the MOA  | None              | 10 days         | Staff-in-Charge<br>Legal Office              |
|   | 2.3 Receive the MOA and forward it to the Department Chair for signing, then to DDHO and Director  | None              | 1 day           | Office Assistant<br>Department of Psychiatry |

|  |  |   |            |   |
|--|--|---|------------|---|
|  |  |   |            |   |
|  | 2.4 Forward MOA to PGH Legal Office for routing of MOA then release to department                | None  | 1 day      | <i>Staff-in-Charge</i><br>Legal Office  |
| 3. Pick up MOA at the Department of Psychiatry and Behavioral Medicine for signature of respective departments, and for notarization | 3. Release the MOA to be signed by their hospitals and/or school                                 | None  | 2 days     | <i>Office Assistant</i><br>Department   |
| 4. Submit Original copy of MOA and 4 photocopies to the Department of Psychiatry and Behavioral Medicine                             | 4. Return to PGH Legal office original copy together with 4 photocopies of MOA with notarization | None  | 1 day      | <i>Office Assistant</i><br>Department   |
| 5. Pay rotator's fee   | 5. Receive payment and issue Official Receipt  | <u><b>Rotators' Fee</b></u><br><br><b>Physician Private Hospital:</b> PHP 4,983.00<br><b>Public Hospital</b> PHP 2,491.50<br><b>Psychology Undergrad/ Grad School:</b><br>100 hrs: PHP 3,000.00<br>150 hrs: PHP 4,500.00<br>200 hrs: PHP 6,000.00<br>300 hrs: PHP 9,000.00<br><b>Occupational Therapist Rotators:</b><br>8 weeks: PHP 3,200.00<br><b>Medical Clerks</b><br>2 weeks: PHP | 15 minutes | <i>Staff-on-Duty</i><br>PGH Cash Office |

|   |                                      |   |                        |                             |
|---|--------------------------------------|---|------------------------|-----------------------------|
|   |                                      | 4,000.00  |                        |                             |
| 6. Submit photocopy of Official Receipt to the department and show Original Copy for verification | 6. File accomplished MOA and payment | None  | 5 minutes              | Office Assistant Department |
| 6.1 Report for Observership Rotation  | 6.1 Start observership program       | ---   | ---                    | ---                         |
| <b>TOTAL:</b>   |                                      | <b><u>Rotators' Fee</u></b>   | 17 days and 35 minutes |                             |
|   |                                      | <b>Physician Private Hospital: PHP</b><br>4,983.00<br><b>Public Hospital</b><br>PHP 2,491.50<br><b>Psychology Undergrad/ Grad School:</b><br>100 hrs: PHP 3,000.00<br>150 hrs: PHP 4,500.00<br>200 hrs: PHP 6,000.00<br>300 hrs: PHP 9,000.00<br><b>Occupational Therapist Rotators:</b><br>8 weeks: PHP 3,200.00<br><b>Medical Clerks</b><br>2 weeks: PHP 4,000.00 |                        |                             |

# **Department of Psychiatry and Behavioral Medicine**

## **Internal Services**

## 1. UP Student Consultation (Decking Procedure)

This procedure covers activities from registration up to scheduling.

|  |  |  |                        |                                |
|--|--|--|------------------------|--------------------------------|
| <b>Office or Division:</b>                   |  | Psychiatry and Behavioral Medicine   |                        |                                |
| <b>Classification:</b>                       |  | Complex  |                        |                                |
| <b>Type of Transaction:</b>                  |  | G2C  |                        |                                |
| <b>Who may avail:</b>                        |  | UP Students referred by Health Service deemed requiring psychiatric consultation |                        |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>             |  | <b>WHERE TO SECURE</b>   |                        |                                |
| • Blue Card (1 original)                     |  | OPD Ground Floor   |                        |                                |
| • Referral from Health Service               |  | Health Service   |                        |                                |
| <b>CLIENT STEPS</b>                          | <b>AGENCY ACTION</b>                                     | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |
| 1.Proceed to Room 107, Ward 7                | 1. List name on UP Student Consultation Logbook          | None   | 5 minutes              | <i>Secretary Ward</i>          |
|  | 1.1 Inform Resident-in-Charge of newly decked to patient | None   | 5 minutes              | <i>Secretary Ward</i>          |
| 2.Wait to be contacted by Resident-in-Charge | 2. Contact patient for his/her consultation schedule     | None   | 3 days                 | <i>Resident-in-Charge Ward</i> |
| <b>TOTAL:</b>                                |  | None   | 3 days and 10 minutes  |                                |

## 2. UP Student Consultation (Psychiatric Evaluation Procedure)

This procedure covers activities from registration up to patient management.

|                                     |   |  |                        |   |
|-------------------------------------|---|--|------------------------|---|
| <b>Office or Division:</b>          |   | Psychiatry and Behavioral Medicine   |                        |   |
| <b>Classification:</b>              |   | Simple   |                        |   |
| <b>Type of Transaction:</b>         |   | G2C  |                        |   |
| <b>Who may avail:</b>               |   | UP Students referred by Health Service deemed requiring psychiatric consultation |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>    |   | <b>WHERE TO SECURE</b>   |                        |   |
| • Blue Card (1 original)            |   | OPD Ground Floor   |                        |   |
| • Referral from Health Service      |   | Health Service   |                        |   |
| <b>CLIENT STEPS</b>                 | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1.Proceed to clinic and enlist name | 1. List name and arrange their charts   | None   | 5 minutes              | <i>Nurse</i><br>OPD Psych Clinic              |
| 2.Wait for name to be called        | 2. Ask clients to proceed to waiting area   | None   | 1 hour                 | <i>Nurse</i><br>OPD Psych Clinic              |
| 3.Enter clinic once name is called  | 3.Call in patient's name<br>3.1 Conduct Psychiatric interview and physical examination<br>3.2 Explain the findings and management to the patient<br>3.3 Give prescription and/or laboratory requests as needed<br>3.4 Give patient follow-up schedule | None   | 1 hour and 30 minutes  | <i>Resident-in-Charge</i><br>OPD Psych Clinic |
| <b>TOTAL:</b>                       |   | None   | 2 hours and 35 minutes |   |

### 3. UP Student Medical Clearance to Enroll (Decking Procedure)

This procedure covers activities from registration up to patient management.

|   |  |  |                        |                              |
|---|--|--|------------------------|------------------------------|
| <b>Office or Division:</b>                    |  | Psychiatry and Behavioral Medicine   |                        |                              |
| <b>Classification:</b>                        |  | Simple   |                        |                              |
| <b>Type of Transaction:</b>                   |  | G2C  |                        |                              |
| <b>Who may avail:</b>                         |  | UP Students referred by Health Service deemed requiring psychiatric consultation |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>              |  | <b>WHERE TO SECURE</b>   |                        |                              |
| • Blue Card (1 original)                      |  | OPD Ground Floor   |                        |                              |
| • Referral from Health Service                |  | Health Service   |                        |                              |
| <b>CLIENT STEPS</b>                           | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1.Proceed to Room 107, Ward 7                 | 1. Staff lists name on UP Student Clearance Logbook                    | None   | 5 minutes              | <i>Secretary Ward</i>        |
|   | 1.1 Staff informs Resident-on-Duty of newly decked to patient          | None   | 5 minutes              | <i>Secretary Ward</i>        |
| 2. Wait to be contacted by Resident-in-Charge | 2. Resident-on-Duty contacts patient for his/her consultation schedule | None   | Within 1 hour          | <i>Resident-on-Duty Ward</i> |
| <b>TOTAL:</b>                                 |  | None   | 1 hour and 10 minutes  |                              |



#### 4. UP Student Medical Clearance to Enroll (Psychiatric Evaluation Procedure)

This procedure covers activities from registration up to patient management.

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>             |   | Psychiatry and Behavioral Medicine   |                        |   |
| <b>Classification:</b>                 |   | Simple   |                        |   |
| <b>Type of Transaction:</b>            |   | G2C  |                        |   |
| <b>Who may avail:</b>                  |   | UP Students referred by Health Service deemed requiring psychiatric consultation |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>       |   | <b>WHERE TO SECURE</b>   |                        |   |
| • Blue Card (1 original)               |   | OPD Ground Floor   |                        |   |
| • Referral from Health Service         |   | Health Service   |                        |   |
| <b>CLIENT STEPS</b>                    | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1.Proceed to clinic and enlist name    | 1.List name and arrange their charts  | None   | 5 minutes              | <i>Nurse</i><br>OPD Psych Clinic              |
| 2.Wait for name to be called           | 2. Ask clients to proceed to waiting area   | None   | 1 hour                 | <i>Nurse</i><br>OPD Psych Clinic              |
| 3.Enter the clinic once name is called | 3. Call in patient's name<br>3.1 Conduct Psychiatric interview and physical examination<br>3.2 Explain management if psychopathology is noted and gives patient follow-up schedule if needed. If without psychopathology, patient is given medical clearance at the end of the clinical session | None   | 1 hour and 30 minutes  | <i>Resident-in-Charge</i><br>OPD Psych Clinic |
| <b>TOTAL:</b>                          |   | None   | 2 hours and 35 minutes |   |

## 5. PGH Employee Consultation (Scheduling Procedure with Chief Resident)

This procedure covers activities from registration up to consultation scheduling.

|  |  |  |                        |                            |
|--|--|--|------------------------|----------------------------|
| <b>Office or Division:</b>                   |  | Psychiatry and Behavioral Medicine   |                        |                            |
| <b>Classification:</b>                       |  | Complex  |                        |                            |
| <b>Type of Transaction:</b>                  |  | G2C  |                        |                            |
| <b>Who may avail:</b>                        |  | PGH Employees referred by Health Service deemed requiring psychiatric consultation |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>             |  | <b>WHERE TO SECURE</b>   |                        |                            |
| • Blue Card (1 original)                     |  | OPD Ground Floor   |                        |                            |
| • Referral from Health Service               |  | Health Service   |                        |                            |
| <b>CLIENT STEPS</b>                          | <b>AGENCY ACTION</b>                                 | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Proceed to Room 107, Ward 7                | 1. Ask employee to fill-out consultation sheet       | None   | 5 minutes              | <i>Secretary Ward</i>      |
|  | 1.1 Inform Chief Resident of newly referred patient  | None   | 5 minutes              | <i>Secretary Ward</i>      |
| 2.Wait to be contacted by the Chief-Resident | 2. Contact patient for his/her consultation schedule | None   | 3 days                 | <i>Chief Resident Ward</i> |
| <b>TOTAL:</b>                                |  | None   | 3 days and 10 minutes  |                            |

## 6. PGH Employee Consultation (Scheduling Procedure with Consultant)

This procedure covers activities from registration up to consultation scheduling.

|                                  |   |  |                        |                           |
|----------------------------------|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>       |   | Psychiatry and Behavioral Medicine   |                        |                           |
| <b>Classification:</b>           |   | Simple   |                        |                           |
| <b>Type of Transaction:</b>      |   | G2C  |                        |                           |
| <b>Who may avail:</b>            |   | PGH Employees referred by Health Service deemed requiring psychiatric consultation |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b> |   | <b>WHERE TO SECURE</b>   |                        |                           |
| • Blue Card (1 original)         |   | OPD Ground Floor   |                        |                           |
| • Referral from Health Service   |   | Health Service   |                        |                           |
| <b>CLIENT STEPS</b>              | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to Room 107, Ward 7   | 1. Provide list of consultants with contact number and clinic schedules | None   | 5 minutes              | Secretary Ward            |
| <b>TOTAL:</b>                    |   | None   | 5 minutes              |                           |

## 7. PGH Employee Consultation (Psychiatric Evaluation Procedure with Chief Resident)

This procedure covers activities from patient assessment up to documentation of psychiatric findings and plan on patient chart

|   |  |  |                        |                            |
|---|--|--|------------------------|----------------------------|
| <b>Office or Division:</b>                              |  | Psychiatry and Behavioral Medicine   |                        |                            |
| <b>Classification:</b>                                  |  | Simple   |                        |                            |
| <b>Type of Transaction:</b>                             |  | G2C  |                        |                            |
| <b>Who may avail:</b>                                   |  | PGH Employees referred by Health Service deemed requiring psychiatric consultation |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>                        |  | <b>WHERE TO SECURE</b>   |                        |                            |
| • Blue Card (1 original)                                |  | OPD Ground Floor   |                        |                            |
| • Referral from Health Service                          |  | Health Service   |                        |                            |
| <b>CLIENT STEPS</b>                                     | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Proceed to Room 107, Ward 7                           | 1. Staff takes name of patient and informs chief resident  | None   | 5 minutes              | <i>Secretary Ward</i>      |
| 2.Wait for his/her name to be called                    | 2. Staff asks patient to wait at bench area  | None   | 1 hour                 | <i>Secretary Ward</i>      |
| 3.Enter the chief resident's clinic once name is called | 3. Call in patient's name<br>3.1 Conduct Psychiatric interview and physical examination<br>3.2 Explain the findings and management to the patient<br>3.3 Give prescription and/or laboratory requests as needed<br>3.4 Give patient follow-up schedule | None   | 1 hour                 | <i>Chief Resident Ward</i> |
| <b>TOTAL:</b>   |  | None   | 2 hours and 5 minutes  |                            |

# **Department of Radiology**

## **External Services**

## 1. CT Scan Service

### Provision of CT Scan Services

| <b>Office or Division:</b>   | Radiology CT Scan   |  |                 |  |
|--|---|--|-----------------|--|
| <b>Classification:</b>   | Simple  |  |                 |  |
| <b>Type of Transaction:</b>  | G2C   |  |                 |  |
| <b>Who may avail:</b>  | All needing CT scan services  |  |                 |  |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE  |                 |  |
| Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)  |   | PGH "Palistahan", either OPD, ER, Pay Admitting or Malasakit Center  |                 |  |
| Completely filled-out CT Scan Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination.<br>Completely filled-out CT Scan Request from private outpay patient (non-pgh)<br>Inter-Agency Referral Request coming from other government hospital |   | PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts.<br><br>Pay patients (non-pgh) requests coming from private clinic/doctor.<br><br>Social service of the requesting Government Hospital (to be approved by PGH Health Operations) |                 |  |
| PGH Receipt (1 original)   |   | PGH Cashier's Office   |                 |  |
| Previous CT scan CD or films and reports, if follow-up   |   | PGH Radiology Records Unit, if done in PGH or from patient, if done in another clinic/hospital   |                 |  |
| Patient Chart, if needed   |   | Ward or ER   |                 |  |
| Latest (within 1 month) result of Creatinine, if a contrast-study  |   | PGH Department of Laboratories or any outside laboratories   |                 |  |
| Renal clearance if with elevated creatinine results with eGFR of less than 30 for non-ICU patients and less than 45 for ICU patients.  |   | Nephrologist   |                 |  |
| Anesthesia evaluation for patients requiring sedation  |   | Anesthesiologist   |                 |  |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                     |
| 1. Proceed to room 2 ground floor, Department of Radiology for final instruction and completion of data needed for appropriate information.<br>•CT Scan Room near the elevator (for patients confined in the charity wards, ER patients, and OPD   | 1. Assess request and schedule procedure upon final approval of RIC (resident incharge). Print request thru RADISH (computerized Registry of Admissions and Discharges) account<br>•Assess appropriate fees for procedure and indicate in the | None   | 15 minutes      | Administrative Aide/Resident or Fellow |

|   |   |  |                                     |  |
|---|---|--|-------------------------------------|--|
| <p>patients 7:30 AM – 4:30 PM)</p> <ul style="list-style-type: none"> <li>•Room 7 from 6:00 AM to 5:00 AM) both for patients from private/charity/OPD/ &amp; outpay patients</li> </ul>   | <p>request along with the signature of the Administrative Aide or CT Scan Resident to certify that this is an original copy and charge payment to open ERP Account</p> <ul style="list-style-type: none"> <li>•Submit the pre-CT Scan Instructions to the Nurses thru RADISH account.</li> <li>•Attach the completed Professional Fee Form in the CT request (for patients of the DPPS).</li> </ul> |  |                                     |  |
| <p>2. Proceed to the PGH Cashier's Office and pay the indicated amount for private outpatients and interagency charity service patients.</p> <ul style="list-style-type: none"> <li>•If patient is from the DPPS or service inpatient, Admitting Area Clerk will charge payment thru OPEN ERP (charging account) and prepare charge slip for ingeragency referred patients</li> </ul> | <p>2. Receive the payment</p> <ul style="list-style-type: none"> <li>•List and encode the charge slip in the computer (open ERP); and release a professional fee form for patients of the DPPS</li> </ul>   | <p>Please refer to approved Schedule of Fees</p> <p>None</p> | <p>15 minutes</p> <p>15 minutes</p> | <p>PGH Cashier</p> <p>Administrative Aide or Radiologic Technologist</p> |
| <p>3. Return to the Radiology Department.</p> <ul style="list-style-type: none"> <li>•Show the request form/referral with the attached official receipt.</li> </ul>   | <p>3. Receive the official receipt and request form.</p> <ul style="list-style-type: none"> <li>•List the patient's name, schedule, and other important data on the Logbook for Radiologic Examinations (Radiology computerized log book).</li> <li>•Indicate the</li> </ul>  | <p>None</p>  | <p>30 minutes</p>                   | <p>CT Scan Admitting Area Clerk or Radiologic Technologist</p>           |

|   |   |      |                                |  |
|---|---|------|--------------------------------|--|
|   | <p>schedule of the patient along with the complete name and signature of the Administrative Aide or CT Scan Resident to ensure validity.</p> <ul style="list-style-type: none"> <li>•Instruct the patient regarding the procedure and needs (private outpatient-non-pgh).</li> </ul>                  |      |                                |  |
| <p>4. Go to the appropriate room at least one hour before the time and day of the schedule.</p> <ul style="list-style-type: none"> <li>•Submit the complete form to the CT Scan Radiologic Technologist or Resident (for private outpatients and inter-agency referrals).</li> <li>•Stay in the waiting area until name is called.</li> </ul> | <p>4. Receive the schedule and paid request.</p> <ul style="list-style-type: none"> <li>• Print request taken from RADISH ACCOUNT, with patient case number in the request form (for pgh patients)</li> <li>•Call the patient</li> <li>•Prepare the patient and machine for the procedure.</li> </ul> | None | 30 minutes                     | Administrative Aide or Radiologic Technologist                               |
| 5. Undergo the procedure  | 5. Perform the appropriate procedure  | None | 30 minutes per study (minimum) | Radiologic Technologist/ Resident  |
| 6. Wait for the instructions of the Radiologic Technologist or CT Scan doctor   | 6. Inform the patient (for charity patients) that they may return to their respective wards, otherwise, inform the Utility Worker of the ward.  | None | 15 minutes                     | Radiologic Technologist/ Resident/ Administrative Aide                       |
| 7. Claim result   | 7. Advise patient that result will be available after 3 to 5 working days, excluding Saturday and Sunday, or they can follow up to the Record Section , room 1 (releasing area) for private outpatients and inter-agency  | None | 5 days                         | MRI Radiologic Technologist/ Resident or Administrative Aide/Records Section |



|  |   |   |                            |  |
|--|---|---|----------------------------|--|
|  | referred patients<br>•Provide every patient CD copy of their CTSCAN images after procedure was done<br>• For pgh patients, results may be taken or viewed by their doctors from OPEN MRS (open medical records system) account. |   |                            |  |
|  | <b>TOTAL:</b>   | Please refer to approved Schedule of Fees | 5 days, 2 hours 30 minutes |  |

**Notes:**

- (1) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention or during machine maintenance.
- (2) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

## 2. MRI Section Service

### Provision of MRI Section Services

| <b>Office or Division:</b>   | MRI Section   |  |                 |  |
|--|---|--|-----------------|--|
| <b>Classification:</b>   | Simple  |  |                 |  |
| <b>Type of Transaction:</b>  | G2C   |  |                 |  |
| <b>Who may avail:</b>  | All needing MRI services  |  |                 |  |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE  |                 |  |
| Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)  |   | PGH "Palistahan", either OPD, ER, Pay Admitting or Malasakit Center  |                 |  |
| Completely filled-out MRI Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination. Completely filled-out MRI Request from private outpay patient (non-pgh) |   | PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts.<br>Pay outpatients (non-pgh), request coming from private clinic/doctor<br>(Non-PGH Charity patients) requests coming from other government hospital Physician (inter-agency referrals) |                 |  |
| Approved Inter-Agency/ Hospital referral, for those Non-PGH patients from other government hospital who opted for charity service  |   | Social service of the requesting Government Hospital (to be approved by PGH Health Operations)   |                 |  |
| Consent form prior to MRI procedure  |   | MRI Room, in front of room 21 & MRI Room near the elevator (for patients confined in the charity wards, ER patients, and OPD patients)   |                 |  |
| PGH Receipt (1 original)   |   | PGH Cashier's Office   |                 |  |
| Previous related imaging done (X-ray, CT scan, or MRI) with results, if possible   |   | PGH Radiology Records Unit, if done in PGH or from patient, if done in another clinic/hospital   |                 |  |
| Latest (within 1 month) result of Creatinine, if a contrast-study  |   | PGH Department of Laboratories or any outside laboratories   |                 |  |
| Renal clearance if with elevated creatinine results with eGFR of less than 30 for non-ICU patients and less than 45 for ICU patients.  |   | Nephrologist   |                 |  |
| Anesthesia evaluation for patients requiring sedation  |   | Anesthesiologist   |                 |  |
| Clearance for any body metallic implant  |   | PGH Doctor or Private Doctor who put the implant   |                 |  |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                         |
| 1. Proceed to room 2 ground  | 1. Accept and ensure the completeness of the request form/referral. | None   | 15 minutes      | Administrative Aide/MRI Resident or Fellow |

|  |   |  |                   |                    |
|--|---|--|-------------------|--------------------|
| <p>floor,<br/>Department<br/>of<br/>Radiology<br/>for final<br/>instruction<br/>and<br/>completion<br/>of data<br/>needed for<br/>appropriate<br/>information.</p> <ul style="list-style-type: none"> <li>• MRI Room, in front of room 21</li> <li>• MRI Room near the elevator (for patients confined in the charity wards, ER patients, and OPD patients)</li> </ul> | <ul style="list-style-type: none"> <li>• Inform MRI residents or Pay Resident on Duty to approve the request.</li> <li>• Approval: resident will double check the completeness of the request (with pertinent history and physical examination) and make sure that a complete diagnosis as well as the reason for requesting the study are provided.</li> <li>• If a study requiring contrast media, resident will check if the creatinine and eGFR are within the cut-off values.</li> <li>• Write in the request the amount to be paid for the examination, as well as the signature of the Administrative Aide or MRI resident, to ensure that the request is authentic.</li> <li>• Incorporate in the request the Pre-MRI Scan Instructions for Nurses (for patients who are confined).</li> <li>• Create and incorporate a Professional Fee Form in the MRI request (for patients of DPPS).</li> </ul> |  |                   |                    |
| <p>2. Proceed to PGH Cashier's Office for payment of desired examination (for charity patients or private outpatients)</p> <ul style="list-style-type: none"> <li>• If patients from DPPS or service inpatient, Admitting Areas Clerk will charge payment thru OPEN ERP</li> </ul>   | <p>2. Receive the payment</p> <ul style="list-style-type: none"> <li>• List and encode payment by charging at open ERP account; and release a professional fee form for patients of the DPPS</li> </ul>   | <p>Please refer to approved Schedule of Fees</p> | <p>15 minutes</p> | <p>PGH Cashier</p> |

|   |   |      |            |   |
|---|---|------|------------|---|
| (charging account) and prepare charge slip for interagency referred patients  |   |      |            |   |
| 3. Return to Radiology Department.<br>• Present the request form/referral form with the official receipt attached                                   | 3. Receive request form with official receipt.<br>• List or encode the charge slip into the computer system (thru OPEN ERP) and fill up the professional fee form for the DPPS patients.<br>• List patient name and requested examination, schedule of examination, and other pertinent data in the computer system (Radiology computerized log book).<br>• Write down the schedule in the request form, together with the signature of the Administrative Aide or MRI Resident to ensure authenticity of request form and identity of patient.<br>• Give a short explanation of the requested examination and other pertinent information for the patient.<br>• Print request (from RADISH account) and give to Radiologic Technologist on duty (for pgh patients) | None | 25 minutes | MRI admitting area clerk or Radiologic Technologist |
| 4. Proceed to MRI room on the scheduled day of examination.<br>• Present the completed MRI request form to Radiologic Technologist or Resident (for | 4. Accept the request form in the schedule day of examination.<br>• Log the MRI case number in the patient's request form and blue card or official receipt.<br>• Do the necessary patient preparation and equipment preparation for  | None | 30 minutes | Administrative Aide or Radiologic Technologist      |

|   |   |   |                             |  |
|---|---|---|-----------------------------|--|
| private outpatients and inter-agency referred patients.<br>•Stay in waiting area and wait for the patients turn (at least one relative to stay with the patient). | the examination.<br>Inserting and checking of IV lines including rectal contrast if needed  |   |                             |  |
| 5. Undergo requested examination.   | 5. Perform requested examination.   |   | 1 hour per study minimum    | Radiologic Technologist/Resident   |
| 6. Await further instructions from Radiologic Technologist of MRI resident.   | 6. Identify and inform patients and/or Utility Worker once examination is completed and patient is cleared to proceed back to charity wards.  | None                                      | 10 minutes                  | MRI Radiologic Technologist/ Resident or Administrative Aide                 |
| 7. Claim result   | 7. Advise patient that result will be available after 3 to 5 working days, excluding Saturday and Sunday, or they can follow up to the Record Section , room 1 (releasing area) for private outpatients and inter-agency referred patients<br>•Provide every patient CD copy of their MRI images after procedure was done<br>• For pgh patients, results may be taken or viewed by their doctors from OPEN MRS (open medical records system) account. | None                                      | 5 days                      | MRI Radiologic Technologist/ Resident or Administrative Aide/Records Section |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees | 5 days, 2 hours, 35 minutes |  |

**Notes:**

(1) If request forms are not complete, the Administrative Aide/Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.

- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

### 3. Ultrasound Section (Central Block)

Diagnostic Ultrasound for Inpatients of UP-Philippine General Hospital

| <b>Office or Division:</b>   | Ultrasound Section  |  |                 |  |
|--|---|--|-----------------|--|
| <b>Classification:</b>   | Simple  |  |                 |  |
| <b>Type of Transaction:</b>  | G2C   |  |                 |  |
| <b>Who may avail:</b>  | All needing ultrasound services   |  |                 |  |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE  |                 |  |
| Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)  |   | PGH "Palistahan", either OPD, ER, Pay Admitting or Malasakit Center  |                 |  |
| Completely filled-out CT Scan Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination.<br>Completely filled-out Ultrasound Request from private outpay patient (non-pgh)                   |   | PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts.<br>Pay patients (Non-PGH) requests coming from private clinic/doctor. |                 |  |
| PGH Receipt  |   | PGH Cashier's Office   |                 |  |
| Patient Chart, if needed   |   | Nurse's station/Records section  |                 |  |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                             |
| 1. Tag completely filled-out electronic ultrasound request with relevant clinical impression to the study thru RADISH (computerized Registry of Admissions & Discharges) account; bring the completely filled<br>•Present completely filled-out Ultrasound request at Room 2 (for Non-Pgh patients 7:30 am to 4:00 pm) | 1. Receive and assess request<br>•Schedule procedure<br>•give a short explanation on the procedure to be done and preparations needed | None   | 10 minutes      | Administrative Aide/Radiology Resident on Duty |
| 2. Return on the specified day and time of the procedure and bring the approved request form along with other indicated needs<br>•If patient is an inpatient there is no need to go to the PGH Cashier   |   | None   |                 |  |

|  |   |  |                                     |  |
|--|---|--|-------------------------------------|--|
| <ul style="list-style-type: none"> <li>•For pay outpatients and UPHS, proceed to PGH Cashier's Office and pay the appropriate fee of the ultrasound examination</li> <li>•For outpatients with no blue card yet, proceed to Malasakit Center and get one</li> </ul>  | <ul style="list-style-type: none"> <li>•Receive and give the patient an official receipt or tape receipt</li> <li>• Ask the patient to fill-out the "Kaalaman Form"</li> </ul>  | <p>Please refer to approved Schedule of Fees</p> <p>None</p> | <p>15 minutes</p> <p>15 minutes</p> | <p>PGH Cashier</p> <p>PGH Medical Records staff assigned at Malasakit Center</p> |
| <p>3. Proceed to Room 2 where schedule was given; present the approved ultrasound request form with the official receipt or tape receipt for those who are outpatients and blue card for both outpatient and admitted patient</p>  | <p>3. If outpatient, Receive the request form, blue card and Official receipt; For inpatients, Print the scheduled ultrasound request</p> <ul style="list-style-type: none"> <li>•List down the ultrasound case number and other relevant data in the Logbook for Radiologic Examinations (computerized logbook)</li> <li>•Write down the ultrasound procedure and date in the blue card</li> </ul> | <p>None</p>  | <p>10 minutes</p>                   | <p>Administrative Aide/Radiologic Technologist on Duty</p>                       |
| <ul style="list-style-type: none"> <li>•For inpatients (Pay and Charity) and outpatients proceed to the Lobby of the Department of Radiology in front of Room 2(Patient's Waiting Area) on the date and time of the ultrasound examination</li> <li>•For emergency and COVID cases, kindly coordinate to Resident on Duty in Room 3</li> <li>•Wait for your turn to be called</li> </ul> | <ul style="list-style-type: none"> <li>•Receive the request form and usher the patient to the ultrasound room</li> </ul>  | <p>None</p>  | <p>15 minutes</p>                   | <p>Administrative Aide/Radiology Resident on Duty</p>                            |



|  |   |   |                     |                                      |
|--|---|---|---------------------|--------------------------------------|
| 4. Undergo the ultrasound examination                                | 4. Perform the ultrasound examination   | None                                      | 1 hour per study    | Radiology Resident/Fellow/Consultant |
| 5. Wait for further instructions from the Radiology Resident on Duty | 5. Inform the patients, their watchers, and/or assigned utility workers that they can return to their rooms or wards<br>•Inform inpatients that their results will be available via OpenMRS and Room 1 at 9:00 am the next working day<br>•Inform outpatients that their results will be available via Room 1 at 9:00 am the next working day | None                                      | 15 minutes          | Radiology Resident on Duty           |
| <b>TOTAL:</b>  |   | Please refer to approved Schedule of Fees | 2 hours, 10 minutes |                                      |

**Notes:**

- (1) If request forms are not complete, the Administrative Aide/Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled up in order to perform a proper ultrasound examination.
- (2) Patients may expect delays in the time of their ultrasound examination in the event of other patients requiring urgent/emergent attention, ongoing procedures such as biopsies, or during ultrasound machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

#### 4. X-ray Section-Flouro (Central Block)

Diagnostic x-ray imaging

| <b>Office or Division:</b>  | Central Block Fluoroscopic procedures   |  |                 |  |
|---|---|--|-----------------|--|
| <b>Classification:</b>  | Simple  |  |                 |  |
| <b>Type of Transaction:</b>   | G2C   |  |                 |  |
| <b>Who may avail:</b>   | All needing fluoroscopic x-ray services   |  |                 |  |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |  |
| Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)   |   | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS or Malasakit Center (for private outpatients)  |                 |  |
| Completely filled-out X-ray Request (PGH Form No. P-310033)<br>Completely filled-out CT Scan Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination.<br>Completely filled-out Ultrasound Request from private outpay patient (non-pgh) and Inter-Agency referral (government hospital) |   | PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts.<br><br>Pay patients (Non-PGH) requests coming from private clinic/doctor.<br><br>Social service of the requesting Government Hospital (to be approved by PGH Health Operations) |                 |  |
| Updated clinical abstract   |   | PGH Requesting Clinic  |                 |  |
| Relevant operation technique  |   | PGH Medical Records Section or from requesting clinic, if done in PGH, or from patient, if done in another hospital  |                 |  |
| PGH Receipt/ White Card for charity patients(1 original)  |   | PGH Cashier's Office/PGH MSS   |                 |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Tag completely filled-out electronic x-ray request with relevant clinical impression to the study thru RADISH (computerized Registry of Admission & Discharges) account; bring the completely filled request form<br>• Present completely filled-out x-ray request at Room 2 (for Non-   | 1. Receive and assess request<br>• Schedule procedure<br>• Give short explanation on the procedure to be done & preparations needed if there is any | None   | 30 minutes      | Administrative Aide/Radiologic Technologist<br><br>Radiologist |

|   |  |  |                                     |  |
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| PGH- patients 7:30 am to 4:00 pm)   |  |  |                                     |  |
| <p>2. Return on the specified day and time of the procedure &amp; bring the approved request along with other indicated needs</p> <ul style="list-style-type: none"> <li>• If patient is an inpatient or UP-PGH employee there is no need to go to the PGH Cashier</li> <li>• For pay outpatients proceed to PGH Cashier's Office &amp; pay the corresponding fee of the x-ray examination</li> <li>• For outpatients with no blue card yet, proceed to Malasakit Center and get one</li> </ul> | <ul style="list-style-type: none"> <li>• Receive &amp; give the patient an official receipt of tape receipt</li> <li>• Ask the patient to fill-out the "Kaalaman Form"</li> </ul>  | <p>Please refer to approved Schedule of Fees</p> <p>None</p> | <p>15 minutes</p> <p>15 minutes</p> | <p>PGH Cashier</p> <p>PGH Medical Records Staff assigned at Malasakit Center</p> |
| 3. On the day of schedule, bring approved request with schedule, proof of payment (receipt) & blue card   | <p>3. Receive the request form, blue card &amp; Official receipt of the pay outpatients; for inpatients, ask for patient's blue card only, print the request if necessary.</p> <ul style="list-style-type: none"> <li>• List down the patient's x-ray case number &amp; other pertinent data in the Logbook for Radiologic Examinations (computerized</li> </ul> | None   | 20 minutes                          | Administrative Aide/Radiologic Technologist                                      |

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|  | <p>google sheet logbook)</p> <ul style="list-style-type: none"> <li>•Write down the x-ray procedure and date in the blue card.</li> <li>•Secure informed consent</li> <li>•Prepare patient , the machine, and the needs if outpatient</li> </ul>  |      |                   |   |
| 4. Undergo the procedure                           | 4. Do the procedure.  | None | 2 hours per study | <p>Radiologic Technologist</p> <p>Radiologist</p> |
| 5. Await further instructions at the waiting area. | <p>5. Assess the images. Repeat procedure, if warranted.</p> <ul style="list-style-type: none"> <li>•Instruct the patients to return to the ward,</li> <li>•Inform the patient, their watchers, and/or assigned utility workers that they can return to their rooms or wards</li> <li>•Inform inpatients that their results will be available via OPEN MRS (open medical recors system) thru their attending doctors, 9:00 am the next working day</li> <li>•Inform outpatients and inter-agency referred patients that their results will be available via Room 1 at 9:00 am the next</li> </ul> | None | 30 minutes.       | <p>Radiologic Technologist</p> <p>Radiologist</p> |

|               |             |   |                        |  |
|---------------|-------------|---|------------------------|--|
|               | working day |   |                        |  |
| <b>TOTAL:</b> |             | Please refer to approved Schedule of Fees | 3 hours and 45 minutes |  |

**Notes:**

- (1) The administrative aide/radiologists may require more relevant documents before, during or even after the procedure, that would help interpret the studies. Also, radiologists may suggest more appropriate study/ies for the indication or purpose of the study, subject to agreement with the primary service.
- (2) Patients may be rescheduled if pre-procedural preparations are not carried out by the patient/primary service.
- (3) Procedures may be delayed if radiologists are attending emergencies.
- (4) Patients may be requested to come back for completion of studies on a later date, once case is endorsed to seniors/consultants.
- (5) Radiologists may require the presence of the primary service in order to assist the patients especially for adjustment/removal of contraptions, as well as, if procedure has high risk for complications. May delay the procedure if patient is uncooperative/combative/etc. which may require sedation.
- (6) Patients who come in late for the scheduled procedure may be rescheduled to a later date.
- (7) May vary depending on the scheduled procedures for the day.
- (8) Based on the average time it takes to complete a normal procedure, from preparation to removal/disassembly of all apparatuses used. The actual length of the study may vary depending on factors such as the type of illness and compliance with instructions during the procedure.

## 5. X-ray Section (Central Block)

### Provision of X-ray Services at the Central Block

| <b>Office or Division:</b>   | X-ray Section                         |  |                 |  |
|--|---------------------------------------|--|-----------------|--|
| <b>Classification:</b>   | Simple                                |  |                 |  |
| <b>Type of Transaction:</b>  | G2C                                   |  |                 |  |
| <b>Who may avail:</b>  | All needing x-ray services            |  |                 |  |
| CHECKLIST OF REQUIREMENTS  |                                       | WHERE TO SECURE  |                 |  |
| Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)  |                                       | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS or Malasakit Center (for private outpatients)  |                 |  |
| Completely filled-out CT Scan Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination.<br>Completely filled-out Ultrasound Request from private outpay patient (non-pgh) and Inter-Agency referral (government hospital) |                                       | PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts.<br>Pay patients (Non-PGH) requests coming from private clinic/doctor.<br>Social service of the requesting Government Hospital (to be approved by PGH Health Operations) |                 |  |
| Updated clinical abstract  |                                       | PGH Requesting Clinic or Private Doctor  |                 |  |
| Bedside stamp and logbook entry for bedside x-rays   |                                       | PGH Requesting Clinic for bedside stamp and Radiology Room 23 for logbook  |                 |  |
| PGH Receipt/ White Card for charity patients (1 original)  |                                       | PGH Cashier's Office/PGH MSS   |                 |  |
| CLIENT STEPS   | AGENCY ACTION                         | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Bring completely filled-out x-ray request and other requirements (for bed side, private outpatients & inter-agency referred patients)<br>2. Other than #1, all requests are tag at RADISH account.  | 1. Receive and assess request         | None   | 20 minutes      | Administrative Aide/Radiologic Technologist<br><br>Radiologist |
| 2. Go to PGH Cashier's Office and pay the amount indicated in the request. (if not   | 2. Assess request and receive payment | Please refer to approved Schedule of Fees  | 15 minutes      | PGH Cashier  |

|  |   |   |                             |  |
|--|---|---|-----------------------------|--|
| covered by White Card)                             |   |   |                             |  |
| 3. Bring receipt back to Window 2                  | 3. Schedule procedure<br>•Instruct patients for pre-procedural preparations.  | None                                      | 10 minutes                  | Administrative Aide                    |
| 4. Undergo the procedure.                          | 4. Do the procedure.  | None                                      | 1 hour per study (maximum ) | Radiologic Technologist<br>Radiologist |
| 5. Await further instructions at the waiting area. | 5. Assess the images. Repeat procedure, if warranted.<br>•Instruct the patients to return to the ward, and that results will be made available to their physicians (THRU OPEN MRS) & at the records section, room 1 for pay outpatients and interagency referrals (from other government hospital, charge as charity) | None                                      | 30 minutes                  | Radiologic Technologist<br>Radiologist |
| <b>TOTAL:</b>                                      |   | Please refer to approved Schedule of Fees | 2 hours, 15 minutes         |  |

**Notes:**

- (1) The administrative aide/radiologists may require more relevant documents before, during or even after the procedure, that would help interpret the studies. Also, radiologists may suggest more appropriate study/ies for the indication or purpose of the study, subject to agreement with the primary service.
- (2) Patients who come in late for the scheduled procedure may be rescheduled to a later date.
- (3) Radiologists may require the presence of the primary service in order to assist the patients especially for adjustment/removal of contraptions, as well as, if procedure has high risk for complications. May delay the procedure if patient is uncooperative/combatative/etc. which may require sedation.
- (4) May vary depending on the scheduled procedures for the day.

(5) Patients may be requested to come back for completion of studies on a later date, once case is endorsed to seniors/consultants.



## 6. Radiation Oncology Consultation for External Beam Radiation Therapy(EBRT)

Provision of Radiation Oncology Consultation for External Beam Radiation Therapy

| <b>Office or Division:</b>  | Radiology - Division of Radiation Oncology, Section of External Beam Radiotherapy |  |                 |                    |
|---|---|--|-----------------|--------------------|
| <b>Classification:</b>  | Complex   |  |                 |                    |
| <b>Type of Transaction:</b>   | G2C   |  |                 |                    |
| <b>Who may avail:</b>   | All patients referred for external beam radiotherapy                              |  |                 |                    |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |                    |
| PGH Blue Card(1 original)   |   | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS  |                 |                    |
| Referral Letter for External Beam Radiotherapy  |   | Attending Physician  |                 |                    |
| Patient Chart   |   | PGH Records Section (if outpatient); PGH Ward or Emergency Room (if in-patient)                                |                 |                    |
| Surgical Technique/OR Technique   |   | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital                        |                 |                    |
| Diagnostic Evaluation: <ul style="list-style-type: none"> <li>Histopathology Report</li> <li>Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan</li> <li>Laboratory Tests – Examples Include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG</li> </ul> |   | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital                        |                 |                    |
| Chemotherapy Protocol (if applicable)   |   | Referring Oncology Specialist (Pediatric Oncology, Medical Oncology, Adult Hematology, Gynecologic Oncologist) |                 |                    |
| Dental Clearance (if needed)  |   | PGH Dentistry Outpatient Clinic, if done in PGH or from patient, if done in another clinic/hospital            |                 |                    |
| Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)   |   | PGH Radiation Oncology Clinic  |                 |                    |
| Funds for External Beam Radiotherapy Treatment: <ul style="list-style-type: none"> <li>With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet (or Z-package approval if eligible)</li> <li>No PhilHealth: Cash or Financial Assistance/Guarantee Letter</li> </ul>   |   | PGH PhilHealth Office, Medical Social Services (MSS)   |                 |                    |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to CI-108 (1 <sup>st</sup> floor PGH Cancer Institute).  | 1. Prepare/retrieve Patient Chart   | None   | 4 hours         | CI-108 Nurse       |

|   |   |   |                     |  |
|---|---|---|---------------------|--|
| Present referral letter for EBRT to the CI-108 Nurse and wait to be called for consult. |   |   |                     |  |
| 2. Consultation with Radiation Oncologist   | Assessment of Referral for External Beam Radiotherapy (EBRT–LINAC). Assessment of metastatic work-up and other requirements   | Please refer to approved Schedule of Fees | 2 hours             | Radiation Oncology Consultant/ Resident            |
|   | Provision of Referral Letter to Hospital of Choice (if applicable, i.e. proximity, patient's request)<br><br>Inform patient once referral letter is ready for pick-up, waiting time of 2-3 working days (other instances may require MSS and PGH Director approval) | None                                      | 15 minutes          | Radiation Oncology Consultant, Resident, and Clerk |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees | 6 hours, 15 minutes |  |

## 7. Simulation and Planning

### Provision of Simulation and EBRT Treatment Planning

|   |   |  |                        |  |
|---|---|--|------------------------|--|
| <b>Office or Division:</b>  | Radiology - Division of Radiation Oncology, Section of External Beam Radiotherapy |  |                        |  |
| <b>Classification:</b>  | Highly Technical  |  |                        |  |
| <b>Type of Transaction:</b>   | G2C   |  |                        |  |
| <b>Who may avail:</b>   | All patients referred for external beam radiotherapy                              |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                               |                        |  |
| CT Simulation Request/Schedule  |   | Radiation Oncology Clinic                            |                        |  |
| Photocopies of Documents from Radiation Oncology Clinic   |   | Radiation Oncology Clinic                            |                        |  |
| Creatinine (if applicable)  |   | Patient  |                        |  |
| 2" x 2" ID photo  |   | Patient  |                        |  |
| Funds for External Beam Radiotherapy Treatment:   |   | PGH PhilHealth Office, Medical Social Services (MSS) |                        |  |
| <ul style="list-style-type: none"> <li>With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet (or Z-package approval if eligible)</li> <li>No PhilHealth: Cash or Financial Assistance/Guarantee Letter</li> </ul> |   |  |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Proceed to the PGH Radiotherapy Facility   | 1. Prepare patient for procedure.   | None   | 2 hours                | Radiation Oncology Clerk/Nurse/Resident  |
| 2. Proceed to the Simulation Room   | 2. Simulation   | Please refer to approved Schedule of Fees            | 2 hours                | Radiation Oncology Consultant/Resident, Medical Physicist, Radiation Therapist |
| 3. Wait for completion of EBRT Treatment Planning   | 3. EBRT Treatment Planning  | Please refer to approved Schedule of Fees            | 10 days                | Radiation Oncology Consultant/Resident, Medical Physicist                      |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees            | 10 days, 4 hours       |  |

## 8. Daily Treatment

### Provision of Daily EBRT Treatment

|   |   |  |                        |                           |
|---|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | Radiology - Division of Radiation Oncology, Section of External Beam Radiotherapy   |  |                        |                           |
| <b>Classification:</b>  | Simple  |  |                        |                           |
| <b>Type of Transaction:</b>   | G2C   |  |                        |                           |
| <b>Who may avail:</b>   | All patients referred for external beam radiotherapy  |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                               |                        |                           |
| Complete Blood Count (if applicable)  |   | Patient  |                        |                           |
| Funds for External Beam Radiotherapy Treatment: <ul style="list-style-type: none"> <li>With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet (or Z-package approval if eligible)</li> <li>No PhilHealth: Cash or Financial Assistance/Guarantee Letter</li> </ul> |   | PGH PhilHealth Office, Medical Social Services (MSS) |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Undergo daily EBRT Treatment   | 1. Inform patient of schedule of Day 1 treatment (schedule depends on availability of slots).<br><br>Deliver daily EBRT Treatment | Please refer to approved Schedule of Fees            | 1 hour                 | Radiation Therapist       |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees            | 1 hour                 |                           |

## 9. Brachytherapy Consult Service

### Provision of Brachytherapy Consult Service

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>  | Radiology - Division of Radiation Oncology, Section of Brachytherapy |   |                        |  |
| <b>Classification:</b>  | Simple   |   |                        |  |
| <b>Type of Transaction:</b>   | G2C  |   |                        |  |
| <b>Who may avail:</b>   | All patients referred for brachytherapy                              |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |  |
| PGH Blue Card(1 original)   |  | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS   |                        |  |
| Referral Letter for Brachytherapy   |  | Attending Physician   |                        |  |
| Patient Chart   |  | PGH Records Section   |                        |  |
| Surgical Technique/OR Technique   |  | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital                               |                        |  |
| Diagnostic Evaluation: <ul style="list-style-type: none"> <li>Histopathology Report</li> <li>Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan</li> <li>Laboratory Tests – Examples include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG</li> </ul> |  | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital                               |                        |  |
| Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)   |  | PGH Radiation Oncology Clinic   |                        |  |
| Medical Clearance and/or Anesthesia Evaluation (if applicable)  |  | Department of Medicine (or from patient if done in clinics outside PGH, if applicable) & Department of Anesthesiology |                        |  |
| Funds for Brachytherapy Treatment: <ul style="list-style-type: none"> <li>With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet</li> <li>No PhilHealth: Cash or Financial Assistance/Guarantee Letter</li> </ul>  |  | PGH PhilHealth Office, Medical Social Services (MSS)  |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                |
| 1. Proceed to the Brachytherapy Nurses Station (1 <sup>st</sup> floor PGH Cancer Institute). Present referral letter for brachytherapy to the Brachytherapy Nurse and wait to be called for consult.  | 1. Process patient's chart.  | None  | 2 hours                | Brachytherapy Clerk, Brachytherapy Nurse |

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| 2. Consultation with Radiation Oncologist | 2. Assessment of Referral for Brachytherapy, Physical examination (Internal examination), Assessment of metastatic work-up and other requirements   | Please refer to approved Schedule of Fees | 45 minutes per consult | Radiation Oncology Consultant & Resident         |
|   | <ul style="list-style-type: none"> <li>•Provision of Referral Letter to Hospital of Choice (if applicable, i.e. proximity, patient's request)</li> <li>•Inform patient once referral letter is ready for pick-up</li> </ul> | None                                      | 15 minutes             | Radiation Oncology Consultant, Resident, & Clerk |
| 3. Attend the Brachytherapy Orientation   | 3. Orient patients regarding the risks, benefits, and procedures of brachytherapy   | Please refer to approved Schedule of Fees | 30 minutes             | Radiation Oncology Resident                      |
| <b>TOTAL:</b>                             |   | Please refer to approved Schedule of Fees | 3 hours, 30 minutes    |  |

## 10. High Dose Rate (HDR) Brachytherapy Treatment

### Provision of HDR Brachytherapy Treatment

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | Radiology - Division of Radiation Oncology, Section of Brachytherapy |   |                        |   |
| <b>Classification:</b>  | Simple   |   |                        |   |
| <b>Type of Transaction:</b>   | G2C  |   |                        |   |
| <b>Who may avail:</b>   | All patients referred for brachytherapy                              |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |   |
| PGH Blue Card(1 original)   |  | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS   |                        |   |
| Referral Letter for Brachytherapy   |  | Attending Physician   |                        |   |
| Patient Chart   |  | PGH Records Section   |                        |   |
| Surgical Technique/OR Technique   |  | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital                               |                        |   |
| Diagnostic Evaluation: <ul style="list-style-type: none"> <li>Histopathology Report</li> <li>Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan</li> <li>Laboratory Tests – Examples include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG</li> </ul> |  | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital                               |                        |   |
| Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)   |  | PGH Radiation Oncology Clinic   |                        |   |
| Medical Clearance and/or Anesthesia Evaluation (if applicable)  |  | Department of Medicine (or from patient if done in clinics outside PGH, if applicable) & Department of Anesthesiology |                        |   |
| Funds for Brachytherapy Treatment: <ul style="list-style-type: none"> <li>With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet</li> <li>No PhilHealth: Cash or Financial Assistance/Guarantee Letter</li> </ul>  |  | PGH PhilHealth Office, Medical Social Services (MSS)  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Proceed to the Brachytherapy Nurses Station (1 <sup>st</sup> floor PGH Cancer Institute) on scheduled date of HDR treatment.   | 1. Prepare patient for procedure.                                    | None  | 1 hour, 30 minutes     | Brachytherapy Clerk, Brachytherapy Nurse        |
| 2. Undergo daily Brachytherapy Treatment  | 2. Inform patient of schedule of brachytherapy (Schedule of start of | Please refer to approved Schedule   | 3 hours per fraction   | Radiation Oncology Consultant/Resident, Medical |

|               |   |   |                     |   |
|---------------|---|---|---------------------|---|
|               | brachytherapy will depend on availability of slots)<br>•Deliver Brachytherapy Treatment | of Fees                                   |                     | Physicist,<br>Radiation<br>Therapist,<br>Anesthesiologist<br>, Brachytherapy<br>Nurse |
| <b>TOTAL:</b> |   | Please refer to approved Schedule of Fees | 4 hours, 30 minutes |   |



## 11. Intraoperative radiotherapy (IORT) Consult

Provision of IORT Service

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Radiology - Division of Radiation Oncology  |   |                        |   |
| <b>Classification:</b>  | Simple  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | All patients referred for IORT  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |   |
| PGH Blue Card(1 original)   |   | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS                                 |                        |   |
| Referral Letter for IORT indicating the IORT Multidisciplinary Team disposition   |   | Attending Physician   |                        |   |
| Patient Chart   |   | PGH Records Section   |                        |   |
| Surgical Technique/OR Technique   |   | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital |                        |   |
| Diagnostic Evaluation: <ul style="list-style-type: none"> <li>Histopathology Report</li> <li>Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan</li> <li>Laboratory Tests – Examples Include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG</li> </ul> |   | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital |                        |   |
| Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)   |   | PGH Radiation Oncology Clinic   |                        |   |
| Funds for IORT Treatment: <ul style="list-style-type: none"> <li>Cash or Financial Assistance/Guarantee Letter</li> </ul>   |   | Medical Social Services (MSS)   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Proceed to CI-108 (1 <sup>st</sup> floor PGH Cancer Institute). Present referral letter for IORT to the CI-108 Nurse and wait to be called for consult.  | 1. Prepare patient for procedure.   | None  | 4 hours                | CI-108 Nurse                            |
| 2. Consultation with Radiation Oncologist   | 2. Assessment of Referral for IORT. Assessment of metastatic work-up and other requirements | Please refer to approved Schedule of Fees   | 2 hours                | Radiation Oncology Consultant/ Resident |
| <b>TOTAL:</b>   |   | Please  | 6 hours                |   |

|  |   |  |  |
|--|---|--|--|
|  | refer to<br>approved<br>Schedule<br>of Fees |  |  |
|--|---|--|--|

## 12. Intraoperative radiotherapy (IORT)

### Provision of IORT

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | Radiology - Division of Radiation Oncology |   |                        |   |
| <b>Classification:</b>  | Simple                                     |   |                        |   |
| <b>Type of Transaction:</b>   | G2C  |   |                        |   |
| <b>Who may avail:</b>   | All patients referred for IORT             |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |   |
| PGH Blue Card(1 original)   |  | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS                                 |                        |   |
| Referral Letter for IORT indicating the IORT Multidisciplinary Team disposition   |  | Attending Physician   |                        |   |
| Patient Chart   |  | PGH Records Section   |                        |   |
| Surgical Technique/OR Technique   |  | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital |                        |   |
| Diagnostic Evaluation: <ul style="list-style-type: none"> <li>Histopathology Report</li> <li>Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan</li> <li>Laboratory Tests – Examples include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG</li> </ul> |  | PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital |                        |   |
| Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)   |  | PGH Radiation Oncology Clinic   |                        |   |
| Medical Clearance andAnesthesia Evaluation  |  | Department of Medicine & Department of Anesthesiology                                   |                        |   |
| Funds for IORT: <ul style="list-style-type: none"> <li>Cash or Financial Assistance/Guarantee Letter</li> </ul>   |  | Medical Social Services (MSS)   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                       | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. Proceed to the designated operating room on the scheduled date of surgery andIORT.   | 1. Prepare patient for procedure.          | None  | 1 hour                 | Operating room (OR) Nurse, Anesthesiologist |
| 2. Undergo surgery  | 2. Perform surgery                         | Please refer to approved Schedule of Fees   | 5 hours                | Surgeon, Operating nurse (OR)               |
| 3. Undergo IORT   | 3. Deliver IORT as planned                 | Please refer to   | 1 hour                 | Radiation Oncology                          |

|               |  |   |         |   |
|---------------|--|---|---------|---|
|               |  | approved<br>Schedule<br>of Fees                       |         | Consultant/Resi<br>dent, Medical<br>Physicist,<br>Radiation<br>Therapist,<br>Anesthesiologist |
| <b>TOTAL:</b> |  | Please<br>refer to<br>approved<br>Schedule<br>of Fees | 7 hours |   |

### 13. Radiation Oncology Follow-up

Radiation Oncology follow-up of patients treated with EBRT/Brachytherapy

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>  | Radiology - Division of Radiation Oncology, Section of External Beam Radiotherapy and Section of Brachytherapy |   |                        |  |
| <b>Classification:</b>  | Simple   |   |                        |  |
| <b>Type of Transaction:</b>   | G2C  |   |                        |  |
| <b>Who may avail:</b>   | All patients treated with external beam radiotherapy, brachytherapy, and/or intraoperative radiotherapy in PGH |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                    |                        |  |
| Treatment Summary   |  | Radiation Oncology Facility               |                        |  |
| Photocopies of Relevant Clinical Documents (e.g. latest laboratories and imaging as applicable) |  | Patient                                   |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                |
| 1. Follow-up  | Follow-up consultation   | Please refer to approved Schedule of Fees | 30 minutes             | Radiation Oncology Consultant & Resident |
| <b>TOTAL:</b>   |  | Please refer to approved Schedule of Fees | 30 minutes             |  |

## 14. Interventional Radiology Service

### Provision of Interventional Radiology Services

| <b>Office or Division:</b>  | Interventional Radiology Section  |  |  |   |
|---|---|--|--|---|
| <b>Classification:</b>  | Simple  |  |  |   |
| <b>Type of Transaction:</b>   | G2C   |  |  |   |
| <b>Who may avail:</b>   | All needing non-cathlab interventional procedure  |  |  |   |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |  |   |
| Blue card, in and out patients (charity and pay) (1 original)   |   | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS  |  |   |
| For service patients: A completely filled-out Xray, CT or UTZ Request (PGH Form No. P-310033, P-460001) via the EMR (RADISH)  |   | PGH Requesting Clinic/Doctor or Private Doctor   |  |   |
| For Pay Outpatients: Referral Slip with brief relevant history (including surgical) and pertinent physical examination.   |   |  |  |   |
| Informed Consent form prior to interventional procedure   |   | Window 2   |  |   |
| PGH Receipt (1 original)  |   | PGH Cashier's Office (for outpatients)<br>Charge to bill (for in patients)                     |  |   |
| Previous related imaging done (X-ray, CT scan, or MRI) with results, if possible  |   | PGH Radiology Records Unit, if done in PGH or from patient, if done in another clinic/hospital |  |   |
| Review of chart or available laboratory results   |   | Patient's chart (EMR)  |  |   |
| Clearance related to the procedure (e.g CVS, Pulmonary, Renal)  |   | c/o Referring physician  |  |   |
| Anesthesia evaluation for patients requiring sedation   |   | Anesthesiologist   |  |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME  | PERSON RESPONSIBLE                      |
| 1. Secure schedule for consultation:<br>• PGH patients (both inpatient and outpatient): Via doctor-to-doctor communication/referral . Consult with your primary physician in PGH and request a referral. A pre-scan request must be submitted via the EMR for formal documentation.<br>• Pay Outpatients: Proceed to Window 2 | 1. Accept and ensure the completeness of the request form/referral.<br>• Inform IR residents/fellow to approve the request/referral (for outpatient)<br>• Approval: resident will double check the completeness of the request (with pertinent history and physical examination) and make sure that a complete diagnosis is noted | None   | Clinic Schedule: By appointment (office hours)<br><br>Time of procedures: By appointment | Administrative Aide/ Resident or Fellow |

|   |   |   |            |                                 |
|---|---|---|------------|---------------------------------|
| and secure a schedule for consultation.   | <ul style="list-style-type: none"> <li>• Discuss the procedure, benefits, risks and costs.</li> <li>• If a study requiring contrast media, resident will check if the creatinine and eGFR are within the cut-off values.</li> <li>• Write in the request the amount to be paid for the examination, as well as the signature (may be electronic via the EMR) of the Administrative Aide or IR resident, to ensure that the request is authentic.</li> <li>• Incorporate in the request the Pre-procedural Instructions for Nurses (for patients who are confined).</li> <li>• Secure schedule for the procedure and come on time on the scheduled date</li> </ul> |   |            |                                 |
| 2. On the day of schedule, proceed to Radiology Window 2 for registration and charging. A charge slip may be given if applicable.         | <p>2. Log patient in the masterlist and inform the Interventional team that patient has arrived.</p> <p>Instruct patient on charges to be settled (if applicable; for pay outpatients or service patients not fully covered by medical assistance)</p>  | None                                      | 15 minutes | Administrative Aide             |
| 3. Proceed to the PGH Cashier if payment is needed (for pay outpatients, and service outpatients not fully covered by medical assistance) | <p>3. Receive the payment (for outpatient)</p> <ul style="list-style-type: none"> <li>• List or encode the charge slip for the materials into the computer system (for inpatient)</li> </ul>  | Please refer to approved Schedule of Fees | 15 minutes | PGH Cashier/<br>Billing Section |

|  |   |      |  |   |
|--|---|------|--|---|
| 4. Return to Radiology Department.<br>• Present the request form/referral form with the official receipt attached  | 4. Receive request form with official receipt.<br>• List patient name and requested examination, schedule of examination, and other pertinent data in the computer system (PGH Form No. A-460001)<br>• Ensure the authenticity of request form and identity of patient.<br>• Give a short explanation of the requested procedure and other pertinent information for the patient. | None | 10 minutes   | Admitting Area Clerk/ Resident/ Radiologic Technologist |
| 5. Proceed to designated procedure room<br>• Present the completed request form to Radiologic Technologist or Resident.<br>• Stay in waiting area and wait for the patients turn (at least one relative to stay with the patient). | 5. Accept the request form on the scheduled day of examination.<br>• Log the procedure file number in the patient's request form and blue card or official receipt.<br>• Do the necessary patient preparation and equipment preparation for the procedure.  | None | 20 minutes<br>First come, first served basis (for logging) | Administrative Aide/ Resident/ Radiologic Technologist  |
| 6. Undergo requested procedure.  | 6. Perform requested procedure  | None | 4 hours  | Consultant/ Fellow/Resident                             |
| 7. Await further instructions  | 7. Inform patient/relative/watcher/ward/pay floor/Utility Worker once examination is completed and patient is cleared to proceed back to wards (for inpatient)<br>• Advise outpatients on precautionary   | None | 15 minutes   | Consultant/ Fellow/ Resident                            |



|   |   |   |  |  |
|---|---|---|--|--|
|   | measures and follow-up with primary service<br>• Fill up the professional fee form for the DPPS patients.<br>• Instruct patient to settle professional fee as agreed upon |   |  |  |
| 8. Claiming of results (if applicable)  | 8. Advise patient that result will be available after 3 to 5 working days, excluding Saturday and Sunday.   | None                                      | 5 days   | Radiologic Technologist/ Resident or Administrative Aide/Records Section |
| 9. Follow-up for complicated procedures | 9. Follow-up for complications until discharge or as necessary  | None                                      | 1 day  | Consultant/ Fellow/ Resident   |
|   | <b>Total:</b>   | Please refer to approved Schedule of Fees | 6 days, 4 hours, 15 minutes from schedule of appointment |  |

### **LIST OF NON-CATHLAB IR PROCEDURES**

|                            |                             |
|----------------------------|-----------------------------|
| Paracentesis               | Thoracentesis               |
| Pigtail Catheter Insertion | Microwave Ablation          |
| Radiofrequency Ablation    | Fistulogram                 |
| Sialogram                  | Hysterosalpingogram         |
| Ductogram                  | Ultrasound/CT guided biopsy |

### **TABLE OF FEES**

\*Fees are estimates barring complications

\*Price is subject to change without prior notice

#### **Pigtail Catheter Insertion**

|                   |                  |
|-------------------|------------------|
| Disposable Drapes | 2,535.00         |
| Needs             | 1,970.00         |
| Ultrasound use    | 1,490.00         |
| Pigtail set**     | 6,250.00         |
| <b>Total</b>      | <b>12,245.00</b> |

\*\* Direct purchase from the supplier

Professional fee not yet included for pay patients

#### **Thoracentesis/paracentesis**

|                   |                 |
|-------------------|-----------------|
| Disposable Drapes | 2,535.00        |
| Needs             | 1,970.00        |
| Ultrasound use    | 1,490.00        |
| Centesis needle** | 3,000.00        |
| <b>Total</b>      | <b>9,045.00</b> |

\*\* Direct purchase from the supplier

Professional fee not yet included for pay patients

#### **Fistulogram/ Sialogram/ Hysterosalpingogram/ Ductogram**

|   |                 |
|---|-----------------|
| Non-ionic contrast (1 vial at P1,922.70 each) | 1,922.70        |
| Needs   | 1,970.00        |
| Fluoroscopy use                               | 1,490.00        |
| Kodak X-ray plates (10pcs at P210.00 each)    | 2,100.00        |
| <b>Total</b>                                  | <b>7,482.70</b> |

Professional fee not yet included for pay patients

#### **Ultrasound/CT guided biopsy**

|  |                  |
|--|------------------|
| Non-ionic contrast (1 vial at P1922.70 each) | 1,922.70         |
| Needs  | 1,970.00         |
| Ultrasound use                               | 1,490.00         |
| CT scan use                                  | 5,000.00         |
| Co-axial system core biopsy needle**         | 5,500.00         |
| <b>Total</b>                                 | <b>15,882.70</b> |

\*\* Direct purchase from the supplier

Professional fee not yet included for pay patients

Histopathology fee not included

### Ablation procedure

|                     |            |
|---------------------|------------|
| Needs               | 1,970.00   |
| Ultrasound use      | 5,000.00   |
| CT scan use         | 4,000.00   |
| Microwave machine** | 30,000.00  |
| Microwave antenna** | 115,000.00 |
| Total               | 155,970.00 |

\*\* Direct purchase from the supplier

Professional fee not yet included for pay patients

## 15. Ultrasound Section (OPD)

Diagnostic Ultrasound for Outpatients of UP-Philippine General Hospital

|  |  |  |                        |                           |
|--|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | Ultrasound Section   |  |                        |                           |
| <b>Classification:</b>   | Simple   |  |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |  |                        |                           |
| <b>Who may avail:</b>  | All needing ultrasound services  |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Blue Card, if PGH patient (1 original)   |  | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS  |                        |                           |
| White Card (optional), if eligible PGH patient   |  | PGH MSS, either OPD, Main, ER, CI, SOJR  |                        |                           |
| PGH Receipt (original)   |  | PGH Cashier's Office   |                        |                           |
| Completely filled out RADISH request for Ultrasound from PGH OPD Clinic which should include one or more of the ff: procedure to be done, complete clinical diagnosis, history, PE |  | PGH requesting Clinic / Doctor   |                        |                           |
| Previous ultrasound studies (if follow up)   |  | If done at PGH, PGH Medical Records or openMRS.<br>If done outside or another clinic/hospital, c/o patient |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to OPD room 129. Get queue number at the entrance. Bring original blue card (and/or white card whenever available).<br>• Wait for number to be called.                  | • Receive and assess request in RADISH. Make sure requests are complete with indicated procedure to be done and clinical impression. As for special procedure of ultrasound (i.e AV Duplex, Carotid Artery, MSK) – RADISH request should include procedure to be done, complete clinical diagnosis, history and PE). Special procedure of ultrasound is subject to approval and is not covered by white card.<br>• Encode and process request accordingly.<br>• Provide schedule and explanation to the procedure to be done | None   | 3-5 mins               | Administrative Aide       |

|   |   |   |                         |  |             |      |   |                       |   |   |   |          |                     |
|---|---|---|-------------------------|--|-------------|------|---|-----------------------|---|---|---|----------|---------------------|
|   | which may include one or more of the ff:<br>preparation, payment to be made, date and time of procedure.  |   |                         |  |             |      |   |                       |   |   |   |          |                     |
| 2. Return on the specified date and time of procedure . Get queue number at the entrance. Give original blue card (and/or white card whenever available)<br><br>• Wait for number to be called. | <ul style="list-style-type: none"><li>Receive and process request accordingly. Ask necessary question to patient. Copy the patient number and other pertinent information in the Logbook for Radiologic Examinations (PGH Form No. A-46001). Charge all request in openERP. Queue patient for ultrasound procedure. Refer to the table below for payment.</li></ul> <table><tr><td></td><td>With White Card Class D</td><td>With White Card Class C/ no white card</td></tr><tr><td>Regular UTZ</td><td>FREE</td><td>Not covered. Refer to approved Schedule of Fees</td></tr><tr><td>Special Procedure UTZ</td><td>Not covered. Refer to approved Schedule of Fees</td><td>Not covered. Refer to approved Schedule of Fees</td></tr></table> <ul style="list-style-type: none"><li>For regular ultrasound with white card class D, advise patient to wait for his/her name to be called. Go to Step 5.</li></ul> |   | With White Card Class D | With White Card Class C/ no white card | Regular UTZ | FREE | Not covered. Refer to approved Schedule of Fees | Special Procedure UTZ | Not covered. Refer to approved Schedule of Fees | Not covered. Refer to approved Schedule of Fees | Please refer to approved Schedule of Fees | 3-5 mins | Administrative Aide |
|   | With White Card Class D   | With White Card Class C/ no white card          |                         |  |             |      |   |                       |   |   |   |          |                     |
| Regular UTZ   | FREE  | Not covered. Refer to approved Schedule of Fees |                         |  |             |      |   |                       |   |   |   |          |                     |
| Special Procedure UTZ   | Not covered. Refer to approved Schedule of Fees   | Not covered. Refer to approved Schedule of Fees |                         |  |             |      |   |                       |   |   |   |          |                     |

|   |   |   |                    |  |
|---|---|---|--------------------|--|
|   | <ul style="list-style-type: none"> <li>For regular ultrasound with Class C white card or no white card, direct patient to Cashier for payment. Go to Step 3.</li> </ul>   |   |                    |  |
| 3. Bring payment slip to the PGH Cashier's Office and pay the appropriate procedure fee | <ul style="list-style-type: none"> <li>Receive and assess request</li> <li>Receive payment and provide an official receipt</li> </ul>   | Please refer to approved Schedule of Fees | 15 mins            | PGH Cashier  |
| 4. Return to Ultrasound receptionist with the official receipt.                         | <ul style="list-style-type: none"> <li>Receive receipt and update information in the Logbook for Radiologic Examinations (PGH Form No. A-46001). Advise patient to wait for his/her name to be called.</li> </ul> | None                                      | 3-5 mins           | Administrative Aide                                  |
| 5. Undergo procedure  | Perform the ultrasound examination  | None                                      | 1 hour per study   | Radiology Resident / Fellow / Consultant             |
| 6. Await further instructions from doctor of ultrasound receptionist                    | Advise the patient to return to their clinic on the specified day of their follow-up  | None                                      | 10 minutes         | Administrative Aide / Resident / Fellow / Consultant |
| <b>TOTAL</b>  |   | Please refer to approved Schedule of Fees | 1 hour and 40 mins |  |

**Note:**

(1) Patients may expect delays in the time of their ultrasound examination in the event of other patients requiring urgent/emergent attention, ongoing procedures such as biopsies, or during ultrasound machine maintenance.

## 16. X-RAY Section (OPD)

Diagnostic x-ray imaging

| <b>Office or Division:</b>  | Outpatient X-ray Section  |  |                 |   |
|---|---|--|-----------------|---|
| <b>Classification:</b>  | Simple  |  |                 |   |
| <b>Type of Transaction:</b>   | G2C   |  |                 |   |
| <b>Who may avail:</b>   | All needing x-ray services  |  |                 |   |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |   |
| Blue card, if PGH patient(1 original)   |   | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS  |                 |   |
| Completely filled-out RADISH X-ray Request (PGH Form No. P-310033)  |   | PGH Requesting Clinic/Doctor   |                 |   |
| PGH Receipt or White card(1 original)   |   | PGH OPD Cashier's Office or Medical Social Services  |                 |   |
| Previous x-ray studies, if follow-up  |   | PGH Radiology Records Unit, if done in PGH Central Block or from patient, if done in another clinic/hospital |                 |   |
| Patient Chart, if needed  |   | Ward, ER, or Medical records   |                 |   |
| Signed consent form, if applicable  |   | Requesting physician   |                 |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                          |
| 7. Proceed to OPD room 126. Bring original blue card (and/or white card whenever available).<br>• Wait to be called into the x-ray room | 1. Receive and assess request in RADISH. Make sure requests are completely filled-out.<br>2. For patient with Class D white card, request is processed and charge in ERP system.<br>• Queue patient for procedure.<br>3. For patient with Class C white card or no white card, direct patient to Cashier for payment. | None   | 10 minutes      | Administrative Aide/Radiologic Technologist |

|  |  |   |                     |   |
|--|--|---|---------------------|---|
| 8. Bring payment slip to the PGH Cashier's Office.                         | 4. Receive payment and provide receipt   | Please refer to approved Schedule of Fees | 15 minutes          | PGH Cashier                                 |
| 9. Return paid request, receipt<br>• Wait to be called into the x-ray room | 5. Receive request and queue patients for procedure  | None                                      | 15 minutes          | Administrative Aide/Radiologic Technologist |
| 10. Undergo the x-ray procedure  | 6. Conduct a short interview and pertinent physical exam on the patient, if necessary<br>• Perform the x-ray procedure | None                                      | 1 hour per study    | Radiologic Technologists/<br>Radiologist    |
| 11. Wait at the designated waiting area                                    | 7. Examine images and repeat if necessary.   | None                                      | 1 hour              | Radiologic Technologists/<br>Radiologist    |
| <b>TOTAL:</b>  |  | Please refer to approved Schedule of Fees | 2 hours, 40 minutes |   |

Notes:

- (1) Patients who come in late for the scheduled procedure may be rescheduled to a later date.
- (2) Patients may be requested to come back for completion of studies on a later date, once case is endorsed to seniors/consultants.



## 17. X-RAY Section-Flouro (OPD)

Diagnostic x-ray imaging

| <b>Office or Division:</b>   | OPD Fluoroscopic procedures  |   |                 |                                 |
|--|--|---|-----------------|---------------------------------|
| <b>Classification:</b>   | Simple   |   |                 |                                 |
| <b>Type of Transaction:</b>  | G2C  |   |                 |                                 |
| <b>Who may avail:</b>  | All needing fluoroscopic x-ray services  |   |                 |                                 |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |                                 |
| Blue card(1 original)  |  | PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS                                 |                 |                                 |
| Completely filled-out X-ray Request (PGH Form No. P-310033)                                  |  | PGH Requesting Clinic   |                 |                                 |
| Updated clinical abstract  |  | PGH Requesting Clinic   |                 |                                 |
| Relevant operation technique   |  | PGH Radiology Records Unit, if done in PGH or from patient, if done in another hospital |                 |                                 |
| PGH Receipt/ White Card for charity patients(1 original)                                     |  | PGH Cashier's Office/PGH MSS  |                 |                                 |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE              |
| 1. Proceed to OPD room 126. Bring original blue card (and/or white card whenever available). | 1. Receive and assess request in RADISH. Make sure requests are completely filled-out. Radish request should include procedure to be done, complete clinical diagnosis, history and PE, and Operative Technique (if applicable). Special procedure of x-ray is subject for approval. | None  | 30 minutes      | Administrative Aide/Radiologist |
| 2. Go to PGH Cashier's Office and pay the amount indicated in the request.                   | 2. Assess request and receive payment  | Please refer to approved Schedule of Fees   | 15 minutes      | PGH Cashier                     |

|   |   |   |                     |   |
|---|---|---|---------------------|---|
| 3. Bring receipt back to Room 126   | 3. Schedule procedure<br>• Instruct patients for pre-procedural preparations.   | None                                      | 10 minutes          | Administrative Aide                         |
| 4. On the day of schedule, bring approved request with schedule and receipt | 4. Receive the request and call on the patient on time of schedule.<br>• Secure informed consent.<br>• Prepare the patient, the machine, and the needs. | None                                      | 20 minutes          | Administrative Aide/Radiologic Technologist |
| 5. Undergo the procedure  | 5. Do the procedure.  | None                                      | 2 hours per study   | Radiologic Technologist<br>Radiologist      |
| 6. Wait at the waiting area.  | 6. Assess the images.Repeat procedure, if warranted.<br>• Inform the patients that results are forwarded to their respective clinics, once available.   | None                                      | 30 minutes          | Radiologic Technologist<br>Radiologist      |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees | 3 hours, 45 minutes |   |

**Notes:**

- (1) The administrative aide/radiologists may require more relevant documents before, during or even after the procedure, that would help interpret the studies. Also, radiologists may suggest more appropriate study/ies for the indication or purpose of the study, subject to agreement with the primary service.
- (2) Patients may be rescheduled if pre-procedural preparations are not carried out by the patient/primary service.
- (3) Procedures may be delayed if radiologists are attending emergencies.
- (4) Patients may be requested to come back for completion of studies on a later date, once case is endorsed to seniors/consultants.

- (5) Radiologists may require the presence of the primary service in order to assist the patients especially for adjustment/removal of contraptions, as well as, if procedure has high risk for complications. May delay the procedure if patient is uncooperative/combative/etc which may require sedation.
- (6) Patients who come in late for the scheduled procedure may be rescheduled to a later date.
- (7) May vary depending on the scheduled procedures for the day.

# **Department of Rehabilitation Medicine**

## **External Services**

## 1. Issuance of Certification of Training (after grades are available)

Certificate issued after completion of Basic Physical Therapy Clinical Program or Observership Program.

|  |   |   |                        |                           |
|--|---|---|------------------------|---------------------------|
| <b>Office or Division:</b>                                   | Physical Therapy  |   |                        |                           |
| <b>Classification:</b>                                       | Simple  |   |                        |                           |
| <b>Type of Transaction:</b>                                  | G2C   |   |                        |                           |
| <b>Who may avail:</b>  | All PGH physical therapy trainees/ observers upon completion of their 1- day, 1- week, or 1- month training |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |   | <b>WHERE TO SECURE</b>  |                        |                           |
| Completion form / clearance form                             |   | Will be produced by the requesting party (trainee / observer) |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| Present the completion form / clearance form to any PT staff | Issuance of Certification of Training upon receipt of request   | None  | 5 mins                 | Education committee       |
| Provide signature  | Have the trainee / observer sign as proof that the certificate has been claimed                             | None  | 1 min                  | Education committee       |
| <b>TOTAL:</b>  |   | None  | 6 mins                 |                           |

## 2. Releasing of Physical Therapy Clinical Training Program Grades

A quantitative score sent to the affiliate schools upon completion of the Basic Physical Therapy Clinical Training Program.

|                                     |   |                                       |                 |                    |
|-------------------------------------|---|---------------------------------------|-----------------|--------------------|
| Office or Division:                 | Physical Therapy  |                                       |                 |                    |
| Classification:                     | Highly Technical  |                                       |                 |                    |
| Type of Transaction:                | G2C   |                                       |                 |                    |
| Who may avail:                      | Internship coordinators of affiliated schools   |                                       |                 |                    |
| CHECKLIST OF REQUIREMENTS           |   | WHERE TO SECURE                       |                 |                    |
| Conduct of Assessment (4)           |   | Through an online channel (encrypted) |                 |                    |
| Conduct of Treatment (8)            |   |                                       |                 |                    |
| Documentation of Evaluation (2)     |   |                                       |                 |                    |
| Documentation of Progress Notes (8) |   |                                       |                 |                    |
| Peer Evaluation (1)                 |   |                                       |                 |                    |
| Self Evaluation (2)                 |   |                                       |                 |                    |
| Case Presentation (1)               |   |                                       |                 |                    |
| Journal Report (1)                  |   |                                       |                 |                    |
| Small Group Discussion (4)          |   |                                       |                 |                    |
| Attitude Scale (1)                  |   |                                       |                 |                    |
| Administrative Tasks (1)            |   |                                       |                 |                    |
| CLIENT STEPS                        | AGENCY ACTION   | FEES TO BE PAID                       | PROCESSING TIME | PERSON RESPONSIBLE |
| Request for grades                  | Send grades on the succeeding month of rotation to the respective internship coordinators of all physical therapy intern rotators | None                                  | 10 working days | BPTCTP             |
| TOTAL:                              |   | None                                  | 13 days         |                    |

### 3. Implementation of Basic Physical Therapy Clinical Training Program

A one-month clinical placement of physical therapy interns from affiliate schools that focuses on provision of evidence-based physical therapy to trainees and patients.

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>   | Physical Therapy  |   |                        |   |
| <b>Classification:</b>   | Highly Technical  |   |                        |   |
| <b>Type of Transaction:</b>  | G2C   |   |                        |   |
| <b>Who may avail:</b>  | Physical therapy interns from affiliated schools  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |   |
| Letter of intent addressed to the department chairman                                    |   | As accomplished by the requesting party (affiliated institutions) |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| Accomplish and submit letter of intent to PGH – DRM addressed to the department chairman | Acknowledge letter and direct the letter to the office of the department chairman for approval  | None  | 7 days                 | BPTCTP  |
| None   | Once approved, notify the institutions about the inclusion of their interns to the roster of the physical therapy rotators for the next academic year | None  | STOP TIME              | BPTCTP  |
| Participate in the Basic Physical Therapy Clinical Training Program (BPTCTP)             | Implement the training activities enumerated in the instructional design  | None  | 1 month                | Clinical Supervisors (Staff Physical Therapist) |
| Pay for the internship fee after completion of the 1- month training                     | Collect internship fee upon completion of 1-month training  | P 4,500.00  | 1 day                  | Budget Finance and Accounting Officer           |
| <b>TOTAL:</b>  |   | P 4,500.00  | 1 month and 8 days     |   |

#### 4. Issuance of Student Clearance

A document provided to trainees after completing the basic physical therapy clinical training program or observership program.

|  |   |                            |                        |   |
|--|---|----------------------------|------------------------|---|
| <b>Office or Division:</b>                             | Physical Therapy  |                            |                        |   |
| <b>Classification:</b>                                 | Simple  |                            |                        |   |
| <b>Type of Transaction:</b>                            | G2C   |                            |                        |   |
| <b>Who may avail:</b>                                  | Physical therapy trainee upon completion of their 1- month training |                            |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                       |   | <b>WHERE TO SECURE</b>     |                        |   |
| ipt of payment of affiliation fee (for non-UP)         |   | PT Main clinic             |                        |   |
| No deficiencies  |   | As accomplished by trainee |                        |   |
| Daily time record                                      |   | As accomplished by trainee |                        |   |
| Monthly treatment record (as necessary)                |   | As accomplished by trainee |                        |   |
| <b>CLIENT STEPS</b>                                    | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| Present requirements to PT staff on site after 3:00 PM | Verify completeness of requirements                                 | None                       | 30 mins                | Education committee; Service committee; Chief |
| None   | Issue of student clearance  | None                       | 1 min                  | Education committee                           |
| <b>TOTAL:</b>  |   | None                       | 31 mins                |   |



## 5. Scheduling of Assessment and Treatment of Outpatients and Inpatients

(Time Interval: Outpatients  $\leq$  5 days; Inpatients  $\leq$  1 day)

|   |   |   |                        |                            |
|---|---|---|------------------------|----------------------------|
| <b>Office or Division:</b>                  | Physical Therapy Division   |   |                        |                            |
| <b>Classification:</b>                      | Simple  |   |                        |                            |
| <b>Type of Transaction:</b>                 | G2C   |   |                        |                            |
| <b>Who may avail:</b>                       | Patients/ Clients referred by DRM residents or DRM consultants and alumni   |   |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>            |   | <b>WHERE TO SECURE</b>                      |                        |                            |
| Referral from a rehabilitation doctor       |   | DRM residents or DRM consultants and alumni |                        |                            |
| <b>CLIENT STEPS</b>                         | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| Present Physical Therapy Referral Form      | Verify details of the referral are complete (Patient demographics, diagnosis, frequency of treatment, specific PT management being requested)                               | None  | 1 min                  | DRM resident or consultant |
| Provide details being asked by the PT staff | Probe for details pertinent to the completion of patient record (whether patient is new or old, address, white card classification (if with white card) and contact number) | None  | 1 min                  | Physical therapy staff     |
| Agree on a schedule as set by the PT staff  | Seek for the earliest available schedule  | None  | 1 min                  | Physical therapy staff     |
|   | Issue a Physical Therapy Schedule Form and orientation on the rules and guidelines for receiving PT service   | None  | 2 mins                 | Physical therapy staff     |
|   | Issue a charge slip for the first scheduled treatment session   | None  | 1 min                  | Physical therapy staff     |
| <b>TOTAL:</b>                               |   | None  | 6 mins                 |                            |

## 6. Scheduling of Assessment and Treatment of Tele-outpatients

(Time Interval: Outpatients  $\leq$  5 days; cut-of time at 4:00PM, to schedule and contact)

|  |   |   |                        |                            |
|--|---|---|------------------------|----------------------------|
| <b>Office or Division:</b>                 | Physical Therapy Division   |   |                        |                            |
| <b>Classification:</b>                     | Simple  |   |                        |                            |
| <b>Type of Transaction:</b>                | G2C   |   |                        |                            |
| <b>Who may avail:</b>                      | Patients/ Clients referred by DRM residents or DRM consultants and alumni   |   |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>           |   | <b>WHERE TO SECURE</b>                      |                        |                            |
| Referral from a rehabilitation doctor      |   | DRM residents or DRM consultants and alumni |                        |                            |
| <b>CLIENT STEPS</b>                        | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
|  | Verify details of the referral are complete (Patient demographics, diagnosis, frequency of treatment, specific PT management being requested)                               | None  | 1 min                  | DRM resident or consultant |
|  | Probe for details pertinent to the completion of patient record (whether patient is new or old, address, white card classification (if with white card) and contact number) | None  | 1 min                  | Physical therapy staff     |
| Receive the call or respond to the text    | Call or text the patient for the schedule   | None  | 2 mins                 | Physical therapy staff     |
| Agree on a schedule as set by the PT staff | Seek for the earliest available schedule  | None  | 1 min                  | Physical therapy staff     |
|  | Issue a Physical Therapy Schedule Form and orientation on the rules and guidelines for receiving PT service   | None  | 2 mins                 | Physical therapy staff     |
|  | Issue a charge slip for the first scheduled treatment session   | None  | 1 min                  | Physical therapy staff     |
| <b>TOTAL:</b>                              |   | None  | 8 mins                 |                            |

## 7. Conduct of Physical Therapy sessions of Inpatients and Outpatients

Provision of evidence-based physical therapy assessment and treatment to duly referred patients.

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>                                 | Physical Therapy Division  |   |                        |  |
| <b>Classification:</b>                                     | Simple   |   |                        |  |
| <b>Type of Transaction:</b>                                | G2C  |   |                        |  |
| <b>Who may avail:</b>                                      | Patients/ Clients referred by DRM residents or DRM consultants and alumni with scheduled appointments for physical therapy |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                           |  | <b>WHERE TO SECURE</b>                                |                        |  |
| Patients' Treatment Session                                |  | PGH PT clinic and satellite clinics (OPD, Pay clinic) |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                        |
| Attend physical therapy section on the date of appointment | Provide physical therapy management to patient/ client<br><br>Issue charge slip for the next scheduled session             | Please refer to the approved schedule of fees         | 1 hour                 | Physical therapy staff/ physical therapy interns |
| <b>TOTAL:</b>  |  |   | 1 hour                 |  |

## 8. Preparation of Initial Evaluation report, *Re-evaluation* report and Initial PT notes

Preparation of Initial Evaluation report, Re-evaluation report and Initial PT notes  
(Comprehensive documentation of patients' performance, assessment and treatment)

|   |   |                                  |   |   |
|---|---|----------------------------------|---|---|
| <b>Office or Division:</b>  | Physical Therapy Division   |                                  |   |   |
| <b>Classification:</b>  | Complex   |                                  |   |   |
| <b>Type of Transaction:</b>   | G2C   |                                  |   |   |
| <b>Who may avail:</b>   | Patients/ Clients referred by DRM residents or DRM consultants and alumni after attending all scheduled appointments for physical therapy |                                  |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>           |   |   |
| Attendance to Initial evaluation/ Re-evaluation schedule                                |   | All PGH physical therapy clinics |   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b>                  | <b>PERSON RESPONSIBLE</b>                                   |
|   | Prepare of the evaluation report and initial PT and running notes on an online platform   | None                             | 24 hours                                | Physical therapy staff and trainee                          |
|   | Forward report to the Medical Records Division  |                                  | 3 days after discharge                  | Physical therapy staff and trainee and institutional worker |
| Request a copy of the physical therapy report and state for what purpose it would serve | Direct patient to Medical Records Division (MRD)  |                                  | 2 mins (releasing time is based on MRD) | Physical therapy staff                                      |
|   |   |                                  | 2 mins                                  |   |

## 9. Correspondence to affiliate schools and other inquiries

Consistent communication with affiliate schools and potential affiliate through electronic or written communication.

|  |   |                                      |                        |                                   |
|--|---|--------------------------------------|------------------------|-----------------------------------|
| <b>Office or Division:</b>                               | Physical Therapy Division   |                                      |                        |                                   |
| <b>Classification:</b>                                   | Simple  |                                      |                        |                                   |
| <b>Type of Transaction:</b>                              | G2C   |                                      |                        |                                   |
| <b>Who may avail:</b>                                    | Internship coordinators of affiliated schools   |                                      |                        |                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                         |   | <b>WHERE TO SECURE</b>               |                        |                                   |
| Letter of Request or Inquiry                             |   | Accomplished by the requesting party |                        |                                   |
| <b>CLIENT STEPS</b>                                      | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>         |
| Send letter of request or inquiry to the section<br>None | Acknowledge receipt of letter and redirect letter to department level   | None                                 | 5 mins                 | BPTCTP;<br>Department chairperson |
|  | Send a response letter to the requesting party if the inquiry is answered or if resolution of request is achieved | None                                 | 3 working days         | BPTCTP                            |
| <b>TOTAL:</b>  |   | None                                 | 3 days and 5 mins      |                                   |

## 10. Provision of Quotation for Therapy or Splinting Services (Outpatient)

Providing quotation for protocol of therapy or splint / brace to outpatients

|   |   |  |  |                           |
|---|---|--|--|---------------------------|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Division of Occupational Therapy   |  |  |                           |
| <b>Classification:</b>  | Simple  |  |  |                           |
| <b>Type of Transaction:</b>   | G2C   |  |  |                           |
| <b>Who may avail:</b>   | Those with referral for Occupational Therapy (OT) service of evaluation and treatment or splinting / bracing orders from DRM doctors  |  |  |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |  |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original                                |   | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |  |                           |
| Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original |   | Department of Rehabilitation Medicine, PGH Outpatient - Room 112   |  |                           |
| Referral form from a Rehab Consultant affiliated with PGH - 1 original                      |   | Clinic of a Rehab Consultant affiliated with PGH   |  |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>                           | <b>PERSON RESPONSIBLE</b> |
| 1. Request for therapy or splint  | 1.1. Accept blue card and referral form<br><br>- Physical referral:<br>Room G7 for Pediatric Clinic;<br>Room G9 for Adult Clinic and Splinting Clinic<br>- Online referral:<br>pgh.drm.ot2@gmail.com<br><br>1.2. Review need for OT service | None   | Therapy<br>5 minutes<br><br>Splint<br>20 minutes | OT-in-Charge              |
| 2. Receive quotation form   | 2. Accomplish quotation form for the specific splint / brace ordered (Splinting Clinic) or duration of the protocol (1/4/5/8-sessions)  | None   | 5 minutes  | OT Staff-in-Charge        |
| <b>TOTAL:</b>   |   | None   | Therapy<br>10 minutes                            |                           |

|  |  |                      |  |
|--|--|----------------------|--|
|  |  | Splint<br>25 minutes |  |
|--|--|----------------------|--|

## 11. Provision of Quotation for Splinting Services (Inpatient)

Providing quotation for splint / brace to inpatients

|   |  |  |                        |                           |
|---|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Division of Occupational Therapy  |  |                        |                           |
| <b>Classification:</b>  | Simple   |  |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |  |                        |                           |
| <b>Who may avail:</b>   | Those with referral for Occupational Therapy (OT) service of splinting / bracing from DRM doctors  |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original                                |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                           |
| Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original |  | Department of Rehabilitation Medicine, PGH Outpatient - Room 112   |                        |                           |
| Referral form from a Rehab Consultant affiliated with PGH - 1 original                      |  | Clinic of a Rehab Consultant affiliated with PGH   |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Request for splint   | 1.1. Rehab resident-in-charge/ Rehab consultant-in-charge to prepare OT referral form with the splint / brace order<br><br>1.2. Rehab resident-in-charge/ Rehab consultant-in-charge to send referral to OT Division<br><br>- Physical referral:<br>Room G9, Division of Occupational Therapy, Rehabilitation Medicine Complex<br>- Online referrals:<br>pgh.drm.ot2@gmail.com | None   | 5 minutes              | Rehab resident-in-charge  |
| None  | 2.1. OT to accept referral form from Rehab resident-in-  | None   | 5 minutes              | OT Staff-in-Charge        |



|                          |   |                                  |                        |                    |
|--------------------------|---|----------------------------------|------------------------|--------------------|
|                          | <p>charge or Rehab consultant-in-charge</p> <p>2.2. Encode relevant information in electronic database (Splinting In Logbook):</p> <ul style="list-style-type: none"> <li>- Date of enlistment</li> <li>- Date of referral</li> <li>- Case number</li> <li>- Ward / Bed</li> <li>- Name of patient</li> <li>- Age / Sex</li> <li>- Diagnosis</li> <li>- Type of splint</li> </ul> <p>2.3. Review need for OT service</p>  |                                  |                        |                    |
| 3. Accept quotation form | <p>3.1. Proceed to patient's location inside PGH</p> <p>3.2. Confirm patient's identity via blue card</p> <p>3.3. Measure size of material to be used for the patient</p> <p>3.4. Compute for the cost of the splint / brace</p> <p>3.5. Accomplish quotation form with the following details:</p> <ul style="list-style-type: none"> <li>- Date of quotation</li> <li>- Name of patient</li> <li>- Diagnosis of patient</li> <li>- Orthotic device</li> <li>- Specifications</li> <li>- Total price</li> <li>- Trodat of OT Staff-in-charge</li> </ul> | Based on approved hospital rates | 24 hours               | OT Staff-in-Charge |
| <b>TOTAL:</b>            |   | None                             | 24 hours<br>10 minutes |                    |

## 12. Issuance of Certificate of Attendance (Outpatient / Inpatient)

Providing certification of attendance to therapy / splinting sessions to outpatients and inpatients

|   |  |  |                        |                           |
|---|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Division of Occupational Therapy  |  |                        |                           |
| <b>Classification:</b>  | Simple   |  |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |  |                        |                           |
| <b>Who may avail:</b>   | Those with schedule for therapy services for a 4/5/8-session protocol at the Division of Occupational Therapy (OT), Pediatric Clinic or Adult Clinic, requiring proof of attendance to therapy for social service or school purposes |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original  |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Present blue card to Section of Occupational Therapy, Rehabilitation Medicine Complex:<br>- Room G7 for Pediatric Clinic<br>- Room G9 for Adult Clinic | 1. Accept blue card  | None   | 5 minutes              | OT-in-Charge              |
| None  | 2. IF CURRENTLY DECKED: Check patient schedule in Pedia Decking Board / Adult Decking Board<br><br>IF WAITLISTED: Check patient information in respective logbook  | None   | 5 minutes              | OT Staff-in-charge        |
| 3. Receive certificate of attendance  | 3. Prepare certificate of attendance with the following information:<br>- Date, day, time of 4/5/8 sessions<br>- Cost per session<br>- Signature of OT-  | None   | 5 minutes              | OT Staff-in-Charge        |

|               |           |      |            |  |
|---------------|-----------|------|------------|--|
|               | in-charge |      |            |  |
| <b>TOTAL:</b> |           | None | 15 minutes |  |

### 13. Splint / Brace Fabrication (Outpatient)

Fabrication and release of splints or braces ordered by Rehab MD to outpatients

|   |   |  |   |                           |
|---|---|--|---|---------------------------|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Division of Occupational Therapy                                       |  |   |                           |
| <b>Classification:</b>  | Complex   |  |   |                           |
| <b>Type of Transaction:</b>   | G2C   |  |   |                           |
| <b>Who may avail:</b>   | Those with referral and schedule for Occupational Therapy (OT) service of splinting / bracing from DRM doctor |  |   |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |   |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original  |   | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |   |                           |
| Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original   |   | Department of Rehabilitation Medicine, PGH Outpatient - Room 112   |   |                           |
| Referral form from a Rehab Consultant affiliated with PGH - 1 original  |   | Clinic of a Rehab Consultant affiliated with PGH   |   |                           |
| Occupational Therapy Schedule Slip (PGH Form No. Q-471042) signed by authorized OT Staff - 1 original   |   | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9  |   |                           |
| Record of paid charge slip for the splint / brace: Official receipt - 1 original, Green / pink charge slip - 1 original   |   | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9  |   |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>                      | <b>PERSON RESPONSIBLE</b> |
| 1.1. Present blue card and submit OT referral OR quotation form to Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9 for Splinting Clinic | 1.1. Accept blue card and referral form OR quotation form<br><br>1.2. Review need for OT service              | None   | 5 minutes                                   | OT Staff-in-Charge        |
| None  | 2. Encode referral in Splinting Out Logbook   | None   | 5 minutes                                   | OT Staff-in-Charge        |
| 3. Accept charge slip   | 3. Issue charge slip for the splint / brace   | None   | 3 minutes                                   | OT Staff-in-Charge        |
| 4. Pay amount of splint / brace in Cash Division  | None  | Based on approved hospital rates   | Depends on Cash Division<br><br>-STOP TIME- | Cashier on Duty           |

|  |   |                                  |  |                    |
|--|---|----------------------------------|--|--------------------|
|  |   |                                  |  |                    |
| 5. Present paid charge slip  | 5.1. Accept green / pink charge slip with paid stamp  | None                             | 3 minutes  | OT Staff-in-Charge |
| 6. Confirm the availability of patient and caregiver on the schedule given   | 6. Accomplish OT Schedule Slip with the following details:<br>- Date<br>- Day,<br>- Time<br>- Person-in-charge<br>Signature of OT Staff | None                             | 3 minutes<br>-STOP TIME-   | OT-staff in charge |
| 7. Present blue card and OT schedule slip on the day and time of splint / brace fabrication                          | 7. Confirm patient identity via blue card; schedule via schedule slip   | None                             | 5 minutes  | OT Staff-in-Charge |
| 8. Patient (with or without the caregiver) attends splint / brace fabrication session                                | 8. Fabricate splint / brace   | None                             | 4 hours  | OT Staff-in-charge |
| None   | 9. Finish splint / brace  | None                             | 14 hours   | OT Staff-in-charge |
| 10.1. Patient fit splint / brace   | 10.1. Release splint / brace  | None                             | 4 hours  | OT Staff-in-charge |
| 10.2. Sign Splint Release Logbook as proof of acceptance of splint with proper fit and wearing and care instructions | 10.2. Explain wearing schedule and care instructions<br>10.3. Ask patient / caregiver to sign Splint Release Logbook                    |                                  |  |                    |
| <b>TOTAL:</b>  |   | Based on approved hospital rates | Splints<br>2 hours<br><br>Conformers<br>4 hours<br><br>Body braces<br>7 days |                    |

## 14. Splint / Brace Fabrication (Inpatient)

Fabrication and release of splints or braces ordered by Rehab MD to inpatients

|  |  |  |                        |                           |
|--|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Rehabilitation Medicine, Division of Occupational Therapy  |  |                        |                           |
| <b>Classification:</b>   | Complex  |  |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |  |                        |                           |
| <b>Who may avail:</b>  | Those with referral and schedule for Occupational Therapy (OT) service of splinting / bracing from DRM doctors |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original   |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                           |
| Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original  |  | Department of Rehabilitation Medicine, PGH Outpatient - Room 112   |                        |                           |
| Referral form from a Rehab Consultant affiliated with PGH - 1 original   |  | Clinic of a Rehab Consultant affiliated with PGH   |                        |                           |
| Occupational Therapy Quotation Sheet (PGH Form No. A-470004) - 1 original  |  | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9  |                        |                           |
| Occupational Therapy Schedule Slip (PGH Form No. Q-471042) signed by authorized OT Staff - 1 original  |  | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9  |                        |                           |
| Record of successful transaction in OpenERP  |  | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9  |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1.1. Present blue card and submit quotation form to Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9 for Splinting Clinic | 1.1. Accept blue card and quotation form<br><br>1.2. Review need for OT service                                | None   | 5 minutes              | OT-in-Charge              |
| None   | 2. Encode referral in Splinting In logbook   | None   | 5 minutes              | OT Staff-in-Charge        |
| None   | 3. Charge amount of splint / brace in OpenERP  | Based on approved hospital rates   | 5 minutes              | OT Staff-in-Charge        |
| None   | 4. Check Splinting Decking Board for   | None   | 10 minutes             | OT Staff-in-charge        |

|  |   |                                  |  |                    |
|--|---|----------------------------------|--|--------------------|
|  | available schedule  |                                  |  |                    |
| 5. Confirm the availability of patient and caregiver on the schedule given   | 5. Accomplish OT schedule slip with the following details:<br>- Date<br>- Day,<br>- Time<br>- Person-in-charge<br>- Signature of OT Staff   | None                             | 3 minutes<br>-STOP TIME-                                 |                    |
| None   | 6. Notify ward / Nurse-in-Charge of patient's schedule for splint / brace fabrication and ask to bring patient to Division of Occupational Therapy, Department of Rehabilitation Medicine - Room G9 | None                             | 5 minutes<br>-STOP TIME-                                 | OT Staff-in-Charge |
| 7. Present blue card and OT schedule slip on the day and time of splint / brace fabrication  | 7. Confirm patient identity via blue card; schedule via schedule slip   | None                             | 3 minutes  | OT Staff-in-Charge |
| 8. Patient (with or without the caregiver) attends splint / brace fabrication session  | 8. Fabricate splint / brace   | None                             | 4 hours  | OT Staff-in-Charge |
| None   | 8. Finish splint / brace  | None                             | 14 hours   | OT Staff-in-Charge |
| 9.1. Patient fit splint / brace<br><br>9.2. Sign Splint Release Logbook as proof of acceptance of splint with proper fit and wearing and care instructions | 9.1. Release splint / brace<br><br>9.2. Explain wearing schedule and care instructions<br><br>9.3. Ask patient / caregiver to sign Splint Release Logbook   | None                             | 4 hours  | OT Staff-in-Charge |
| <b>TOTAL:</b>  |   | Based on approved hospital rates | Splints - 2hrs<br><br>Conformers 4hrs<br><br>Body braces |                    |

|  |  |        |  |
|--|--|--------|--|
|  |  | 7 days |  |
|--|--|--------|--|



## 15. Conduct of Initial Evaluation (Outpatient)

Identification of chief complaint, goals for Occupational Therapy, assessment of occupations, performance skills and client factors to outpatients

|   |  |  |                        |   |
|---|--|--|------------------------|---|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Division of Occupational Therapy  |  |                        |   |
| <b>Classification:</b>  | Complex  |  |                        |   |
| <b>Type of Transaction:</b>   | G2C  |  |                        |   |
| <b>Who may avail:</b>   | Those with referral and schedule for Occupational Therapy (OT) service of initial evaluation / standardized assessment   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |   |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original, 1 photocopy   |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |   |
| Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original   |  | Department of Rehabilitation Medicine, PGH Outpatient - Room 112   |                        |   |
| Referral form from a Rehab Consultant affiliated with PGH - 1 original  |  | Clinic of a Rehab Consultant affiliated with PGH   |                        |   |
| Occupational Therapy Schedule Slip (PGH Form No. Q-471042) signed by authorized OT Staff - 1 original   |  | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |                        |   |
| Record of paid charge slip for the initial evaluation session: Official receipt - 1 original, Green / pink charge slip - 1 original                 |  | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |                        |   |
| Alituntunin Form Para sa Pasyenteng Charity / Private signed by patient or caregiver and OT-in-charge (PGH Form No. P-470040 (a)/(b) ) - 1 original |  | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |                        |   |
| Occupational Therapy Attendance Card for 5/8 OT Sessions Protocol (PGH Form No. Q-471027) signed by authorized OT Staff - 1 original                |  | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1.1.Request for therapy   | 1.1. Rehab resident-in-charge/ Rehab consultant-in-charge to send referral to OT Division<br><br>- Physical referral: Room G9, Division of Occupational Therapy, | None   | 5 minutes              | Rehab resident-in-charge / Rehab consultant-in-charge |

|   |  |                                  |   |                    |
|---|--|----------------------------------|---|--------------------|
|   | Rehabilitation Medicine Complex<br>- Online referrals:<br>pgh.drm.ot2@gmail.com /<br>telerehab.ot.upm@up.edu.ph<br><br>1.2. Review need for OT service                                 |                                  |   |                    |
| None  | 2. Encode referral in respective logbook   | None                             | 5 minutes                                   | OT Staff-in-charge |
| None  | 3. Check decking board for available schedule  | None                             | 10 minutes                                  | OT Staff-in-charge |
| 4. Confirm the availability of patient and caregiver on the schedule given  | 4. Accomplish OT schedule slip with the following details:<br>- If without schedule: date of follow-up<br>- If with schedule: Date, day, time, person-in-charge, signature of OT Staff | None                             | 5 minutes<br><br>-STOP TIME-                | OT-in-charge       |
| 5. Present blue card and schedule slip on the day and time of initial evaluation session  | 5.1. Confirm patient identity via blue card; schedule via schedule slip<br><br>5.2. Issue charge slip for the initial evaluation session   | None                             | 5 minutes                                   | OT-in-charge       |
| 6. Pay amount of initial evaluation in Cash Division  | None   | Based on approved hospital rates | Depends on Cash Division<br><br>-STOP TIME- | Cashier on Duty    |
| 6.1. Present blue card<br><br>6.2. Sign alituntunin form<br><br>6.3. Patient (with or without the caregiver) attends the initial evaluation session | 6.1. Accept blue card<br><br>6.2. Conduct OT initial evaluation<br><br>6.3. Accomplish attendance card with the following information:<br>- Date, day, time of                         | None                             | 45 minutes                                  | OT-in-charge       |

|               |  |   |            |  |
|---------------|--|---|------------|--|
|               | 4/5/8 sessions<br>- Signature/s of<br>OT-in-charge |   |            |  |
| <b>TOTAL:</b> |  | Based on<br>approved<br>hospital<br>rates | 75 minutes |  |

## 16. Conduct of Initial Evaluation (Inpatient)

Identification of chief complaint, goals for Occupational Therapy, assessment of occupation, performance skills and client factors to inpatients

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Division of Occupational Therapy  |   |                        |   |
| <b>Classification:</b>  | Complex  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C  |   |                        |   |
| <b>Who may avail:</b>   | Those with referral for Occupational Therapy (OT) service of initial evaluation / standardized assessment  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |   |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original, 1 photocopy                   |  | Charity patients:<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |   |
| Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original |  | Department of Rehabilitation Medicine, PGH Outpatient - Room 112  |                        |   |
| Referral form from a Rehab Consultant affiliated with PGH - 1 original                      |  | Clinic of a Rehab Consultant affiliated with PGH  |                        |   |
| Record of successful transaction in OpenERP   |  | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)      |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1.1. Request for therapy  | 1.1. Rehab resident-in-charge/ Rehab consultant-in-charge to send referral to OT Division<br><br>- Physical referral:<br>Room G9, Division of Occupational Therapy, Rehabilitation Medicine Complex<br>- Online referrals:<br>pgh.drm.ot2@gmail.com /<br>telerehab.ot.upm@up.edu.ph<br><br>1.2. Review need for OT service | None  | 5 minutes              | Rehab resident-in-charge / Rehab consultant-in-charge |
| None  | 2. Encode referral in respective logbook   | None  | 5 minutes              | OT Staff-in-charge                                    |

|   |   |                                  |                           |                    |
|---|---|----------------------------------|---------------------------|--------------------|
| None  | 3. Check decking board for available schedule             | None                             | 10 minutes<br>-STOP TIME- | OT Staff-in-charge |
| 3. Patient/caregiver presents blue card to OT-in-charge         | 3. Confirm patient identity via blue card                 | None                             | 5minutes                  | OT-in-charge       |
| 4. Patient and caregiver attends the initial evaluation session | 4. Conduct OT initial evaluation                          | None                             | 45 minutes                | OT-in-charge       |
| None  | 5. Charge amount of initial evaluation session in OpenERP | Based on approved hospital rates | 5 minutes                 | OT-in-charge       |
| <b>TOTAL:</b>   |   | Based on approved hospital rates | 75 minutes                |                    |

## 17. Conduct of Treatment (Outpatient)

Perform Occupational Therapy intervention techniques to improve participation or performance in occupations to outpatients

|  |   |  |   |                           |
|--|---|--|---|---------------------------|
| <b>Office or Division:</b>   | Department of Rehabilitation Medicine, Division of Occupational Therapy   |  |   |                           |
| <b>Classification:</b>   | Complex   |  |   |                           |
| <b>Type of Transaction:</b>  | G2C   |  |   |                           |
| <b>Who may avail:</b>  | Those with referral for Occupational Therapy (OT) service of therapy sessions   |  |   |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |   |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original   |   | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |   |                           |
| Occupational Therapy Attendance Card for 5/8 OT Sessions Protocol (PGH Form No. Q-471027) signed by authorized OT Staff - 1 original   |   | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |   |                           |
| Record of paid charge slip for the treatment session: Official receipt - 1 original, Green / pink charge slip - 1 original   |   | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |   |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>                      | <b>PERSON RESPONSIBLE</b> |
| 1. Present blue card and attendance card to Division of Occupational Therapy, Rehabilitation Medicine Complex:<br>- Room G7 for Pediatric Clinic<br>- Room G9 for Adult Clinic | 1.1. Confirm patient identity via blue card; schedule via attendance card<br><br>1.2. Issue charge slip for the treatment session | None   | 5 minutes                                   | OT-in-charge              |
| 2. Pay amount of treatment session in Cash Division  | None  | Based on approved hospital rates   | Depends on Cash Division<br><br>-STOP TIME- | Cashier on Duty           |
| 3. Patient (with or without the caregiver) attends the treatment session   | 3. Conduct OT treatment   | None   | 55 minutes                                  | OT-in-charge              |
| <b>TOTAL:</b>  |   | Based on approved  | 1 hour                                      |                           |

|  |                   |  |  |
|--|-------------------|--|--|
|  | hospital<br>rates |  |  |
|--|-------------------|--|--|

## 18. Conduct of Treatment (Inpatient)

Perform Occupational Therapy intervention techniques to improve participation or performance in occupations to inpatients

|   |   |  |                        |                           |
|---|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Division of Occupational Therapy       |  |                        |                           |
| <b>Classification:</b>  | Complex   |  |                        |                           |
| <b>Type of Transaction:</b>   | G2C   |  |                        |                           |
| <b>Who may avail:</b>   | Those with referral for Occupational Therapy (OT) service of therapy sessions |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original  |   | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                           |
| Record of successful transaction in OpenERP   |   | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. IF AMBULATORY:<br>Patient/caregiver presents blue card to Section of Occupational Therapy, Rehabilitation Medicine Complex:<br>- Room G7 for Pediatric Clinic<br>- Room G9 for Adult Clinic<br><br>IF BEDSIDE:<br>Patient/caregiver presents blue card to OT-in-charge | 1. Confirm patient identity via blue card                                     | None   | 5 minutes              | OT-in-charge              |
| 2. Patient and caregiver attend the treatment session   | 2. Conduct OT treatment   | None   | 55 minutes             | OT-in-charge              |
| None  | 3. Charge amount of treatment session in OpenERP                              | Based on approved hospital rates   | 5 minutes              | OT-in-charge              |
| <b>TOTAL:</b>   |   | Based on   | 1 hour                 |                           |



|  |                               |  |  |
|--|-------------------------------|--|--|
|  | approved<br>hospital<br>rates |  |  |
|--|-------------------------------|--|--|

## 19. Conduct of Re-evaluation (Outpatient)

Identification of chief complaint, goals for Occupational Therapy, assessment of occupation, performance skills and client factors to outpatients at the last session of the protocol

|  |   |  |   |                           |
|--|---|--|---|---------------------------|
| <b>Office or Division:</b>   | Department of Rehabilitation Medicine, Division of Occupational Therapy   |  |   |                           |
| <b>Classification:</b>   | Complex   |  |   |                           |
| <b>Type of Transaction:</b>  | G2C   |  |   |                           |
| <b>Who may avail:</b>  | Those with schedule for Occupational Therapy (OT) services of re-evaluation / who completed the protocol                              |  |   |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |   |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original   |   | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |   |                           |
| Occupational Therapy Attendance Card for 5/8 OT Sessions Protocol (PGH Form No. Q-471027) signed by authorized OT Staff - 1 original   |   | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |   |                           |
| Record of paid charge slip for the re-evaluation session: Official receipt - 1 original, Green / pink charge slip - 1 original   |   | Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)   |   |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>                      | <b>PERSON RESPONSIBLE</b> |
| 1. Present blue card and attendance card to Division of Occupational Therapy, Rehabilitation Medicine Complex:<br>- Room G7 for Pediatric Clinic<br>- Room G9 for Adult Clinic | 1.1. Confirm patient identity via blue card; schedule via attendance card<br><br>1.2. Issue charge slip for the re-evaluation session | None   | 5 minutes                                   | OT-in-charge              |
| 2. Pay amount of re-evaluation session in Cash Division  | None  | Based on approved hospital rates   | Depends on Cash Division<br><br>-STOP TIME- | Cashier on Duty           |
| 3. Patient (with or without the caregiver) attends the re-evaluation session   | 3. Conduct OT re-evaluation   | None   | 55 minutes                                  | OT-in-charge              |
| <b>TOTAL:</b>  |   | Varies   | 1 hour                                      |                           |



## 20. Preparation of Initial Evaluation Report

Submission of Initial Evaluation report by the Occupational Therapy Trainee for checking by OT Staff-in-charge

|  |  |  |                        |                           |
|--|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Rehabilitation Medicine, Division of Occupational Therapy                      |  |                        |                           |
| <b>Classification:</b>   | Highly Technical   |  |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |  |                        |                           |
| <b>Who may avail:</b>  | Those who attended Occupational Therapy initial evaluation / standardized assessment session |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original   |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                           |
| Outpatients:<br>Record of paid charge slip for the initial evaluation session: Official receipt - 1 original, Green / pink charge slip - 1 original<br><br>Inpatients:<br>Record of successful transaction in OpenERP for the initial evaluation   |  | Division of Occupational Therapy,<br>Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)  |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Patient (with or without caregiver) attends initial evaluation/ standardized assessment session at Division of Occupational Therapy, Rehabilitation Medicine Complex:<br>- Room G7 for Pediatric Clinic<br>- Room G9 for Adult Clinic<br><br>1.2. Patient/ caregiver settles initial evaluation/ standardized assessment session attended | 1. Conduct OT initial evaluation/ standardized assessment                                    | None   | 1 hour                 | OT-in-charge              |

|   |   |                  |                   |                         |
|---|---|------------------|-------------------|-------------------------|
| None  | 2. Submit evaluation report containing the following, but not limited to: <ul style="list-style-type: none"> <li>- Occupational Profile</li> <li>- Evaluation of occupation</li> <li>- Evaluation of performance skills</li> <li>- Evaluation of client factors</li> <li>- Assessment and plan</li> </ul> | None             | 3 days            | OT-in-charge            |
| None  | 2.1. Monitor to check evaluation report prepared by intern for accuracy of information<br><br>2.2 Monitor to provide feedback on documentation to intern  | None<br><br>None | 7 days            | OT Staff-in-charge      |
| None  | 3.1. Trainee to revise evaluation report accordingly<br><br>3.2. Trainee to submit revised evaluation report  | None<br><br>None | 3 days            | OT-in-charge            |
| 4. Receive Initial Evaluation report from MRD | 4.1. Prepare a list of endorsed inpatient / outpatient files<br><br>4.2. Submit documents and list to Medical Records Department every Friday   | None<br><br>None | 7 days            | OT Yellow Forms Monitor |
| <b>TOTAL:</b>                                 |   | None             | 20 days<br>1 hour |                         |

## 21. Preparation of Re-evaluation Report

Submission of Re-evaluation report by the Occupational Therapy Trainees for checking by OT Staff-in-charge

|  |  |  |                        |                           |
|--|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Rehabilitation Medicine, Division of Occupational Therapy  |  |                        |                           |
| <b>Classification:</b>   | Highly Technical   |  |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |  |                        |                           |
| <b>Who may avail:</b>  | Those who attended Occupational Therapy re-evaluation session  |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Blue Card issued by PGH (PGH Form No. P-310045) - 1 original   |  | Charity patients:<br>PGH Outpatient Department - Palistahan;<br>PGH Main Building - Malasakit Center<br><br>Private patients:<br>PGH Main Building - Pay Admitting |                        |                           |
| Outpatients:<br>Record of paid charge slip for ALL of the treatment sessions attended: Official receipt - 1 original, Green / pink charge slip - 1 original  |  | Division of Occupational Therapy,<br>Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)  |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Patient (with or without caregiver) attends re-evaluation session at Section of Occupational Therapy, Rehabilitation Medicine Complex:<br>- Room G7 for Pediatric Clinic<br>- Room G9 for Adult Clinic<br><br>1.2. Patient/ caregiver settles all treatment sessions attended | 1. Conduct OT re-evaluation  | None   | 1 hour                 | OT-in-charge              |
|  | 2. Submit evaluation report containing the following, but not limited to:<br>- Occupational Profile<br>- Evaluation of occupation<br>- Evaluation of performance | None   | 3 days                 |                           |

|  |   |                  |                   |                         |
|--|---|------------------|-------------------|-------------------------|
|  | skills<br>- Evaluation of client factors<br>- Assessment and plan   |                  |                   |                         |
|  | 2.1. Monitor to check evaluation report prepared by intern for accuracy of information  | None             | 7 days            | OT staff-in-charge      |
|  | 2.2 Monitor to provide feedback on documentation to intern  | None             |                   |                         |
|  | 3.1. Trainee to revise evaluation report accordingly  | None             | 3 days            |                         |
|  | 3.2. Trainee to submit revised evaluation report  | None             |                   |                         |
| 4. Receive Re-evaluation report from MRD | 4.1. Prepare a list of endorsed inpatient / outpatient files<br><br>4.2. Submit documents and list to Medical Records Department every Friday | None<br><br>None | 7 days            | OT Yellow Forms Monitor |
| <b>TOTAL:</b>                            |   | None             | 20 days<br>1 hour |                         |

## 22. Scheduling for Psychological Services

| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM                              |   |                 |                           |
|---|---|---|-----------------|---------------------------|
| <b>Classification:</b>  | Simple  |   |                 |                           |
| <b>Type of Transaction:</b>   | G2C   |   |                 |                           |
| <b>Who may avail:</b>   | Patients who were seen by the Department of Rehabilitation Medicine residents.                          |   |                 |                           |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE   |                 |                           |
| 1. Patient Blue Card (1 original)   |   | PGH Out-Patient Department Lobby  |                 |                           |
| 2. Rehab Medicine Online appointment form   |   | Through PGH Online Consultation Request and Appointment System (OCRA), PGH Out-Patient Rehabilitation Medicine Department |                 |                           |
| 3. Psychology Referral Form   |   | DRM Psychology Division, via e-mail   |                 |                           |
| 4. Psychology Schedule details for assessment or therapy.   |   | DRM Psychology Division, via text message   |                 |                           |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE        |
| 1. Secure OCRA account. Wait for contact from staff for scheduling and be given a proper psychology referral. | 1. Accept patient referral and message the patient for scheduling.                                      | None  | 5 minutes       | Psychology division staff |
| 2. Patient replies to the staff to secure slot and be sent of reminders.                                      | 2. Staff secures the slot and plots it on the calendar. Staff will also send reminders for the session. | None  | 10 minutes      | Psychology division staff |
|   | Total:  |   | 15 minutes      |                           |



## 23. Psychological Evaluation and Testing

| <b>Office or Division:</b>   | Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM   |   |                 |                           |
|--|--|---|-----------------|---------------------------|
| <b>Classification:</b>   | Highly technical   |   |                 |                           |
| <b>Type of Transaction:</b>  | G2C  |   |                 |                           |
| <b>Who may avail:</b>  | Patients seen by the Department of Rehabilitation Medicine and were already referred for psychological evaluation and testing.               |   |                 |                           |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |                           |
| 1. Patient with blue card ( 1 original)  |  | PGH Out-patient Department lobby  |                 |                           |
| 2. Text confirmation of schedule from the DRM Psychology staff for psychological evaluation and testing schedule |  | DRM Psychology staff text message   |                 |                           |
| 3. Issued charge slip by the Psychology Division   |  | Psychology division office (M9), PGH main building, Ward 5, Rehab complex |                 |                           |
| 4. Paid charge slip  |  | PGH main building cashier   |                 |                           |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE        |
| 1. Go to Ward 5, Rehab complex and show up on the scheduled slot of Psychology staff.                            | 1. Accept the patient for the scheduled session for psychological evaluation and testing.  | None  | 5 mins.         | Psychology division staff |
| 2. The patient will be seen for their psychological evaluation and testing session.                              | 2. Psychology staff will direct the patient to the room. Staff shall conduct case history and administer standardized psychological testing. | Please refer to the approved rate of fees (subject to change)             | 3 hours         | Psychology division staff |

|  |   |      |                        |                           |
|--|---|------|------------------------|---------------------------|
| 3. The caregiver/ patient will receive feedback regarding the session and brief interventions needed.                            | 3. Psychology staff will provide feedback and discuss necessary rehabilitative interventions and home instructions.           | None | 10 minutes             | Psychology division staff |
| 4. Charge slip to be paid at the cash services division of PGH and paid charge slip shall be surrendered to the staff in charge. | 4. Accept the paid charge slip and tear the green slip. The green slip shall be kept by the staff for documentation purposes. | None | 10 minutes             | Psychology division staff |
|  | Total:  |      | 3 hours and 25 minutes |                           |

## 24. Psychotherapy Sessions

|   |  |   |                        |                           |
|---|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM   |   |                        |                           |
| <b>Classification:</b>  | Highly Technical   |   |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |   |                        |                           |
| <b>Who may avail:</b>   | Patients who were seen by the Department of Rehabilitation Medicine with psychology referral and initial assessment results. |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |                           |
| 1. Patient with blue card ( 1 original)   |  | PGH Out-patient Department lobby  |                        |                           |
| 2. Text confirmation of schedule from the DRM Psychology staff for psychotherapy schedule.      |  | DRM Psychology staff text message   |                        |                           |
| 3. Issued charge slip by the Psychology Division.   |  | Psychology division office (M9), PGH main building, Ward 5, Rehab complex |                        |                           |
| 4. Paid charge slip.  |  | PGH main building cashier   |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Go to Ward 5, Rehab complex and show up on the scheduled slot of Psychology staff            | 1. Accept the patient for the scheduled session for psychotherapy.   | None  | 5 mins.                | Psychology division staff |
| 2. The patient will be seen for their psychotherapy session.                                    | 2. Psychology staff will direct the patient to the room. Staff shall conduct the psychotherapy session.                      | Please refer to the approved rate of fees (subject to change)             | 50 minutes             | Psychology division staff |
| 3. The caregiver/ patient will receive feedback regarding the session and interventions needed. | 3. Psychology staff will provide feedback and discuss necessary rehabilitative interventions and home instructions.          | None  | 10 minutes             | Psychology division staff |

|  |   |      |                       |                           |
|--|---|------|-----------------------|---------------------------|
| 4. Charge slip to be paid at the cash services division of PGH and paid charge slip shall be surrendered to the staff in charge. | 4. Accept the paid charge slip and tear the green slip. The green slip shall be kept by the staff for documentation purposes. | None | 10 minutes            | Psychology division staff |
|  | Total:  |      | 1 hour and 10 minutes |                           |

## 25. Psychology Full Evaluation Report

|   |  |                            |                        |                           |
|---|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM   |                            |                        |                           |
| <b>Classification:</b>  | Highly Technical   |                            |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                            |                        |                           |
| <b>Who may avail:</b>   | Patients who were seen for psychological initial evaluation referred by the Department of Rehabilitation Medicine. |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>     |                        |                           |
| 1. Patient Blue Card (1 original)   |  | PGH Out-patient Department |                        |                           |
| 2. Paid charge slip of the session  |  | PGH cash services division |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Inquire availability of psychology evaluation report via text message to the Psychology Division.  | 1. Confirm release of psychological evaluation report.   | None                       | 1 month                | Psychology division staff |
| 2. On the date of report claiming, proceed with the requirements to the Psychology Division at the rehab complex and message a Psychology staff to be accommodated. | 2. Accept all requirements for releasing.  | None                       | 5 minutes              | Psychology division staff |
| 3. The caregiver/ patient will receive an explanation of results.   | 3. Staff will go through and explain the results of the psychological report.                                      | None                       | 10 minutes             | Psychology division staff |

|  |        |  |                           |  |
|--|--------|--|---------------------------|--|
|  | Total: |  | 1 month and<br>15 minutes |  |
|--|--------|--|---------------------------|--|

## 26. Psychology Records of Treatment

|  |   |                            |                        |                           |
|--|---|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM  |                            |                        |                           |
| <b>Classification:</b>   | Technical   |                            |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |                            |                        |                           |
| <b>Who may avail:</b>  | Patients who were seen for psychological initial evaluation referred by the Department of Rehabilitation Medicine |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>     |                        |                           |
| 1. Patient blue card (1 original)  |   | PGH Out-patient Department |                        |                           |
| 2. Paid charge slips of therapy sessions   |   | PGH Cash services division |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| <b>1.</b> Inquire availability of record of treatment via text message to the Psychology Division.                       | 1. Confirm availability of records of treatment.  | None                       | 1 month                | Psychology division staff |
| <b>2.</b> On the date of report claiming, proceed with the requirements to the Psychology Division at the rehab complex. | 2. Accept all requirements and release the report.  | None                       | 5 minutes              | Psychology division staff |
| 3. The patient/ caregiver will receive feedback regarding the treatment record   | <b>3.</b> Conduct feedback on the treatment record.   | None                       | 5 minutes              | Psychology division staff |
|  | Total:  |                            | 11 minutes             |                           |

## 27. Speech, Language and Swallowing Schedule for Therapy Sessions

Patients in need of speech, language and swallowing therapy sessions are given schedule for speech therapy sessions.

| <b>Office or Division:</b>   | Division of Speech & Language Pathology – M7 DRM   |   |                 |                    |
|--|--|---|-----------------|--------------------|
| <b>Classification:</b>   | Simple   |   |                 |                    |
| <b>Type of Transaction:</b>  | G2C  |   |                 |                    |
| <b>Who may avail:</b>  | Patients seen by the Department of Rehabilitation Medicine   |   |                 |                    |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |                    |
| 1. Patient Blue Card   |  | PGH Out-Patient Department Lobby  |                 |                    |
| 2. Speech Therapy Referral Form (Pink) from the Department of Rehabilitation Medicine – Out Patient Department or Official referral sent to the division email |  | PGH Out-Patient Rehabilitation Medicine Department – Room 112   |                 |                    |
| 3. Vaccination Card (with 1 complete series, and booster shot) for AGP cases: voice, apraxia, and dysphagia cases;   |  | LGU, vaccination site   |                 |                    |
| 4. Speech Therapy schedule confirmation (including date and time) through text message   |  | PGH Main Building, Ward 5 – Department of Rehabilitation Medicine, Speech and Language Section Office, Mezzanine 7 (M7) |                 |                    |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit documents to Rehab RIC and confirm schedule for speech therapy sent through message/ phone call  | 1. Confirm patient schedule with the following details for their schedule (date, day, time and duration) for assessment/ therapy session | None  | 10 minutes      | Speech Therapists  |
| <b>TOTAL:</b>  |  | None  | 10 minutes      |                    |



## 28. Speech, Language and Swallowing Initial Evaluation

Speech, Language and Swallowing Initial evaluations are conducted in order to know the current speech, language and swallowing concerns of the patient and set appropriate goals for therapy.

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Division of Speech & Language Pathology – M7 DRM, G5- Speech Therapy Room   |   |                        |   |
| <b>Classification:</b>  | Highly Technical  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | Patients seen by the Department of Rehabilitation Medicine with Schedule Form   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Patient Blue Card and Vaccination Card   |   | PGH Out-Patient Department Lobby  |                        |   |
| 2. Proof of schedule confirmation sent through text message and name reflected on out-patient therapy decking   |   | PGH Main Building, Ward 5 – Department of Rehabilitation Medicine, Speech Therapy Room (G5) |                        |   |
| 3. Issued Charge Slip by the Speech and Language Section  |   | Speech and Language Section Office – Mezzanine 7 (M7) or Speech Therapy Rooms (G5)          |                        |   |
| 4. Paid Charge Slip   |   | PGH Main Building Cashier   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Proceed to DRM Rehab Complex waiting area to be called by STIC for the schedule and show the following requirements: Blue Card & Vaccination Card    | Accept the Blue Card and Schedule form and confirm patient's schedule on the schedule logbook and staff/ intern patient deck and issue a charge slip for the session                                  |   | 5 minutes              | Speech Therapist Staff/<br>Speech Pathology Interns |
| 2. Charge slip will be issued and shall be paid at the cash services division of PGH and a paid charge slip shall be surrendered to the staff in charge | Accept the paid charge slip and tear the green slip. The patient will be directed to the room where the session will be conducted   | Variable<br>No white Card – 200<br>Class B & C – 150<br>Class D – 75                        | 5 minutes              | Speech Therapist Staff/<br>Speech Pathology Interns |
| 3. The patient will be seen for initial evaluation, 10 minutes with caregiver, and 20 minutes with speech therapist, and 15 minutes for feedback        | The staff in charge shall conduct a case history with the patient/ caregiver and perform speech, language and swallowing testing. Results of the testing will be discussed and home care instructions |   | 45 minutes             | Speech Therapist Staff/<br>Speech Pathology Interns |

|               |                  |  |               |  |
|---------------|------------------|--|---------------|--|
|               | will be provided |  |               |  |
| <b>TOTAL:</b> |                  |  | 45-50 minutes |  |

## 29. Speech, Language and Swallowing Therapy Session

Speech, Language and Swallowing Therapy Sessions are conducted for patients who present with communication and swallowing difficulties/ disorders seen during the evaluation.

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Division of Speech & Language Pathology, G5- Speech Therapy Room  |   |                        |   |
| <b>Classification:</b>  | Highly Technical  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | Patients seen by the Department of Rehabilitation Medicine with Schedule Form and Initial Assessment Result                                 |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Patient Blue Card and Vaccination Card   |   | PGH Out-Patient Department Lobby  |                        |   |
| 2. Proof of schedule confirmation sent through text message and name reflected on out-patient therapy decking   |   | PGH Main Building, Ward 5 – Department of Rehabilitation Medicine, Speech and Language Section Office, Mezzanine 7 (M7) |                        |   |
| 4. Issued Charge Slip by the Speech and Language Section  |   | Speech and Language Section Office – Mezzanine 7 (M7) or Speech Therapy Rooms (G5)                                      |                        |   |
| 5. Paid Charge Slip   |   | PGH Main Building Cashier   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Proceed to DRM Rehab Complex waiting area to be called by STIC for the schedule and show the following requirements: Blue Card & Vaccination Card    | The staff in charge will accept all documents and confirm patient's schedule in the patient decking and issue a charge slip for the session | Variable<br>No white Card – 150<br>Class B & C – 130<br>Class D - 50  | 5 minutes              | Speech Therapist Staff/<br>Speech Pathology Interns |
| 2. Charge slip will be issued and shall be paid at the cash services division of PGH and a paid charge slip shall be surrendered to the staff in charge | Accept the paid charge slip and tear the green slip. The patient will be directed to the room where the session will be conducted           |   | 5 minutes              | Speech Therapist Staff/<br>Speech Pathology Interns |
| 3. The patient will be seen for therapy session – 50 minutes  | The staff in charge will conduct the therapy session.   |   | 30-45 minutes          | Speech Therapist Staff/<br>Speech Pathology Interns |
| <b>TOTAL:</b>   |   |   | 60 minutes             |   |

### 30. Modified Barium Swallow Evaluation

Modified Barium Swallow Evaluations are instrumental and objective swallowing assessments for patients with dysphagia.

|  |  |  |                        |   |
|--|--|--|------------------------|---|
| <b>Office or Division:</b>   | Division of Speech & Language Pathology – M7 DRM, Radiology Department   |  |                        |   |
| <b>Classification:</b>   | Highly Technical   |  |                        |   |
| <b>Type of Transaction:</b>  | G2C  |  |                        |   |
| <b>Who may avail:</b>  | Patients referred for Modified Barium Swallow by the Department of Rehabilitation Medicine   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |   |
| 1. Speech Therapy Referral Form (Pink) from the Department of Rehabilitation Medicine – Out Patient Department or Official referral sent to the division email             |  | PGH Out Patient Department   |                        |   |
| 2. Patient Blue Card, Vaccination Card, Speech Therapy Session Notes (Summary/Screening Report)  |  | PGH Out-Patient Rehabilitation Medicine Department – Room 112        |                        |   |
| 3. MBS Schedule Form with date and time  |  | PGH Department of Radiology (OPD, Main)                              |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                 |
| Speech Therapy referral form sent to official division email and endorsed by RIC, schedule for initial evaluation/ screening session is given via text message/ phone call | Accept all requirements, schedule patient for initial evaluation session through text message or phone call                                    |  | 5 minutes              | Speech therapist staff                                    |
| Confirm speech therapy schedule for evaluation, charge slip will be issued and shall be paid at cash services division of PGH  | The staff in charge shall confirm patient schedule and issue charge slip   | Variable<br>No white Card – 200<br>Class B & C – 150<br>Class D - 75 | 15-30 minutes          | Speech therapist staff, Rehabilitation Resident in charge |
| The patient will be seen for initial evaluation and briefed on things to bring and MBS procedure   | Staff in charge will conduct the initial evaluation session and counsel patient regarding things to bring and discuss conduct of the procedure |  |                        |   |
| The MBS will be  | The staff in charge shall  |  | 45-120                 | Speech  |

|                          |  |  |             |  |
|--------------------------|--|--|-------------|--|
| conducted on the patient | conduct the MBS with the rehab resident, radiology resident and rad tech on duty |  | minutes     | therapist staff, Rehabilitation Resident in charge |
| <b>TOTAL:</b>            |  |  | 120 minutes |  |

### 31. Speech and Language Initial Evaluation Summary Report

This report contains a summary of the findings during the initial evaluation conducted by a speech therapist. This contains subjective and objective information for patients referred under the section.

|  |  |                            |                        |                           |
|--|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Division of Speech & Language Pathology – M7 DRM   |                            |                        |                           |
| <b>Classification:</b>   | Complex  |                            |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |                            |                        |                           |
| <b>Who may avail:</b>  | Patients who were referred to speech therapy by the department of rehabilitation medicine and who has undergone speech and language initial or re-evaluation |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>     |                        |                           |
| 1. Patient Blue Card   |  | PGH Out-Patient Department |                        |                           |
| 2. Copy of paid charge slip from initial evaluation                                      |  | PGH Cash Services Division |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Client shall present paid charge slip and blue card on the day of claiming the report | Accept all requirements and give the summary report  | None                       | 30 minutes             | Speech Therapist Staff    |
| <b>TOTAL:</b>  |  |                            | 30 minutes             |                           |

### 32. Speech and Language Full Evaluation Report

Full Initial Evaluation reports contain results of the initial evaluation for pediatric dysphagia and adult clients seen by the Section.

|   |  |                            |                        |                           |
|---|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Division of Speech & Language Pathology – M7 DRM   |                            |                        |                           |
| <b>Classification:</b>  | Highly Technical   |                            |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                            |                        |                           |
| <b>Who may avail:</b>   | Patients who were seen for speech, language and swallowing initial evaluation referred by the Department of Rehabilitation Medicine – Adult and Pediatric Dysphagia Patients |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>     |                        |                           |
| Patient Blue Card   |  | PGH Out-Patient Department |                        |                           |
| Paid Charge Slip of the Evaluation Session  |  | PGH Cash Services Division |                        |                           |
|   |  |                            |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. On the date of report claiming, proceed with the requirements to the Speech and Language Section | Accept all requirements, confirm report availability, and release the report   | None                       | 30 minutes             | Speech Therapist Staff    |
| <b>TOTAL:</b>   |  |                            | 30 minutes             |                           |

### 33. Speech and Language Progress Report

This reports contain the goal list, management strategies, performance and recommendations for patients after they have completed once cycle of speech therapy.

|   |  |                            |                        |                           |
|---|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Division of Speech & Language Pathology – M7 DRM   |                            |                        |                           |
| <b>Classification:</b>  | Complex  |                            |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                            |                        |                           |
| <b>Who may avail:</b>   | Patients who were seen for speech, language and swallowing therapy for at least referred by the Department of Rehabilitation Medicine – Adult and Pediatric Dysphagia Patients |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>     |                        |                           |
| Patient Blue Card   |  | PGH Out-Patient Department |                        |                           |
| Paid Charge Slip of the Evaluation Session  |  | PGH Cash Services Division |                        |                           |
|   |  |                            |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. On the date of report claiming, proceed with the requirements to the Speech and Language Section | Accept all requirements, confirm report availability, and release the report   | None                       | 30 minutes             | Speech Therapist Staff    |
| <b>TOTAL:</b>   |  |                            | 30 minutes             |                           |



### 34. Speech and Language Individualized Home Program

The aim of this document is to encourage the carry over of therapy goals and activities at home in order to maximize the progress of the patient once they have finished 1 therapy cycle.

| <b>Office or Division:</b>   | Division of Speech & Language Pathology – M7 DRM   |                            |                 |   |
|--|--|----------------------------|-----------------|---|
| <b>Classification:</b>   | Simple   |                            |                 |   |
| <b>Type of Transaction:</b>  | G2C  |                            |                 |   |
| <b>Who may avail:</b>  | Patients who were seen for speech, language and swallowing therapy for at least 2 sessions and referred by the Department of Rehabilitation Medicine |                            |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE            |                 |   |
| Patient Blue Card  |  | PGH Out-Patient Department |                 |   |
| Paid Charge Slip of the Last Therapy Session   |  | PGH Cash Services Division |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID            | PROCESSING TIME | PERSON RESPONSIBLE                                  |
| 1. on the last date of the therapy session, proceed with the requirements to the Speech and Language Section | Accept all requirements, counsel the caregiver regarding the contents of the home program  | None                       | 30 minutes      | Speech Therapist Staff/<br>Speech Pathology Interns |
| <b>TOTAL:</b>  |  |                            | 30 minutes      |   |

### 35. Modified Barium Swallow Report

The Modified Barium Swallow Report contains a detailed description of the oral and pharyngeal phases of the swallow seen during the study.

|   |  |                            |                        |                           |
|---|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Division of Speech & Language Pathology – M7 DRM   |                            |                        |                           |
| <b>Classification:</b>  | Highly Technical   |                            |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                            |                        |                           |
| <b>Who may avail:</b>   | Patients who were seen for Modified Barium Swallow referred by the Department of Rehabilitation Medicine |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                      |  | <b>WHERE TO SECURE</b>     |                        |                           |
| Patient Blue Card   |  | PGH Out-Patient Department |                        |                           |
| Paid Charge Slip for the MBS report                                   |  | PGH Cash Services Division |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Go to the speech and language section office with the requirements | Accept all requirements and release the report   | None                       | 30 minutes             | Speech Therapist Staff    |
| <b>TOTAL:</b>   |  |                            | 30 minutes             |                           |

## **Department of Surgery**

### **External Services**

## 1. ER Surgery Consultation

Involves examination, diagnosis and treatment of patients with a Surgery-related complaint at the emergency room

| <b>Office or Division:</b>                                      | Surgeon on Duty (SOD)   |  |                    |   |
|---|---|--|--------------------|---|
| <b>Classification:</b>  | Simple  |  |                    |   |
| <b>Type of Transaction:</b>                                     | G2C   |  |                    |   |
| <b>Who may avail:</b>   | All individuals with a chief complaint related to the general surgery who consult the emergency room  |  |                    |   |
| CHECKLIST OF REQUIREMENTS                                       |   | WHERE TO SECURE  |                    |   |
| Surgery chief complaint   |   | Patient  |                    |   |
| Referral from other departments or institutions (as applicable) |   | Referring physician  |                    |   |
| Blue card(1 original)   |   | ER Palistahan  |                    |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME    | PERSON RESPONSIBLE  |
| <b>DECKED TO SURGERY AS PRIMARY SERVICE</b>                     |   |  |                    |   |
| 1.Arrive at the SOD unit after being triaged by DEM             | 1.Receive patient and perform thorough history taking and physical examination<br><br>1.1Give advice regarding appropriate diagnostic and therapeutic management                | None   | 30 minutes         | <i>Surgeon and Intern<br/>SOD Unit</i>  |
| 2.Give consent for further management                           | 2. Perform initial therapeutic management after all laboratories and diagnostic procedures have been done<br><br>Refer to specific surgical subspecialty for further management | Please refer to approved Schedule of Fees for laboratories and diagnostic procedures | 1 hour             | <i>Surgeon and Intern<br/>SOD Unit<br/><br/>Surgeon and Intern<br/>SOD Unit</i> |
| <b>TOTAL:</b>   |   |  | 1 hour, 30 minutes |   |
| <b>REFERRED TO SURGERY FOR CO-MANAGING SERVICE</b>              |   |  |                    |   |
| 1.Wait at ER to be seen by Surgery service                      | 1. None   | None   | 30 minutes         |   |
| 2. Arrive at the SOD  | 2.Receive patient and   | None   | 30 minutes         | <i>Surgeon and</i>  |

|  |  |   |         |                                       |
|--|--|---|---------|---------------------------------------|
| unit after being referred by another service | perform thorough history taking and physical examination<br><br>2.1 Give advice regarding to appropriate diagnostic and therapeutic management | None  |         | <i>Intern</i><br>SOD Unit             |
| 3. Give consent for further management       | 3. Refer to specific surgical subspecialty for further management after appropriate diagnostic and therapeutic management have been performed  | Please refer to approved Schedule of Fees for diagnostic and therapeutic procedures | 1 hour  | <i>Surgeon and Intern</i><br>SOD Unit |
| <b>TOTAL:</b>                                |  | Please refer to approved Schedule of Fees for diagnostic and therapeutic procedures | 2 hours |                                       |

## 2. ER Surgical Subspecialty Consultation

Involves examination, diagnosis and treatment of patients with a Surgery-related complaint at the emergency room

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>                                      | Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery, Division of Colorectal Surgery, Division of Hepatobiliary, Pancreatic and Hernia Surgery, Division of Trauma, Division of Thoracic and Cardiovascular Surgery, Division of Urology, Division of Pediatric Surgery, Division of Plastic Surgery, Division of Burns |   |                        |  |
| <b>Classification:</b>  | Simple  |   |                        |  |
| <b>Type of Transaction:</b>                                     | G2C   |   |                        |  |
| <b>Who may avail:</b>   | All individuals with a chief complaint related to the specific subspecialty surgery   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                |   | <b>WHERE TO SECURE</b>  |                        |  |
| Surgery chief complaint   |   | Patient   |                        |  |
| Referral from Surgeon on Duty                                   |   | Surgeon on Duty   |                        |  |
| Referral from other departments or institutions (as applicable) |   | Referring physician   |                        |  |
| Blue card(1 original)   |   | ER Palistahan   |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| <b>DECKED TO SURGICAL SUBSPECIALTY AS PRIMARY SERVICE</b>       |   |   |                        |  |
| 1.Wait to be seen by subspecialty surgeon                       | 1.Receive patient and perform thorough history taking and physical examination<br>1.1Give advice regarding appropriate diagnostic and therapeutic management  | None  | 1 hour                 | <i>Surgeon and Intern</i><br>Subspecialty Clinic, ER Surgery |
| 2.Give consent for further management                           | 2.Perform appropriate diagnostic and therapeutic management after requested diagnostic procedures have been done<br>2.1Deck the patient for ward admission, if necessary  | Please refer to approved Schedule of Fees for diagnostic procedures requested | 1 hour                 | <i>Surgeon and Intern</i><br>Subspecialty Clinic, ER Surgery |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees for diagnostic procedures requested | 2 hours                |  |

### 3. General DOPS Consultation

Involves examination, diagnosis and treatment of patients with a Surgery-related complaint at the outpatient services

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Department of Surgery  |                        |                        |  |
| <b>Classification:</b>   | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>  | G2C  |                        |                        |  |
| <b>Who may avail:</b>  | All individuals with a chief complaint related to general surgery  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |  |
| Surgery Chief Complaint  |  | Patient                |                        |  |
| Referral from other department or institutions (as applicable)   |  | Referring Physician    |                        |  |
| Blue car (if on follow up) (1 original)  |  | DOPS Ground Floor      |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1. Arrive at Surgery Counter (H) then log complete details in the designated Clinic Folders  | 1. Get designated Clinic Folders and verify log in patients if scheduled or not.   | None                   | 15 minutes             | <i>Ward Clerk</i><br>DOPS                  |
| 2. Scheduled patients may proceed directly to the designated Clinics. Unscheduled patients will be called for Verification and Re-scheduling | 2. Call the names of patients who are not scheduled. Verify if with text from doctor. If with text, accept for clinic consultation; if with no text, re schedule to the nearest available date | None                   | 15 minutes             | <i>Nurse in Charge/ Ward Clerk</i><br>DOPS |
| 3. Enter the Clinic once name is called  | 3. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan   | None                   | 30 minutes             | <i>Nurse in Charge/ Surgeon</i><br>DOPS    |
| 4. Give consent for further management   | 4. Perform appropriate diagnostic and therapeutic management<br><br>4.1 Give prescriptions and/or laboratory requests as needed<br><br>4.2 Send the patient to the nurse for                   | None                   | 30 minutes             | <i>Surgeon and Intern</i><br>DOPS          |

|   |   |      |            |                              |
|---|---|------|------------|------------------------------|
|   | scheduling of follow up or referrals to other departments   |      |            |                              |
| 5. Receive health teaching; date of follow up (if applicable); additional instructions based on doctors order in the Radish | 5. Give the instructions regarding the laboratory and/ or medications prescribed<br><br>5.1 Give schedule for follow up or consult to subspecialty clinic | None | 30 minutes | <i>Nurse on duty</i><br>DOPS |
| <b>TOTAL:</b>   |   |      | 2 hours    |                              |



#### 4. DOPS Specialty Clinic Consultation

Involves examination, diagnosis and treatment of patients with complex cases already previously seen at the general clinic or those who have completed diagnostic work-up

|  |   |   |                        |  |
|--|---|---|------------------------|--|
| <b>Office or Division:</b>   | Division of Surgical Oncology, head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery, Division of Colorectal Surgery, Division, Division of Hepatobiliary, Pancreatic and Hernia Surgery, Division of Trauma, Division of Thoracic and Cardiovascular Surgery, Division of Urology, Division of Pediatric Surgery, Division of Plastic Surgery, Division of Burns |   |                        |  |
| <b>Classification:</b>   | Simple  |   |                        |  |
| <b>Type of Transaction:</b>  | G2C   |   |                        |  |
| <b>Who may avail:</b>  | All individuals with a chief complaint related to specific surgical subspecialty  |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |  |
| Referral from General Surgery Clinic   |   | Physician consulted at the general clinic   |                        |  |
| Schedule of consult/ follow up written in the Blue Card (1 original), with text from the Doctor, with text from the clinic via OCRA          |   | Nurse in-charge of scheduling/Discharge orders from attending physician on previous admission |                        |  |
| Blue car (if on follow up) (1 original)  |   | OPD Ground Floor  |                        |  |
| Initial work up or record of previous admission (as applicable)  |   | Medical records, patient labs   |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1. Arrive at Surgery Counter (H) then log complete details in the designated Clinic Folders  | 1. Get designated Clinic Folders and verify log in patients if scheduled or not.  | None  | 15 minutes             | <i>Ward Clerk</i><br>DOPS                  |
| 2. Scheduled patients may proceed directly to the designated Clinics. Unscheduled patients will be called for Verification and Re-scheduling | 2. Call the names of patients who are not scheduled. Verify if with text from doctor. If with text, accept for clinic consultation; if with no text, re schedule to the nearest available date  | None  | 15 minutes             | <i>Nurse in Charge/ Ward Clerk</i><br>DOPS |
| 3. Enter the Clinic once name is called  | 3. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan  | None  | 30 minutes             | <i>Nurse in Charge/ Surgeon</i><br>DOPS    |
| 4. Secure consent for special proced4.   | 4. Perform appropriate diagnostic and   | None  | 30 minutes             | <i>Surgeon and Intern</i>                  |

|   |  |      |            |                              |
|---|--|------|------------|------------------------------|
| Give consent for further management   | therapeutic management<br><br>4.1 Give prescriptions and/or laboratory requests as needed<br><br>4.2 Send the patient to the nurse for scheduling of follow up or referrals to other departments |      |            | DOPS                         |
| 5. Receive health teaching; date of follow up (if applicable); additional instructions based on doctors order in the Radish | 5. Give the instructions regarding the laboratory and/ or medications prescribed<br><br>5.1 Give schedule for follow up or consult to subspecialty clinic  | None | 30 minutes | <i>Nurse on duty</i><br>DOPS |
| <b>TOTAL:</b>   |  |      | 2 hours    |                              |

## 5. Scheduling of Follow-up Consult at DOPS

Providing a follow up schedule for consultation at the DOPS

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>   | Department of Surgery  |  |                        |  |
| <b>Classification:</b>   | Simple   |  |                        |  |
| <b>Type of Transaction:</b>  | G2C  |  |                        |  |
| <b>Who may avail:</b>  | Patient who were advised to follow up at DOPS  |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                     |                        |  |
| Blue card (1 original)   |  | DOPS Ground Floor                          |                        |  |
| Physician advise to follow up or consult at the Specialty Clinic   |  | Encoded in patient's chart found in Radish |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1. Arrive at Surgery Counter (H) then log complete details in the designated Clinic Folders  | 1. Get designated Clinic Folders and verify log in patients if scheduled or not.   | None                                       | 15 minutes             | <i>Ward Clerk</i><br>DOPS                  |
| 2. Scheduled patients may proceed directly to the designated Clinics. Unscheduled patients will be called for Verification and Re-scheduling | 2. Call the names of patients who are not scheduled. Verify if with text from doctor. If with text, accept for clinic consultation; if with no text, re schedule to the nearest available date       | None                                       | 15 minutes             | <i>Nurse in Charge/ Ward Clerk</i><br>DOPS |
| 3. Enter the Clinic once name is called  | 3. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan   | None                                       | 30 minutes             | <i>Nurse in Charge/ Surgeon</i><br>DOPS    |
| 4. Give consent for further management   | 4. Perform appropriate diagnostic and therapeutic management<br><br>4.1 Give prescriptions and/or laboratory requests as needed<br><br>4.2 Send the patient to the nurse for scheduling of follow up | None                                       | 30 minutes             | <i>Surgeon and Intern</i><br>DOPS          |

|   |   |      |            |                              |
|---|---|------|------------|------------------------------|
|   | or referrals to other departments   |      |            |                              |
| 5. Receive health teaching; date of follow up (if applicable); additional instructions based on doctors order in the Radish | 5. Give the instructions regarding the laboratory and/ or medications prescribed<br><br>5.1 Give schedule for follow up or consult to subspecialty clinic | None | 30 minutes | <i>Nurse on duty</i><br>DOPS |
| <b>TOTAL:</b>   |   |      | 2 hours    |                              |

## 6. In-patient Elective Admission at Surgical Wards

Process of admission of patients to surgical wards

|  |   |                                     |                        |  |
|--|---|-------------------------------------|------------------------|--|
| <b>Office or Division:</b>                           | Department of Surgery   |                                     |                        |  |
| <b>Classification:</b>                               | Simple  |                                     |                        |  |
| <b>Type of Transaction:</b>                          | G2C   |                                     |                        |  |
| <b>Who may avail:</b>                                | Patients advised by the clinic for surgical management as inpatient   |                                     |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                     |   | <b>WHERE TO SECURE</b>              |                        |  |
| Completed work up and photocopy of medical records   |   | Laboratory, Imaging, Chart entry    |                        |  |
| Admitting order for surgical management as inpatient |   | Surgeon in Charge                   |                        |  |
| Cardiopulmonary and anesthetic clearance (as needed) |   | PATEC clinic                        |                        |  |
| Available funding                                    |   | Various sources available           |                        |  |
| Arrival at wards on set date                         |   | Notification from surgeon in charge |                        |  |
| Operation Schedule                                   |   | Surgeon in Charge                   |                        |  |
| <b>CLIENT STEPS</b>                                  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Arrive at Ward 4, 6, 12 or 14-A                   | 1.Receive and check admission requirements<br><br>1.1Provide Clinical abstract and Discharge Summary  | None<br><br>None                    | 30 minutes             | <i>Nurse on Duty</i><br><br><i>Surgeon in Charge and Intern on Duty</i>                    |
| 2.Fill out Kaalaman/ Patient Information Sheet       | 2.Send copy of accomplished Kaalaman through PGH chat system and patient's case record will be sent back for print out  | None                                | 30 mins                | <i>Patient/patient's relatives</i><br><br><i>Nurse on Duty</i><br><br><i>Clerk on Duty</i> |
| 3.Admit to bed                                       | 3.Receive the patient and do initial history and physical examination<br>3.1Complete necessary admission papers and request laboratories<br>3.2Conduct orientation on ward set-up and hospital policies<br>3.3Refer patient to necessary services for co-management | None                                | 2 hours                | <i>Surgeon in Charge and Intern on Duty</i>  |
| <b>TOTAL:</b>  |   | None                                | 3 hours                |  |

## 7. Ward Admission from ER

Patients with anticipated prolonged hospital stay will be admitted to the ward

|   |  |                        |                        |                            |
|---|--|------------------------|------------------------|----------------------------|
| <b>Office or Division:</b>                          | Department of Surgery  |                        |                        |                            |
| <b>Classification:</b>                              | Simple   |                        |                        |                            |
| <b>Type of Transaction:</b>                         | G2C  |                        |                        |                            |
| <b>Who may avail:</b>                               | Patients with anticipated prolonged ER stay will be admitted to the ward |                        |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>                    |  | <b>WHERE TO SECURE</b> |                        |                            |
| Admitting orders                                    |  | Surgeon in Charge      |                        |                            |
| Availability of ward bed                            |  | Wards                  |                        |                            |
| Management plan conferred with consultant in charge |  | Surgeon in Charge      |                        |                            |
| <b>CLIENT STEPS</b>                                 | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present self to the doctor                       | 1. Assess if patient need more than 24 hours stay in the hospital        | None                   | 30 minutes             | <i>Physician</i><br>ER     |
|   | 1.1 Insert admitting order in the chart and endorse to ER nurses         | None                   | 15 minutes             | <i>Physician</i><br>ER     |
|   | 1.2 Endorse patient to ward nurses                                       | None                   | 24 hours               | <i>Nurse on duty</i><br>ER |
| <b>TOTAL:</b>                                       |  |                        | 24 hours, 45 minutes   |                            |

## 8. OPD Minor Surgery- Actual Procedure

Performing a surgical procedure under local anesthesia at the OPD Minor OR

|   |  |  |                        |   |
|---|--|--|------------------------|---|
| <b>Office or Division:</b>  | Department of Surgery  |  |                        |   |
| <b>Classification:</b>  | Highly technical   |  |                        |   |
| <b>Type of Transaction:</b>   | G2C  |  |                        |   |
| <b>Who may avail:</b>   | Patients advised surgical procedure under local anesthesia at the OPD OR |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                      |  | <b>WHERE TO SECURE</b>                             |                        |   |
| Completed work up and copy of medical records through RADISH          |  | Laboratory, Imaging, Chart entry through RADISH    |                        |   |
| Blue card(1 original)   |  | OPD Ground floor                                   |                        |   |
| Available funding   |  | Various sources available                          |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1.Arrive at OPD OR  | 1.Receive name of patient  | None   | 5 minutes              | <i>Nurse on duty</i><br>OPD OR                        |
| 2.Wait for name to be called  | 2.Call out scheduled patient's name                                      | None   | 10 minutes             | <i>Nurse on duty</i><br><i>or Physician</i><br>OPD OR |
| 3.Enter the minor OR  | 3.Secure Consent then take vital signs (VS)                              | Please refer to approved Schedule of Hospital Fees | 15 minutes             | <i>Nurse on duty</i><br><i>or Physician</i><br>OPD OR |
|   | 3.1Perform surgery   |  | 45 minutes             | <i>Physician</i><br>OPD OR                            |
| 4.Listen to post operative wound care instructions prior to discharge | 4.Give post operative instructions (specimen is fixed)                   | Please refer to approved Schedule of Hospital Fees | 15 minutes             | <i>Physician and Intern</i><br>OPD OR                 |
| <b>TOTAL:</b>   |  | Please refer to approved Schedule of Hospital Fees | 1 hour, 30 minutes     |   |

## 9. OPD Major Surgery- Actual Procedure (OPD Major OR)

Performing a surgical procedure under local or general anesthesia at the OPD Major OR

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>   | Department of Surgery   |   |                        |   |
| <b>Classification:</b>   | Highly technical  |   |                        |   |
| <b>Type of Transaction:</b>  | G2C   |   |                        |   |
| <b>Who may avail:</b>  | Patients advised surgical procedure under IV sedation or general anesthesia at the OPD Major OR |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                    |                        |   |
| Completed updated work up and copy of medical records through RADISH     |   | Laboratory, Imaging, Chart entry          |                        |   |
| Physician advise for surgical management as inpatient                    |   | Chart entry through RADISH                |                        |   |
| Cardiopulmonary and anesthetic clearance (as needed)                     |   | PATEC clinic                              |                        |   |
| Consultant and co-managing services opinion and availability (as needed) |   | Resident in charge                        |                        |   |
| Available designated adult caregiver                                     |   | Various sources available                 |                        |   |
| Available funding  |   | Various sources available                 |                        |   |
| Good NPO   |   | Patient                                   |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1. Arrive at OPD OR  | 1.Receive name of patient   | None                                      | 5 minutes              | <i>Nurse on duty</i><br>OPD OR                        |
| 2.Wait for name to be called   | 2.Call out patient's name   | None                                      | 10 minutes             | <i>Nurse on duty</i><br><i>or Physician</i><br>OPD OR |
| 3.Enter the major OR   | 3. Secure Consent ,interview patient take, good NPO assured and take vital signs.               | Please refer to approved Schedule of Fees | 10 minutes             | <i>Nurse on duty</i><br><i>or Physician</i><br>OPD OR |
|  | 3.1 Wheel patient in for surgery  |   | 5 minutes              |   |
|  | 3.2 Induce patient  |   | 15 minutes             | <i>Anesthesiologist</i><br>OPD OR                     |
|  | 3.3 Perform Surgery   |   | 1 hour m               | <i>Surgeon</i><br>OPD OR                              |
|  | 3.4 Take off anesthesia from patient  |   | 15 minutes             | <i>Anesthesiologist</i><br>OPD OR                     |
|  | 3.5 Send to PACU for observation  |   | 2 hours                | <i>Physician,</i><br><i>Nurse on duty</i><br>OPD OR   |



|   |   |   |                        |  |
|---|---|---|------------------------|--|
|   |   |   |                        |  |
| 4.Listen to post-operative wound care instructions prior to discharge | 4.Give post-operative instructions, specimen is fixed | None                                      | 15 minutes             | <i>Physician and Intern<br/>OPD OR</i> |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees | 4 hours and 15 minutes |  |

## 10. Inpatient Elective Surgery- Actual Procedure

Performing a surgical procedure under local or general anesthesia as inpatient elective

| <b>Office or Division:</b>   | Department of Surgery  |   |  |   |
|--|--|---|--|---|
| <b>Classification:</b>   | Highly technical   |   |  |   |
| <b>Type of Transaction:</b>  | G2C  |   |  |   |
| <b>Who may avail:</b>  | Patients advised surgical procedure under local or general anesthesia as inpatient |   |  |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                           |  |   |
| Completed updated work up and photocopy of medical records               |  | Laboratory, Imaging, Chart entry          |  |   |
| Cardiopulmonary and anesthetic clearance (as needed)                     |  | PATEC Clearance, Chart entries            |  |   |
| RT-PCR Result/Vaccination Card   |  | Obtained Pre-op                           |  |   |
| Consultant and co-managing services opinion and availability (as needed) |  | Surgeon in charge                         |  |   |
| Available funding  |  | Various sources available                 |  |   |
| Blood donor slips (as needed)  |  | Various sources available                 |  |   |
| Available designated adult caregiver                                     |  | Various sources available                 |  |   |
| In-patient Bed   |  | Surgeon in charge                         |  |   |
| Operation Schedule   |  | Surgeon in charge                         |  |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                           | PROCESSING TIME                                    | PERSON RESPONSIBLE  |
| 1. Arrive at OR complex and transfer to surgical bed                     | 1. Confirm identity of patient; follow preoperative checklist                      | Please refer to approved Schedule of Fees | 15 minutes   | <i>Nurse on duty</i><br>OR Complex                                  |
|  | 1.1 Commit patient to the anesthesia monitoring machines and induce                |   | 1 hour   | <i>Anesthesiologist</i><br>OR Complex                               |
|  | 1.2 Perform Surgery  |   | Variable   | <i>Surgeon</i><br>OR Complex  |
|  | 1.3 Take off anesthesia of patient   | None                                      | 1 hour   | <i>Anesthesiologist</i><br>OR Complex                               |
|  | 1.4 Send to PACU for observation   | None                                      | 30 mins  | <i>Physician, Institutional Worker, Nurse on duty</i><br>OR Complex |
| <b>TOTAL:</b>  |  | Please refer to approved Schedule         | Total time is variable, depending on the length of |   |

|  |         |         |  |
|--|---------|---------|--|
|  | of Fees | surgery |  |
|--|---------|---------|--|

## 11. Inpatient Emergency Surgery- Actual Procedure

Performing a surgical procedure under local or general anesthesia as emergency case at the emergency operating room.

| <b>Office or Division:</b>   | Department of Surgery  |   |                          |   |
|--|--|---|--------------------------|---|
| <b>Classification:</b>   | Highly technical   |   |                          |   |
| <b>Type of Transaction:</b>  | G2C  |   |                          |   |
| <b>Who may avail:</b>  | Patients advised surgical procedure under local or general anesthesia as inpatient |   |                          |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                           |                          |   |
| Completed updated work up and photocopy of medical records               |  | Laboratory, Imaging, Chart entry          |                          |   |
| Cardiopulmonary and anesthetic clearance (as needed)                     |  | PATEC Clearance, Chart entries            |                          |   |
| RT-PCR Result/Vaccination Card   |  | Obtained Pre-op                           |                          |   |
| Consultant and co-managing services opinion and availability (as needed) |  | Surgeon in charge                         |                          |   |
| Available funding  |  | Various sources available                 |                          |   |
| Blood donor slips (as needed)  |  | Various sources available                 |                          |   |
| Available designated adult caregiver                                     |  | Various sources available                 |                          |   |
| In-patient Bed   |  | Surgeon in charge                         |                          |   |
| Operation Schedule   |  | Surgeon in charge                         |                          |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                           | PROCESSING TIME          | PERSON RESPONSIBLE  |
| 1. Arrive at OR complex and transfer to surgical bed                     | 1. Confirm Identity of patient, follow preoperative checklist                      | Please refer to approved Schedule of Fees | 15 minutes               | <i>Nurse on duty</i><br>OR Complex                                  |
|  | 1.1 Commit patient to the anesthesia monitoring machines, induce                   |   | 1 hour                   | <i>Anesthesiologist</i><br>OR Complex                               |
|  | 1.2 Perform surgery  |   | Surgery Time is variable | <i>Surgeon</i><br>OR Complex  |
|  | 1.3 Take off anesthesia from patient   |   | 1 hour                   | <i>Anesthesiologist</i><br>OR Complex                               |
|  | 1.4 Send to PACU for observation   |   | 30 mins                  | <i>Physician, Institutional Worker, Nurse on duty</i><br>OR Complex |
| <b>TOTAL:</b>  |  | Please refer to                           | Variable; depending on   |   |

|  |                                 |                 |  |
|--|---------------------------------|-----------------|--|
|  | approved<br>Schedule<br>of Fees | time fo surgery |  |
|--|---------------------------------|-----------------|--|

## 12. Ultrasound-guided Fine Needle Biopsy (Breast and Thyroid) Service

A diagnostic procedure to provide cytologic diagnosis of small nodules of the thyroid and breast.

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>   | Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery (GS1) |   |                        |   |
| <b>Classification:</b>   | Simple   |   |                        |   |
| <b>Type of Transaction:</b>  | G2C  |   |                        |   |
| <b>Who may avail:</b>  | All patients referred for procedure  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                   |  | <b>WHERE TO SECURE</b>                    |                        |   |
| Request Form   |  | Surgery OPD, Referring private physician  |                        |   |
| MSS White Card(1 original)   |  | Medical Social Services                   |                        |   |
| PhilHealth Forms (CSF, CF2, CF4)                                   |  | Division Office                           |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| <b>For Service Patients with Blue Card and MSS White Card:</b>     |  |   |                        |   |
| 1.Arrive at GS1 Office on the scheduled date and time of procedure | 1.Check all the requirements, prepare the room.  | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS I Office |
| 2.Proceed to Cash Division Office for payment                      | 2.Get the Blue Card, request form and payment<br>2.1 Issue Official Receipt                                  | PHP 410                                   | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |
| 3.Present the Official Receipt                                     | 3.Scan the Official Receipt  | None                                      | 5 minutes              | <i>Administrative Aide</i><br>GS I office |
| 4.Wait to be called  | 4.Call the patient, perform the procedure and release the Result   | None                                      | 60 minutes             | <i>Physician</i><br>GS I                  |
| <b>TOTAL:</b>  |  | PHP 410                                   | 1 hour, 45 minutes     |   |
| <b>For Pay Patients</b>  |  |   |                        |   |
| 1.Arrive at the scheduled date and time of procedure               | 1.Check all the requirements, prepare the request form   | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS I Office |
| 2.Proceed to Cash Division Office for payment                      | 2.Get the request form and payment<br>2.1 Issue Official Receipt   | Please refer to approved Schedule of Fees | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |
| 3.Present the Official Receipt                                     | 3.Scan the Official Receipt  | None                                      | 5 minutes              | <i>Administrative Aide</i><br>GS I office |

|                     |  |   |                    |                          |
|---------------------|--|---|--------------------|--------------------------|
| 4.Wait to be called | 4.Call the patient, perform the procedure and release the Result | None                                      | 60 minutes         | <i>Physician</i><br>GS I |
| <b>TOTAL:</b>       |  | Please refer to approved Schedule of Fees | 1 hour, 45 minutes |                          |

### 13. Breast Core Needle Biopsy (CNB) Service

Done in order to secure adequate tissue for biopsy from palpable breast masses

|   |  |   |                        |                                    |
|---|--|---|------------------------|------------------------------------|
| <b>Office or Division:</b>  | Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery (GS1) |   |                        |                                    |
| <b>Classification:</b>  | Simple   |   |                        |                                    |
| <b>Type of Transaction:</b>   | G2C  |   |                        |                                    |
| <b>Who may avail:</b>   | All patients referred for procedure  |   |                        |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |  | <b>WHERE TO SECURE</b>                    |                        |                                    |
| Request Form  |  | Surgery OPD, Referring private physician  |                        |                                    |
| MSS White Card(1 original)  |  | Medical Social Services                   |                        |                                    |
| PhilHealth Forms (CSF, CF2, CF4)                                    |  | Division Office                           |                        |                                    |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>          |
| <b>For Service Patients with Blue Card and MSS White Card:</b>      |  |   |                        |                                    |
| 1. Arrive at GS1 Office on the scheduled date and time of procedure | 1. Check all the requirements, prepare the room.   | None                                      | 10 minutes             | Administrative Aide<br>GS I Office |
| 2.Proceed to Cash Division Office for payment                       | 2.Get the Blue Card, request form and payment<br>2.1 Issue Official Receipt                                  | Please refer to approved Schedule of Fees | 30 minutes             | Cash Clerk<br>Cashier's Office     |
| 3.Present the Official Receipt                                      | 3.Scan the Official Receipt  | None                                      | 5 minutes              | Administrative Aide<br>GS I Office |
| 4.Wait to be called   | 4.Call the patient, perform the procedure and release the Result   | None                                      | 60 minutes             | Physician<br>GS I                  |
| <b>TOTAL:</b>   |  | Please refer to approved Schedule of Fees | 1 hour, 45 minutes     |                                    |
| <b>For Pay Patients (ADMITTED)</b>                                  |  |   |                        |                                    |
| 1.Arrive at the scheduled date and time of procedure                | 1.Check all the requirements, prepare the request form   | None                                      | 10 minutes             | Administrative Aide<br>GS I Office |
| 2.Proceed to Cash Division Office for payment                       | 2.Get the request form and payment<br>2.1 Issue Official Receipt   | Please refer to approved Schedule of Fees | 30 minutes             | Cash Clerk<br>Cashier's Office     |
| 3.Present the Official  | 3. Scan the Official   | None                                      | 5 minutes              | Administrative                     |



|                     |   |   |                       |                     |
|---------------------|---|---|-----------------------|---------------------|
| Receipt             | Receipt   |   |                       | Aide<br>GS I Office |
| 4.Wait to be called | 4.Call the patient,<br>perform the<br>procedure and<br>release the Result | None  | 60 minutes            | Physician<br>GS I   |
| <b>TOTAL:</b>       |   | Please<br>refer to<br>approved<br>Schedule<br>of Fees | 1 hour,<br>45 minutes |                     |

## 14. Fine Needle Biopsy (FNAB) Thyroid Service

First line workup in diagnosis of thyroid nodules to be able to get cytologic samples for examination.

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>   | Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery (GS1) |   |                        |   |
| <b>Classification:</b>   | Simple   |   |                        |   |
| <b>Type of Transaction:</b>  | G2C  |   |                        |   |
| <b>Who may avail:</b>  | All patients referred for procedure  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                   |  | <b>WHERE TO SECURE</b>                    |                        |   |
| Request Form   |  | Surgery OPD, Referring private physician  |                        |   |
| MSS White Card(1 original)   |  | Medical Social Services                   |                        |   |
| PhilHealth Forms (CSF, CF2, CF4)                                   |  | Division Office                           |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| <b>For Service Patients with Blue Card and MSS White Card:</b>     |  |   |                        |   |
| 1.Arrive at GS1 Office on the scheduled date and time of procedure | 1. Check all the requirements, prepare the room.   | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS I Office |
| 2.Proceed to Cash Division Office for payment                      | 2.Get the Blue Card, request form and payment<br>2.1 Issue Official Receipt                                  | PHP 240                                   | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |
| 3.Present the Official Receipt                                     | 3.Scan the Official Receipt  | None                                      | 5 minutes              | <i>Administrative Aide</i><br>GS I Office |
| 4.Wait to be called  | 4.Call the patient, perform the procedure and release the Result   | None                                      | 60 minutes             | <i>Physician</i><br>GS I                  |
| <b>TOTAL:</b>  |  | PHP 240                                   | 1 hour, 45 minutes     |   |
| <b>For Pay Patients</b>  |  |   |                        |   |
| 1.Arrive at the scheduled date and time of procedure               | 1.Check all the requirements, prepare the request form   | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS I Office |
| 2.Proceed to Cash Division Office for payment                      | 2.Get the request form and payment<br>2.1 Issue Official Receipt   | Please refer to approved Schedule of Fees | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |

|                                 |   |   |                    |   |
|---------------------------------|---|---|--------------------|---|
| 3. Present the Official Receipt | 3. Scan the Official Receipt                                      | None                                      | 5 minutes          | <i>Administrative Aide</i><br>GS I Office |
| 4. Wait to be called            | 4. Call the patient, perform the procedure and release the Result | None                                      | 60 minutes         | <i>Physician</i><br>GS I                  |
| <b>TOTAL:</b>                   |   | Please refer to approved Schedule of Fees | 1 hour, 45 minutes |   |

## 15. Flexible Nasopharyngoscopy Service

A diagnostic procedure used for examination of the nose, throat, and airway.

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>   | Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery (GS1) |   |                        |   |
| <b>Classification:</b>   | Simple   |   |                        |   |
| <b>Type of Transaction:</b>  | G2C  |   |                        |   |
| <b>Who may avail:</b>  | All patients referred for procedure  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                   |  | <b>WHERE TO SECURE</b>                    |                        |   |
| Request Form   |  | Surgery OPD, Referring private physician  |                        |   |
| MSS White Card(1 original)   |  | Medical Social Services                   |                        |   |
| PhilHealth Forms (CSF, CF2, CF4)                                   |  | Division Office                           |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| <b>For Service Patients with Blue Card and MSS White Card:</b>     |  |   |                        |   |
| 1.Arrive at GS1 Office on the scheduled date and time of procedure | 1.Check all the requirements, prepare the room.  | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS I office |
| 2.Proceed to Cash Division Office for payment                      | 2.Get the Blue Card, request form and payment<br>2.1 Issue Official Receipt                                  | PHP 200                                   | 15 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |
| 3.Present the Official Receipt                                     | 3.Scan the Official Receipt  | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS I office |
| 4.Wait to be called  | 4.Call the patient, perform the procedure and release the Result   | None                                      | 30 minutes             | <i>Physician</i><br>GS I                  |
| <b>TOTAL:</b>  |  | PHP 200                                   | 1 hour, 5 minutes      |   |
| <b>For Pay Patients</b>  |  |   |                        |   |
| 1.Arrive at the scheduled date and time of procedure               | 1.Check all the requirements, prepare the request form   | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS I Office |
| 2.Proceed to Cash Division Office for payment                      | 2.Get the request form and payment<br>2.1 Issue Official Receipt   | Please refer to approved Schedule of Fees | 15 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |
| 3.Present the Official Receipt                                     | 3.Scan the Official Receipt  |   | 10 minutes             | <i>Administrative Aide</i><br>GS I Office |
| 4.Wait to be called  | 4.Call the patient,  | None                                      | 30 minutes             | <i>Physician</i>                          |

|               |  |   |                   |      |
|---------------|--|---|-------------------|------|
|               | perform the procedure and release the Result |   |                   | GS I |
| <b>TOTAL:</b> |  | Please refer to approved Schedule of Fees | 1 hour, 5 minutes |      |

## 16. Endoanal Ultrasound Service

Diagnostic procedure performed for patient with anal disease such as abscesses, fistulas, and fissures.

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | Division of Colorectal Surgery (GS2)                                       |   |                        |   |
| <b>Classification:</b>  | Simple   |   |                        |   |
| <b>Type of Transaction:</b>   | G2C  |   |                        |   |
| <b>Who may avail:</b>   | All patients referred for procedure  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |  | <b>WHERE TO SECURE</b>                    |                        |   |
| Request Form  |  | Surgery OPD, Referring private physician  |                        |   |
| MSS White Card(1 original)  |  | Medical Social Services                   |                        |   |
| PhilHealth Forms (CSF, CF2, CF4)                                    |  | Division Office                           |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| <b>For Charity Patients:</b>  |  |   |                        |   |
| 1. Arrive at GS2 Office on the scheduled date and time of procedure | 1. Check all the requirements.<br>1.1 Issue charge slip for procedure.     | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS 2 Office |
| 2.Proceed to Cashier for payment                                    | 2.Get the Blue Card, charge slip and payment<br>2.1 Issue Official Receipt | Please refer to approved Schedule of Fees | 30 minutes             | <i>Cash Clerk</i><br>Cashier              |
| 3.Present the Official Receipt                                      | 3. Verify and scan the Official Receipt                                    | None                                      | 5 minutes              | <i>Administrative Aide</i><br>GS 2 Office |
| 4.Wait to be called   | 4.Call the patient, perform the procedure and release result               | None                                      | 60 minutes             | <i>Surgeon</i><br>GS 2                    |
| <b>TOTAL:</b>   |  | Please refer to approved Schedule of Fees | 1 hour, 45 minutes     |   |
| <b>For Pay Patients</b>   |  |   |                        |   |
| 1.Arrive at the scheduled date and time of procedure                | 1. Check all the requirements.<br>1.1 Issue charge slip for procedure.     | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS 2 Office |
| 2. Proceed to Cashier for payment                                   | 2.Get the charge slip and payment<br>2.1 Issue Official Receipt            | Please refer to approved Schedule of Fees | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |
| 3.Present the Official  | 3.Verify and scan  | None                                      | 5 minutes              | <i>Administrative</i>                     |

|                     |   |   |                       |                            |
|---------------------|---|---|-----------------------|----------------------------|
| Receipt             | official receipt  |   |                       | <i>Aide</i><br>GS 2 Office |
| 4.Wait to be called | 4.Call the patient,<br>perform the<br>procedure and<br>release result | None  | 60 minutes            | <i>Surgeon</i><br>GS 2     |
| <b>TOTAL:</b>       |   | Please<br>refer to<br>approved<br>Schedule<br>of Fees | 1 hour,<br>45 minutes |                            |

## 17. Endorectal Ultrasound Service

Diagnostic procedure performed for patients with rectal cancer to determine stage by tumor size, invasion of surrounding tissues and for complex anal disease

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Division of Colorectal Surgery (GS2)  |   |                        |   |
| <b>Classification:</b>  | Simple  |   |                        |   |
| <b>Type of Transaction:</b>   | G2C   |   |                        |   |
| <b>Who may avail:</b>   | All patients referred for procedure   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |   | <b>WHERE TO SECURE</b>                    |                        |   |
| Request Form  |   | Surgery OPD, Referring private physician  |                        |   |
| MSS White Card(1 original)  |   | Medical Social Services                   |                        |   |
| PhilHealth Forms (CSF, CF2, CF4)                                    |   | Division Office                           |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| <b>For Charity Patients:</b>  |   |   |                        |   |
| 1. Arrive at GS2 Office on the scheduled date and time of procedure | 1. Check all the requirements.<br>1.1 Issue charge slip for procedure         | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS 2 Office |
| 2.Proceed to Cash Division Office for payment                       | 2.Get the Blue Card, charge slip, and payment.<br>2.1 Issue Official Receipt. | Please refer to approved Schedule of Fees | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |
| 3.Present the Official Receipt                                      | 3. Verify and scan the Official Receipt                                       | None                                      | 5 minutes              | <i>Administrative Aide</i><br>GS 2 Office |
| 4. Wait to be called  | 4. Call the patient, perform the procedure and release result                 | None                                      | 60 minutes             | <i>Surgeon</i><br>GS 2                    |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees | 1 hour, 45 minutes     |   |
| <b>For Pay Patients</b>   |   |   |                        |   |
| 1. Arrive at the scheduled date and time of procedure               | 1. Check all the requirements.<br>1.1 Issue charge slip for procedure.        | None                                      | 10 minutes             | <i>Administrative Aide</i><br>GS 2 Office |
| 2.Proceed to Cash Division Office for payment                       | 2.Get the charge slip and payment.<br>2.1 Issue Official Receipt.             | Please refer to approved Schedule of Fees | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office     |
| 3.Present the Official  | 3. Verify and scan  | None                                      | 5 minutes              | Administrative                            |



|                     |   |   |                       |                     |
|---------------------|---|---|-----------------------|---------------------|
| Receipt             | official receipt  |   |                       | Aide<br>GS 2 Office |
| 4.Wait to be called | 4.Call the patient,<br>perform the<br>procedure and<br>release result | None  | 60 minutes            | Surgeon<br>GS 2     |
| <b>TOTAL:</b>       |   | Please<br>refer to<br>approved<br>Schedule<br>of Fees | 1 hour,<br>45 minutes |                     |

## 18. Urology Ultrasound Service

Initial diagnostic imaging for urologic assessment. Tool/guide for prostate biopsies.

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   | Division of Urology   |  |                        |  |
| <b>Classification:</b>   | Simple  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C   |  |                        |  |
| <b>Who may avail:</b>  | All patients referred for procedure   |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                       |   | <b>WHERE TO SECURE</b>                             |                        |  |
| Request Form   |   | Surgery OPD, Referring private physician           |                        |  |
| MSS White Card(1 original)   |   | Medical Social Services                            |                        |  |
| PhilHealth Forms (CSF, CF2, CF4)                                       |   | Division Office                                    |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Arrive at Urology Office on the scheduled date and time of procedure | 1. Check all the requirements, prepare the room.<br><br>1.1 Prepare charge slip | None   | 10 minutes             | <i>Urology ward resident</i><br><br><i>Urology secretary</i><br>Urology Office |
| 2.Proceed to Cash Division Office for payment                          | 2.Present the Blue Card and request form<br>2.1 Issue Official Receipt          | Please refer to approved Schedule of Hospital Fees | 30 minutes             | <i>Cash Clerk</i> Cashier's Office   |
| 3.Present the Official Receipt   | 3. Scan the Official Receipt / Record OR number onto charge slip and logbook    | None   | 10 minutes             | <i>Urology secretary</i><br>Urology Office                                     |
| 4.Wait to be called  | 4. Call the patient, perform the procedure and release the Result               | None   | 60 minutes             | <i>Urology ward resident</i><br>Urology Office                                 |
| <b>TOTAL:</b>  |   | Please refer to approved Schedule of Hospital Fees | 1 hour, 50 minutes     |  |

## 19. Urodynamics Voiding Dysfunction Systems Service

Diagnostic study that evaluates the pressure-flow relationship of the urinary system

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>  | Division of Urology   |   |                        |  |
| <b>Classification:</b>  | Simple  |   |                        |  |
| <b>Type of Transaction:</b>   | G2C   |   |                        |  |
| <b>Who may avail:</b>   | All patients referred for procedure   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                    |                        |  |
| Request Form  |   | Surgery OPD, Referring private physician  |                        |  |
| MSS White Card(1 original)  |   | Medical Social Services                   |                        |  |
| PhilHealth Forms (CSF, CF2, CF4)  |   | Division Office                           |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Arrive at Urology Office on the scheduled date and time of procedure | 1. Check all the requirements, prepare the room.<br><br>1.1 Prepare charge slip | None                                      | 10 minutes             | <i>Urology ward resident</i><br><br><i>Urology secretary</i><br>Urology Office |
| 2. Proceed to Cash Division Office for payment                          | 2. Present the Blue Card and request form<br>2.1 Issue Official Receipt         | Please refer to approved Schedule of Fees | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office  |
| 3. Present the Official Receipt   | 3. Scan the Official Receipt / Record OR number onto charge slip and logbook    | None                                      | 10 minutes             | <i>Urology secretary</i><br>Urology Office                                     |
| 4.Wait to be called   | 4.Call the patient, perform the procedure and release the Result                | None                                      | 60 minutes             | <i>Urology ward resident</i><br>Urology Office                                 |
| <b>TOTAL:</b>   |   | Please refer to approved Schedule of Fees | 1 hour, 50 minutes     |  |

## 20. Cystoscopy Service

Direct visualization of the urethra and bladder through a cystoscope

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   | OPD OR  |  |                        |  |
| <b>Classification:</b>   | Simple  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C   |  |                        |  |
| <b>Who may avail:</b>  | All patients referred for procedure                                     |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                     |   | <b>WHERE TO SECURE</b>                     |                        |  |
| Request Form   |   | Surgery OPD, Referring private physician   |                        |  |
| MSS White Card(1 original)   |   | Medical Social Services                    |                        |  |
| PhilHealth Forms (CSF, CF2, CF4)                                     |   | Division Office                            |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                              |
| 1.Arrive at OPD Major OR on the scheduled date and time of procedure | 1. Check all the requirements, prepare the room.                        | None                                       | 10 minutes             | <i>Ward Clerk/ Nurse</i><br>Major OPD OR               |
| 2.Proceed to the Radiology Department                                | 2.Provide charge slip for X-ray use and contrast dye                    | Please refer to the approved Hospital Fees | 15 minutes             | <i>Staff-in-Charge</i><br>Radiology Department         |
| 3.Proceed to Cash Division Office for payment                        | 3. Present the Blue Card and request form<br>3.1 Issue Official Receipt | None (PhilHealth Covered)                  | 30 minutes             | <i>Cash Clerk</i><br>Cashier's Office                  |
| 4.Present the Official Receipt                                       | 4. Scan the Official Receipt  | None                                       | 10 minutes             | <i>Ward Clerk/ Nurse</i><br>Major OPD OR               |
| 5. Wait to be called   | 5. Call the patient, perform the procedure and release the Result       | None                                       | 2 hours                | <i>Ward Clerk/ Nurse</i><br><i>Physician</i><br>OPD OR |
| <b>TOTAL:</b>  |   | Please refer to the approved Hospital Fees | 3 hours, 5 minutes     |  |

## 21. DJS Removal Service

Removal of a Double J stent through cystoscopy.

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>                                      | OPD OR  |   |                        |   |
| <b>Classification:</b>  | Simple  |   |                        |   |
| <b>Type of Transaction:</b>                                     | G2C   |   |                        |   |
| <b>Who may avail:</b>   | All patients referred for procedure                                     |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                |   | <b>WHERE TO SECURE</b>                        |                        |   |
| Request Form  |   | Surgery OPD, Referring private physician      |                        |   |
| MSS White Card(1 original)                                      |   | Medical Social Services                       |                        |   |
| PhilHealth Forms (CSF, CF2, CF4)                                |   | Division Office                               |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. Arrive at OPD OR on the scheduled date and time of procedure | 1. Check all the requirements, prepare the room.                        | None  | 10 minutes             | <i>Ward Clerk Nurse</i>                     |
| 2. Proceed to the Radiology Department                          | 2. Provide charge slip for X-ray use and contrast dye                   | Please refer to the approved Schedule of Fees | 15 minutes             | <i>Staff-in-Charge Radiology Department</i> |
| 3. Proceed to Cash Division Office for payment                  | 3. Present the Blue Card and request form<br>3.1 Issue Official Receipt | None (PhilHealth Covered)                     | 30 minutes             | <i>Cash ClerkCashier's Office</i>           |
| 4. Present the Official Receipt                                 | 4. Scan the Official Receipt  | None  | 10 minutes             | <i>Ward Clerk Nurse</i>                     |
| 5. Wait to be called  | 5. Call the patient, perform the procedure and release the Result       | None  | 2 hours                | <i>Physician OPD OR</i>                     |
| <b>TOTAL:</b>   |   | Please refer to the approved Schedule of Fees | 3 hours                |   |

## 22. Pre-Transplant Orientation and Health Teachings

### Provision of Pre-Transplant Orientation and Health Teachings

|   |   |                               |                        |                                       |
|---|---|-------------------------------|------------------------|---------------------------------------|
| <b>Office or Division:</b>  | Transplant Unit   |                               |                        |                                       |
| <b>Classification:</b>  | Simple  |                               |                        |                                       |
| <b>Type of Transaction:</b>   | G2C   |                               |                        |                                       |
| <b>Who may avail:</b>   | Patients who are eligible for transplant as evaluated by their respective transplant surgeon or nephrologist.   |                               |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>        |                        |                                       |
| Referral for orientation from Attending Physician   |   | Clinic of Attending Physician |                        |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Visit the PGH Transplant Unit and present referral letter  | 1. Check the referral letter from Attending Physician   | None                          | 5 minutes              | <i>Coordinator</i><br>Transplant Unit |
| 2. Fill out the Patient Information Form  | 2. Assist the client in filling up of form  | None                          | 25 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 3. Answer questions during interview  | 3. Take patient health history through interview  | None                          | 30 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 4. Listen to and participate in the Pre-Transplant Orientation. Ask questions and clarifications if needed. | 4. Conduct pre-transplant orientation.<br>4.1. Answer client's questions and clarifications.<br>4.2. Evaluate client's understanding of the information provided. | None                          | 4 hours                | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>   |   | None                          | 5 hours                |                                       |

## 23. Submission of Application to Avail PhilHealth Z-package for Kidney Transplant

Availment of PHIC Z-package for kidney transplant

| <b>Office or Division:</b>  | Transplant Unit   |                 |   |                             |
|---|---|-----------------|---|-----------------------------|
| <b>Classification:</b>  | Simple  |                 |   |                             |
| <b>Type of Transaction:</b>   | G2C   |                 |   |                             |
| <b>Who may avail:</b>   | Kidney transplant candidates who wish and are qualified to avail of the PhilHealth Z-Benefits Package |                 |   |                             |
| CHECKLIST OF REQUIREMENTS   |   |                 | WHERE TO SECURE   |                             |
| <ol style="list-style-type: none"> <li>1. Completely filled-up and signed PhilHealth Z-Package Application Form</li> <li>2. Supporting Documents/ Laboratory Results (1 photocopy each):               <ol style="list-style-type: none"> <li>a. Complete hepatitis profile (particularly Anti-HCV and Hbs-Ag)                   <ul style="list-style-type: none"> <li>• If Hbs-Ag positive: HBV-DNA result and clearance from gastroenterologist</li> </ul> </li> <li>b. HIV screening                   <ul style="list-style-type: none"> <li>• If HIV positive: HIV-1 RNA viral load and CD4+ count</li> </ul> </li> <li>c. CMV IgG                   <ul style="list-style-type: none"> <li>• If CMV IgG negative: CMV IgG result of donor</li> </ul> </li> <li>d. Tissue crossmatch</li> <li>e. PRA Class I and 2 Screening                   <ul style="list-style-type: none"> <li>• If PRA Screening positive: PRA Specific and PRA Single Antigen Bead</li> </ul> </li> <li>f. Serum creatinine</li> <li>g. Kidney/Whole Abdominal Ultrasound</li> <li>h. Urinalysis (if not anuric)</li> <li>i. If for pre-emptive kidney transplantation, either one of the following:                   <ul style="list-style-type: none"> <li>• 24-hour urine creatinine clearance</li> <li>• Calculated GFR (CKD-EPI formula)</li> <li>• Nuclear GFR</li> </ul> </li> </ol> </li> <li>3. PhilHealth MDR (1 photocopy)</li> <li>4. Certificate of Contributions (1 original)</li> <li>5. If patient undergoing dialysis, submit certificate of number of times that patient has used PhilHealth for dialysis (1 original)</li> </ol> |   |                 | <ol style="list-style-type: none"> <li>1. PhilHealth Z-Package Application Form from Transplant office</li> <li>2. Laboratory requests and referral to gastroenterologist (if needed) from attending physician's clinic</li> <li>3. Gastrointestinal clearance from clinic of gastroenterologist (if needed)</li> <li>4. Test results from Laboratory or Diagnostic Center/Hospital where tests were done</li> <li>5. PhilHealth documents from PhilHealth office</li> <li>6. Certification of dialysis use from dialysis center</li> </ol> |                             |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE          |
| 1. Present requirements to PGH Transplant unit  | 1. Assess requirements for completeness   | None            | 30 minutes  | Coordinator Transplant Unit |
| 2. Visit the PhilHealth Processor for the interview   | 2. Accompany and/or endorse patient to PhilHealth Processor for Interview                             | None            | 15 minute   | Coordinator Transplant Unit |
| <b>TOTAL:</b>   |   | None            | 45 Minutes  |                             |

## 24. Scheduling of Interview for Ethics Approval

### Scheduling for Ethics Approval

|   |   |   |                        |                                       |
|---|---|---|------------------------|---------------------------------------|
| <b>Office or Division:</b>  | Transplant Unit   |   |                        |                                       |
| <b>Classification:</b>  | Simple  |   |                        |                                       |
| <b>Type of Transaction:</b>   | G2C   |   |                        |                                       |
| <b>Who may avail:</b>   | Kidney transplant candidates with living donors (transplant surgeon or nephrologist). |   |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |                                       |
| a. Must have undergone pre-transplant orientation by PGH TC<br>b. Psychiatric Clearance of both donor and recipient (1 original)<br>c. Birth Certificate of both donor and recipient (1 photocopy)<br>d. Valid ID both donor and recipient (1 photocopy)<br>e. Laboratory test results of the donor and recipient, including, but not limited to, the following (1 photocopy each): <ul style="list-style-type: none"> <li>• Blood type</li> <li>• Complete blood count</li> <li>• Serum creatinine, BUN, uric acid</li> <li>• Serum electrolytes</li> <li>• Urinalysis</li> </ul> f. Social Case Study of both donor and recipient<br>g. Certificate of relationship/consanguinity/ family tree<br>h. Substantial Proof of relationship (ex. Pictures, videos, messages)<br>i. Notarized informed consent of donor<br>j. Notarized deed of Donation<br>k. Notarized Oath of Undertaking<br>l. Certificate of Orientation<br>m. Request for Ethics Evaluation |   | 1. Orientation from PGH transplant unit<br>2. Clearance from Psychiatrist's clinic<br>3. Philippine Statistics Authority or Municipal Registry<br>4. Laboratory requests from Attending physician<br>5. Test results from Laboratory or Diagnostic Center/Hospital where tests were done<br>6. Social Case Study from PGH Medical Social Service<br>7. Certificate of Relationship/ Consanguinity/ Family tree to be done by the recipient-donor pair<br>8. Substantial proof of relationship to be provided by the recipient- donor pair<br>9. Notarized informed consent of donor form<br>Notarized deed of Donation and Notarized Oath of Undertaking to be explained by the transplant coordinator to the recipient-donor pair. These forms will be given to the patient for notary.<br>10. Certificate of Orientation from the Transplant Coordinator<br>11. Letter of Request for Ethics Evaluation to be submitted by the Transplant Coordinator to the Ethics Committee |                        |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Submit Requirements to the Transplant Unit   | 1. Assess requirements for completeness   | None  | 30 minute              | <i>Coordinator</i><br>Transplant Unit |
| 2. Wait for the TC to inform of the schedule for Ethics Interview   | 2. Call the Ethics Committee point person for scheduling of Ethics                    | None  | 20 minute              | <i>Coordinator</i><br>Transplant Unit |



|  | Interview  |      |                    |                                    |
|--|--|------|--------------------|------------------------------------|
| 3. Listen to the Instructions of the TC. Ask questions and clarifications if necessary | 3. Inform the clients of their schedule for Ethics Interview and provide instructions.<br>3.1. Ensure client's understanding of instructions | None | 40 minute          | <i>Coordinator Transplant Unit</i> |
| <b>TOTAL:</b>  |  | None | 1 hour, 30 Minutes |                                    |

## 25. Reservation of Medications and Supplies for Transplant

Reservation of medications and medical supplies for transplant

|  |  |   |                        |                                       |
|--|--|---|------------------------|---------------------------------------|
| <b>Office or Division:</b>   | Transplant Unit  |   |                        |                                       |
| <b>Classification:</b>   | Simple   |   |                        |                                       |
| <b>Type of Transaction:</b>  | G2C  |   |                        |                                       |
| <b>Who may avail:</b>  | Kidney transplant patients with scheduled transplantation                    |   |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |                                       |
| 1. Approval from Committee on Donor and Transplant Acceptance (CDTA)<br>2. Induction and immunosuppression protocol from Physician<br>3. Physician's Orders on supplies to be prepared for transplant<br>4. PhilHealth Z-Benefits Package approval form, if qualified (1photocopy) |  | 1. CDTA<br>2. List of medications and supplies from Attending physician<br>3. PhilHealth Z-Benefits Package approval form PhilHealth Office |                        |                                       |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Submit PhilHealth Z-package Approval form to the transplant office  | 1. Submit PhilHealth Z-package Approval form to the transplant office        | None  | 5 minutes              | <i>Coordinator</i><br>Transplant Unit |
| 2. Wait for the instructions from TC   | 2. Call the pharmacist for reservation of medications and supplies           | None  | 20 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 3. Listen to the instructions of the TC. Ask questions and clarifications if needed  | 3. Inform the clients on the status of reservation of medications and needs. | None  | 15 minutes             | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>  |  | None  | 40 minutes             |                                       |

## 26. Reservation of Room for Transplant

Reservation of room for transplant

|   |  |  |                        |                                       |
|---|--|--|------------------------|---------------------------------------|
| <b>Office or Division:</b>  | Transplant Unit  |  |                        |                                       |
| <b>Classification:</b>  | Simple   |  |                        |                                       |
| <b>Type of Transaction:</b>   | G2C  |  |                        |                                       |
| <b>Who may avail:</b>   | Kidney transplant patients with scheduled transplantation  |  |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                                       |
| 1. Schedule of transplant surgery<br>2. Admitting Orders from Physician (1 original)<br>3. PhilHealth Z-Package Approval, if patient qualified and approved to avail benefits (1 photocopy) |  | 1. Schedule of transplant surgery and admitting orders from Attending Physician<br>2. PhilHealth Z-Package Approval from PhilHealth Office |                        |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Visit the transplant unit  | 1. Check completeness of requirements  | None   | 10 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 2. Wait for the instructions from TC  | 2. Call the Pay Admitting Section for initial reservation of room for patients   | None   | 20 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 3. Listen to the instructions of the TC. Ask questions and clarifications if needed   | 3. Inform the clients on the status of room reservation.<br>3.1. Instruct patient on admission preparation.<br>3.2. Ensure patient's understanding of the instructions | None   | 1 hour                 | <i>Coordinator</i><br>Transplant Unit |
| 4. Wait for further instruction   | 4. Write reservation letter to Pay Admitting Section   | None   | 15 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 5. Wait for further instruction   | 5. Fill up of reservation forms<br>5.1. Submit reservation letter and forms) to the pay admitting officer  | None   | 30 minutes             | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>   |  | None   | 2 hours, 15 minutes    |                                       |

## 27. Submission of Enrollment Form to the National Waiting List of the Philippine Network for Organ Sharing (PhilNOS)

Enrollment to the National Waiting List of the Philippine Network for Organ Sharing (PhilNOS)

|   |  |   |                        |                                       |
|---|--|---|------------------------|---------------------------------------|
| <b>Office or Division:</b>  | Transplant Unit  |   |                        |                                       |
| <b>Classification:</b>  | Simple   |   |                        |                                       |
| <b>Type of Transaction:</b>   | G2C  |   |                        |                                       |
| <b>Who may avail:</b>   | Kidney transplant candidates with no living donor who wish to enroll to the National Waiting List of PhilNOS   |   |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |                                       |
| 1. Photocopy of the following laboratory and diagnostic test results (1 photocopy each):<br>a. Blood Typing<br>b. Human Leukocyte Antigen (HLA) typing<br>c. Panel Reactive Antibody (PRA)<br>d. Cytomegalovirus (CMV)<br>e. Epstein Barr Virus (EBV)<br>2. Completely filled-up Kidney Transplant Candidate Enlistment Form (1 original) |  | 1. Laboratory requests from attending physician<br>2. Test results from Laboratory or Diagnostic Center/Hospital where tests were done<br>3. Enlistment Form from transplant office |                        |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Visit the transplant unit and submit requirements  | 1. Assess requirements for completeness  | None  | 30 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 2. Listen to the instructions of the TC. Ask questions and clarifications if needed   | 2. Provide instructions on the process of waiting for a kidney from a deceased donor and admission preparation | None  | 1 hour                 | <i>Coordinator</i><br>Transplant Unit |
| 3. Wait for further instruction   | 3. Scan documents and send to PhilNOS TC for Enrollment  | None  | 30 minutes             | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>   |  | None  | 2 hours                |                                       |

## 28. Preparation of Kidney Perfusion Solution

Preparation Perfusion Solution for the Kidney

|  |  |   |                        |                                       |
|--|--|---|------------------------|---------------------------------------|
| <b>Office or Division:</b>   | Transplant Unit  |   |                        |                                       |
| <b>Classification:</b>   | Simple   |   |                        |                                       |
| <b>Type of Transaction:</b>  | G2G  |   |                        |                                       |
| <b>Who may avail:</b>  | Surgeons and Operating Room Personnel  |   |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |                                       |
| 1. Complete needs for perfusion (may vary per physician's orders):<br>a. Heparin 5000IU/vial #2<br>b. Lidocaine 2% polyamp #1<br>c. Verapamil 5mg/amp #2<br>d. Cold Lactated Ringer's Solution (1L) #1<br>e. 10mL syringes #2<br>f. Sterile gloves #1pair<br>g. Macroset #1<br>h. Pressure infusor bag #1<br>2. Order from surgeon to prepare perfusion solution |  | 1. Supplies and medications from Operating Room Pharmacy<br>2. Infusor bag from Transplant office<br>3. Transplant or Donor Surgeon |                        |                                       |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Inform TC by the donor surgeon to prepare perfusion solution  | 1. Wait for the order from the donor surgeon                                 | None  | 1 hour                 | <i>Coordinator</i><br>Transplant Unit |
| 2. Assist TC by the OR personnel during preparation, as needed   | 2. Prepare the perfusion solution for the kidney                             | None  | 10 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 3. Inform TC by the transplant surgeon that kidney is adequately perfused  | 3. Regulate the flow of the perfusion solution from the pressure infusor bag | None  | 30 minutes             | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>  |  | None  | 1 hour, 40 minutes     |                                       |

## 29. Timing of Cold and Warm Ischemia of Kidney during Transplant

Timing of the cold ischemia and warm ischemia of the kidney

|  |  |                        |                        |                                       |
|--|--|------------------------|------------------------|---------------------------------------|
| <b>Office or Division:</b>   | Transplant Unit  |                        |                        |                                       |
| <b>Classification:</b>   | Simple   |                        |                        |                                       |
| <b>Type of Transaction:</b>  | G2G  |                        |                        |                                       |
| <b>Who may avail:</b>  | Transplant surgeons and nephrologists  |                        |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |                                       |
| Kidney has been retrieved by the donor surgeon   |  | Operating room         |                        |                                       |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Inform the TC that the kidney is about to be retrieved                              | 1. Observe the retrieval of organ<br>1.1. Start timing the cold and warm ischemia time                               | None                   | 10 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 2. Inform the TC that the blood vessels of the transplanted kidney are to be unclamped | 2. End timing of the cold ischemia and warm ischemia of the kidney<br>2.1. Document the cold and warm ischemia times | None                   | 60 minutes             | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>  |  | None                   | 1 hour, 10 minutes     |                                       |

### 30. Post-operative Rounds

Carrying out post operative rounds

|   |  |                                     |                        |                                |
|---|--|-------------------------------------|------------------------|--------------------------------|
| <b>Office or Division:</b>  | Transplant Unit  |                                     |                        |                                |
| <b>Classification:</b>  | Simple   |                                     |                        |                                |
| <b>Type of Transaction:</b>   | G2C  |                                     |                        |                                |
| <b>Who may avail:</b>   | Admitted post-transplant recipient or post-nephrectomy donor           |                                     |                        |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>              |                        |                                |
| Patient's chart   |  | Ward/unit where patient is admitted |                        |                                |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |
| 1. Cooperate with the assessment process. Answers questions if necessary.           | 1. Review the patient's chart at the nurses' station                   | None                                | 15 minutes             | Coordinator<br>Transplant Unit |
|   | 1.1. Visit the patient's room<br>1.2. Assess the patient's condition   | None                                | 15 minutes             |                                |
| 2. Listen to the TC's health teachings. Ask questions and clarifications, if needed | 2. Provide health teachings.   | None                                | 30 minutes             | Coordinator<br>Transplant Unit |
|   | 2.1. Address patient's concerns, if any<br>2.2. Document care provided | None                                | 10 minutes             |                                |
| <b>TOTAL:</b>   |  | None                                | 1 hour, 10 Minutes     |                                |

### 31. Discharge Planning and Home Instructions

Provision of discharge instructions and health teachings

|   |  |  |                        |                                |
|---|--|--|------------------------|--------------------------------|
| <b>Office or Division:</b>  | Transplant Unit  |  |                        |                                |
| <b>Classification:</b>  | Simple   |  |                        |                                |
| <b>Type of Transaction:</b>   | G2C  |  |                        |                                |
| <b>Who may avail:</b>   | Admitted post-transplant recipient or post-nephrectomy donor                             |  |                        |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                                |
| 1. Patient's chart<br>2. Discharge orders   |  | 1. Ward/unit where patient is admitted<br>2. Attending physician |                        |                                |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |
| 1. Cooperate with the assessment process. Answers questions if necessary.           | 1. Review patient's chart for discharge orders   | None   | 15 minutes             | Coordinator<br>Transplant Unit |
|   | 1.1. Visit patient's room<br>1.2. Assess patient's readiness for discharge and home care | None   | 15 minutes             |                                |
| 2. Listen to the TC's health teachings. Ask questions and clarifications, if needed | 2. Provide discharge instructions and health teachings.                                  | None   | 1 hour                 | Coordinator<br>Transplant Unit |
|   | 2.1. Address patient's concerns, if any<br>2.2. Document care provided                   | None   | 10 minutes             |                                |
| <b>TOTAL:</b>   |  | None   | 1 hour, 40 Minutes     |                                |



## 32. Endorsing Patient to Operating Room for Stent Removal

Endorsing Patient to OR for Stent Removal

|   |   |   |                        |                                       |
|---|---|---|------------------------|---------------------------------------|
| <b>Office or Division:</b>  | Transplant Unit   |   |                        |                                       |
| <b>Classification:</b>  | Simple  |   |                        |                                       |
| <b>Type of Transaction:</b>   | G2C   |   |                        |                                       |
| <b>Who may avail:</b>   | Post-transplant patients  |   |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |                                       |
| Order and schedule of Stent Removal as from transplant surgeon                      |   | Nurses' station upon discharge or the transplant surgeon's clinic |                        |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Arrive at the PGH transplant unit at least 30 minutes before the schedule.       | 1. Inform Urology office secretary of patient's arrival.  | None  | 5 minutes              | <i>Coordinator</i><br>Transplant Unit |
| 2. Listen to the TC's health teachings. Ask questions and clarifications, if needed | 2. Provide health teachings on what to expect and watch out for after stent removal.<br>2.1. Address patient's concerns, if any | None  | 15 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 3. Proceed to the operating room as instructed.                                     | 3. Accompany patient to OR and endorse to OR nurse/Urology resident   | None  | 10 minutes             | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>   |   | None  | 30 Minutes             |                                       |

### 33. Identification of Potential Multiple Organ Donor (PMOD)

Identification of potential multiple organ donor

|   |   |                                     |                        |                                       |
|---|---|-------------------------------------|------------------------|---------------------------------------|
| <b>Office or Division:</b>                          | Transplant Unit   |                                     |                        |                                       |
| <b>Classification:</b>                              | Simple  |                                     |                        |                                       |
| <b>Type of Transaction:</b>                         | G2G   |                                     |                        |                                       |
| <b>Who may avail:</b>                               | Organ allocation and procurement agencies, like NKTi-HOPE, PhilNOS, etc (collaborative function of transplant coordinators) |                                     |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                    |   | <b>WHERE TO SECURE</b>              |                        |                                       |
| Patient's Chart                                     |   | Ward/unit where patient is admitted |                        |                                       |
| <b>CLIENT STEPS</b>                                 | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Coordinate with TC regarding PMOD identification | 1. Review patient's chart. Take note of laboratory test results (if available):   | None                                | 30 minutes             | <i>Coordinator</i><br>Transplant Unit |
|   | a. Blood typing   |                                     |                        |                                       |
|   | b. Creatinine   |                                     |                        |                                       |
|   | c. Urinalysis   |                                     |                        |                                       |
|   | d. Other pertinent tests  | None                                | 45 minutes             |                                       |
|   | 1.1. Verify diagnosis of brain death and if the family has been primed by the attending physician                           | None                                | 2 hours                |                                       |
|   | 1.2. Look of the PMOD's legal next-of-kin   |                                     |                        |                                       |
| <b>TOTAL:</b>                                       |   | None                                | 3 hours, 15 Minutes    |                                       |

### 34. Providing Information on Organ Donation to Families of Potential Multiple Organ Donor (PMOD)

Providing information on organ donation to families of potential multiple organ donor

| <b>Office or Division:</b>   | Transplant Unit   |   |                        |                                       |
|--|---|---|------------------------|---------------------------------------|
| <b>Classification:</b>   | Simple  |   |                        |                                       |
| <b>Type of Transaction:</b>  | G2C   |   |                        |                                       |
| <b>Who may avail:</b>  | Families of Potential Multiple Organ Donors   |   |                        |                                       |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                        |                                       |
| 1. Diagnosis of brain death<br>2. Family appraised by attending physician of PMOD'S prognosis  |   | 1. Diagnosis written in patient's chart<br>2. Attending physician of PMOD |                        |                                       |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME        | PERSON RESPONSIBLE                    |
| 1. Introduce self to transplant coordinator  | 1. Introduce self to family member/s of PMOD (stating role as part of the health care team)   | None  | 15 minutes             | <i>Coordinator</i><br>Transplant Unit |
| 2. Provide information and freely express concerns as necessary.                               | 2. Assess understand of family member/s regarding PMOD's condition  | None  | 30 minutes             | <i>Coordinator</i><br>Transplant Unit |
|  | 2.1. Provide psychosocial support and grief counseling  | None  | 1 hour                 | <i>Coordinator</i><br>Transplant Unit |
| 3. Listen to the information provided by the TC. Ask questions and clarifications if necessary | 3.3. Introduce possibility of organ donation, highlighting the opportunity to save lives of others in spite of death of loved one.<br>3.1. Answer questions if needed   | None  | 1 hour                 | <i>Coordinator</i><br>Transplant Unit |
| 4. State decision whether to donate organs or not.   | 4.4. Obtain decision of family member/s.<br>4.1. Secure consent if family agrees to deceased organ donation.<br>4.2. Regardless if the family consented or not, express appreciation for the time taken by the family member/s to listen and talk about organ donation. | None  | 30 minutes             | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>  |   | None  | 3 hours,<br>15 Minutes |                                       |

### 35. Referral of Potential Multiple Organ Donor (PMOD) to the Human Organ Preservation Effort (HOPE) for Organ Retrieval

Referral of potential multiple organ donor to the Human Organ Preservation Effort (HOPE)

|  |  |   |                              |                                       |
|--|--|---|------------------------------|---------------------------------------|
| <b>Office or Division:</b>   | Transplant Unit  |   |                              |                                       |
| <b>Classification:</b>   | Simple   |   |                              |                                       |
| <b>Type of Transaction:</b>  | G2G  |   |                              |                                       |
| <b>Who may avail:</b>  | Organ procurement agencies, like NKTi-HOPE, etc (collaborative function of transplant coordinators)  |   |                              |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                              |                                       |
| 1. Declaration of Brain Death (completely filled up and signed by two physicians, of which one of them must be a neurologist)<br>2. Consent for Deceased Organ Donation (completely filled-up and signed by the PMOD's legal next-of-kin)<br>3. Death Certificate (completely filled-up and signed by attending physician) |  | 1. Forms (Declaration of Brain Death and Death certificate) available in Nurses' Station, to be filled up and signed by attending physician<br>2. Consent for organ donation at the transplant office, to be secured by the attending physician, signed by the legal next-of-kin, and witnessed by the transplant coordinator |                              |                                       |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>             |
| 1. Coordinate with PGH TC regarding PMOD referral  | 1. Assess requirements for completeness<br>1.1. Verify consent from legal next-of-kin.<br>1.2. Ensure complete understanding of procedure for organ donation | None<br><br>None  | 15 minutes<br><br>30 minutes | <i>Coordinator</i><br>Transplant Unit |
| 2. Acknowledge referral from PGH TC and provide estimated time of arrival at PGH.  | 2. Notify NKTi-HOPE TC of available PMOD to facilitate additional work-ups and organ retrieval.<br>2.1 Provide necessary information on PMOD.                | None  | 15 minutes                   | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>  |  | None  | 3 hours, 15 Minutes          |                                       |

### 36. Submission of Reports to the Philippine Network for Organ Sharing (PhilNOS)

Submission of reports to PhilNOS

|  |  |   |                        |                                |
|--|--|---|------------------------|--------------------------------|
| <b>Office or Division:</b>   | Transplant Unit  |   |                        |                                |
| <b>Classification:</b>   | Simple   |   |                        |                                |
| <b>Type of Transaction:</b>  | G2G  |   |                        |                                |
| <b>Who may avail:</b>  | PhilNOS  |   |                        |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |                                |
| Completely filled up forms<br>1. Kidney Transplant Candidate Enlistment Form<br>2. Hospital Kidney Transplant Candidate Registration Summary<br>3. Living Donor Registration Form<br>4. Transplant Recipient Registration Form |  | Forms available at Transplant office (may be requested from PhilNOS TC) |                        |                                |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |
| 1. Provide Transplant unit with template of forms to be submitted  | 1. Fill up forms   | None  | 2 hours                | Coordinator<br>Transplant Unit |
|  | 1.1. Check requirements for completeness                                     | None  | 30 minutes             |                                |
|  | 1.2. Send forms to PhilNOS TC via electronic mail                            | None  | 15 minutes             |                                |
| 2. Acknowledge the receipt of the reports  | 2. Inform PhilNOS via phone call or SMS that forms have been sent via e-mail | None  | 15 minutes             | Coordinator<br>Transplant Unit |
| <b>TOTAL:</b>  |  | None  | 3 hours                |                                |

### 37. Submission of Reports to the Renal Disease Control Program (REDCOP)

Submission of reports to REDCOP

|   |  |                         |   |                                       |
|---|--|-------------------------|---|---------------------------------------|
| <b>Office or Division:</b>  | Transplant Unit  |                         |   |                                       |
| <b>Classification:</b>  | Simple   |                         |   |                                       |
| <b>Type of Transaction:</b>   | G2G  |                         |   |                                       |
| <b>Who may avail:</b>   | REDCOP   |                         |   |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |   |                                       |
| Completely filled up forms<br>1. Donor Registry Form<br>2. Recipient Registry Form<br>3. Summary of Submission of Hospital Transplant Registry<br>4. Certification of Submission of Hospital Donor and Recipient Registry<br>5. Kidney Transplant Registry Form |  | Forms available at NKTl |   |                                       |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>             |
| 1. Provide Transplant unit with template of forms to be submitted   | 1. Fill up forms<br>1.1. Check requirements for completeness | None<br>None            | 2 hours<br>30 minutes   | <i>Coordinator</i><br>Transplant Unit |
| 2. Acknowledge receipt of reports   | 2. Submit requirements to NKTl                               | None                    | 5 hours (including travel time and queueing in REDCOP office) | <i>Coordinator</i><br>Transplant Unit |
| <b>TOTAL:</b>   |  | None                    | 7 hours, 30 minutes   |                                       |

# **Dietary Department**

## **External Services**

## 1. Conduct of Lecture

### Processing of Request for Conduct of Lecture

|   |  |  |                        |                           |
|---|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>                                    | Dietary Department   |  |                        |                           |
| <b>Classification:</b>  | Simple   |  |                        |                           |
| <b>Type of Transaction:</b>                                   | G2G  |  |                        |                           |
| <b>Who may avail:</b>   | All PGH Departments and Other Government Offices           |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                              |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Letter of Request with endorsement from the Chair(1 original) |  | Departments or other offices requesting for conduct of lecture |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                       | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit letter of request to the Office of the Chief        | 1. Receive the letter of request                           | None   | 2 Minutes              | <i>Clerk</i><br>Dietary   |
|   | 1.1 Submit the letter of request to the Chief for approval | None   | 3 Minutes              | <i>Clerk</i><br>Dietary   |
|   | 1.2. Approve the request                                   | None   | 5 Minutes              | <i>Chief</i><br>Dietary   |
| 2. Receive notification of approval                           | 2.1 Inform the approval of the request for lecture         | None   | 2 Minutes              | <i>Clerk</i><br>Dietary   |
| <b>TOTAL:</b>   |  | None   | 12 Minutes             |                           |



## 2. Provision of Training Services

Provision of Training Services for Elective Rotation of Medical Residents, Student Affiliates and Trainees

|   |   |  |                        |                           |
|---|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | Dietary Department  |  |                        |                           |
| <b>Classification:</b>  | Simple  |  |                        |                           |
| <b>Type of Transaction:</b>   | G2G   |  |                        |                           |
| <b>Who may avail:</b>   | Medical Residents from the Department of Family and Community Medicine or other interested parties;<br>Nutrition Students eligible for Practicum Affiliation;<br>Licensed Nutritionist-Dietitians |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                             |                        |                           |
| <b>Medical Residents and Student Affiliates:</b><br>Letter of Request with endorsement from the Chair/ College Dean(1 original)                         |   | Department or universities requesting the training |                        |                           |
| <b>Licensed Nutritionist-Dietitians:</b><br>Letter of Request with endorsement from former professor or college dean(1 original); TOR; PRC board rating |   | University<br>PRC                                  |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the letter of request for training with the required documents to the Office of the Chief Nutritionist-Dietitian                              | 1. Receive the letter of request  | None   | 2 Minutes              | <i>Clerk</i><br>Dietary   |
|   | 1.1 Submit the letter to the Chief for approval   | None   | 2 Minutes              | <i>Clerk</i><br>Dietary   |
|   | 1.2 Approve the letter of request   | None   | 2 Minutes              | <i>Chief</i><br>Dietary   |
|   | 1.3 Endorse trainee to the supervisor of Patient Care, Training and Research Division for schedule of qualifying exam   | None   | 2 Minutes              | <i>Chief</i><br>Dietary   |
| 2. Receive submitted documents with endorsement to the supervisor of Patient Care, Training and Research Division                                       | 2. Give directions regarding endorsement to the Patient Care, Training and Research Division  | None   | 2 Minutes              | <i>Clerk</i><br>Dietary   |
| <b>TOTAL:</b>   |   | None   | 10 Minutes             |                           |

### 3. Provision of Meals and Snacks for Patients

Processing of provision of meals and snacks for patients

|   |                             |                                      |                        |  |
|---|-----------------------------|--------------------------------------|------------------------|--|
| <b>Office or Division:</b>              |                             | Dietary Department                   |                        |  |
| <b>Classification:</b>                  |                             | Simple                               |                        |  |
| <b>Type of Transaction:</b>             |                             | G2G                                  |                        |  |
| <b>Who may avail:</b>                   |                             | Patients                             |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>        |                             | <b>WHERE TO SECURE</b>               |                        |  |
| Duly accomplished diet list(1 original) |                             | Wards at service areas and pay areas |                        |  |
| <b>CLIENT STEPS</b>                     | <b>AGENCY ACTION</b>        | <b>FEES TO BE PAID</b>               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit diet list                     | 1. Receive diet list        | None                                 | 2 Minutes              | <i>Dietitian on duty and Administrative Staff</i><br>Clinical Nutrition Division |
|   | 1.1 Summarize the diet list | None                                 | 5 Minutes              |  |
|   | 1.2 Endorse census          | None                                 | 2 Minutes              |  |
|   | 1.3 Dish out food           | None                                 | 10 Minutes             |  |
| 2. Receive and load food of patients    | 2.1 Endorse food            | None                                 | 3 Minutes              | <i>Dietitian or Foreman on Duty</i><br>Dietary                                   |
| <b>TOTAL:</b>                           |                             | None                                 | 22 Minutes             |  |

#### 4. Processing of Daily Acceptance and Inspection Reports (DAIRs)

Processing of DAIRs covers activities from receiving of foodstuff delivery up to approval of DAIR

|   |   |  |                             |   |
|---|---|--|-----------------------------|---|
| <b>Office or Division:</b>                              |   | Food Service Administration Division, Dietary Department |                             |   |
| <b>Classification:</b>                                  |   | Simple   |                             |   |
| <b>Type of Transaction:</b>                             |   | G2G  |                             |   |
| <b>Who may avail:</b>                                   |   | Suppliers of Foodstuffs                                  |                             |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                        |   |  | <b>WHERE TO SECURE</b>      |   |
| Invoices of Items delivered                             |   |  | Suppliers                   |   |
| <b>CLIENT STEPS</b>                                     | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                   | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b>   |
| 1. Deliver foodstuffs and submit corresponding invoices | 1. Receive foodstuffs and corresponding invoices  | None   | 10 Minutes                  | <i>Food Procurement Dietitian for the day</i><br>Dietary          |
|   | 1.1 Check accuracy and completeness of submitted invoice (Representative from IASSS attests inspection of deliveries in the invoices) | None   | 5 Minutes<br>(paused-clock) | <i>Staff Auditor</i><br>Internal Audit                            |
|   | 1.2 Prepare the Daily Acceptance and Inspection Report (DAIR)   | None   | 10 Minutes                  | <i>Accounting Clerk or Procurement Dietitian</i><br>Dietary       |
|   | 1.3 Review and submit DAIR for verification   | None   | 5 Minutes                   | <i>Procurement Dietitian</i><br>Dietary                           |
|   | 1.4 Verify accuracy of Submitted DAIR   | None   | 10 Minutes                  | <i>FSAD Supervisor or Quality Management Assistant</i><br>Dietary |
|   | 1.5 Approve and endorse DAIR  | None   | 10 Minutes                  | <i>Chief</i><br>Dietary   |
| <b>TOTAL:</b>   |   | None   | 50 Minutes                  |   |

## 5. Processing of Statement of Accounts

Processing of Statement of Account (SOA) covers activities from the receipt of SOA up to its approval and endorsement

|   |  |  |  |   |
|---|--|--|--|---|
| <b>Office or Division:</b>  |  | Food Service Administration Division, Dietary Department |  |   |
| <b>Classification:</b>  |  | Simple   |  |   |
| <b>Type of Transaction:</b>   |  | G2G  |  |   |
| <b>Who may avail:</b>   |  | Suppliers of Foodstuffs                                  |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  |  | <b>WHERE TO SECURE</b>                       |   |
| Statement of Account with DAIRs and invoices<br>Copies of Purchase Order, approved purchase request, BUR/OBR, Notice of Award, Performance bond |  |  | Suppliers<br>Purchasing Office<br>BAC Office |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                   | <b>PROCESSING TIME</b>                       | <b>PERSON RESPONSIBLE</b>                           |
| 1. Submit SOA with all required attachments   | 1. Receive SOA with all required attachments   | None   | 5 Minutes                                    | <i>Senior Food Procurement Dietitian</i><br>Dietary |
|   | 1.1 Check accuracy of submitted SOA  | None   | 20 Minutes                                   | <i>Accounting Clerk</i>                             |
|   | 1.2 Compute taxes to be deducted from payables; prepare disbursement vouchers and RIS Form 3 | None   | 20 Minutes                                   |   |
|   | 1.3 Review and submit SOA with disbursement voucher and RIS for verification                 | None   | 10 Minutes                                   | <i>Senior Food Procurement Dietitian</i><br>Dietary |
|   | 1.4 Verifies accuracy of Submitted SOA   | None   | 10 Minutes                                   | <i>FSAD Supervisor</i><br>Dietary                   |
|   | 1.5 Approve and endorse SOA  | None   | 10 Minutes                                   | <i>Chief</i><br>Dietary                             |
| <b>TOTAL:</b>   |  | None   | 1 Hour, 15 Minutes                           |   |

## 6. Provision of Nutritional Care to Inpatients

Processing of Provision of Nutritional Care to Patients confined at the service wards or Pay Wards

|  |  |   |                        |                                     |
|--|--|---|------------------------|-------------------------------------|
| <b>Office or Division:</b>   |  | Dietary Department                                  |                        |                                     |
| <b>Classification:</b>   |  | Simple  |                        |                                     |
| <b>Type of Transaction:</b>  |  | G2C   |                        |                                     |
| <b>Who may avail:</b>  |  | Confined patients at the Service Areas or Pay wards |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                              |                        |                                     |
| Medical Chart  |  | Service Wards and Pay Services                      |                        |                                     |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. Referral from attending physician; can be done through phone call or endorsement by the nurse on duty | 1. Receive referral  | None  | 2 Minutes              | <i>Staff on duty</i><br>Dietary     |
| 2. Wait for the Dietitian in charge  | 2. Attend to referral; read through the chart and start the Nutrition Care Process         | None  | 10 Minutes             | <i>Dietitian</i><br>Dietary         |
| 3. Undergo Nutritional Assessment  | 3. Nutritional Assessment which includes anthropometric measurement and dietary assessment | None  | 20 Minutes             | <i>Dietitian on duty</i><br>Dietary |
| 4. Receive appropriate nutrition intervention and instructional materials.                               | 4. Provide nutrition intervention; diet modification and provision of dietary counseling   | None  | 30 Minutes             | <i>Dietitian on duty</i><br>Dietary |
| <b>TOTAL:</b>  |  | None  | 1 Hour, 2 Minutes      |                                     |

## 7. Provision of Nutritional Care to Outpatients

### Processing of Provision of Nutritional Care to Outpatients

|   |   |                                  |  |                                     |
|---|---|----------------------------------|--|-------------------------------------|
| <b>Office or Division:</b>  |   | Dietary Department               |  |                                     |
| <b>Classification:</b>  |   | Simple                           |  |                                     |
| <b>Type of Transaction:</b>   |   | G2C                              |  |                                     |
| <b>Who may avail:</b>   |   | PGH patients in the Service Ward |  |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   |                                  | <b>WHERE TO SECURE</b>   |                                     |
| 1. Referral from other departments or institutions<br>2. Online appointment with confirmation message regarding schedule of appointment<br>3. Blue Card(1 original) |   |                                  | Referring Physician<br><br>Online Consultation Request and Appointment (OCRA) System<br>(see website: pghopd.up.edu.ph)<br>DOPS Palistahan |                                     |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>           |
| 1. Present the confirmation message regarding the schedule of appointment and submit Blue Card for queueing   | 1. Receive Blue Card and get passcode to access medical chart at the Computerized Registry of Admissions and Discharges (RADISH)  | None                             | 2 Minutes  | <i>Dietitian on duty</i><br>Dietary |
| 2. Go to the Dietitian when the name is called  | 2. Read doctor's referral and medical history; Complete the Nutrition Assessment Form   | None                             | 5 Minutes  | <i>Dietitian on duty</i><br>Dietary |
| 3. Undergo Nutritional Assessment   | 3. Nutritional Assessment which includes anthropometric measurement and dietary assessment  | None                             | 15 Minutes   | <i>Dietitian on duty</i><br>Dietary |
| 4. Wait for the instructional materials   | 4. Prepare instructional materials including meal plan  | None                             | 5 Minutes  | <i>Dietitian on duty</i><br>Dietary |
| 5. Listen to the diet counseling  | 5. Give diet counseling   | None                             | 30 Minutes   | <i>Dietitian on duty</i><br>Dietary |
| 6. Receive the nutrition hand-out/s. Give blue card for the follow-up schedule  | 6. Give the nutrition hand-out and write on the Blue Card the follow-up appointment; Schedule patient's follow-up appointment through Computerized Registry of Admissions and Discharges (RADISH) | None                             | 15 Minutes   | <i>Dietitian on duty</i><br>Dietary |

|               |   |  |                       |  |
|---------------|---|--|-----------------------|--|
|               | System and Document the Nutrition Care Plan as chart entry. |  |                       |  |
| <b>TOTAL:</b> |   |  | 1 Hour,<br>12 Minutes |  |

## 8. Processing of Job Applications

Processing of Job Applications in coordination with the Human Resource Development Division (HRDD)

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Dietary Department                      |                        |                        |   |
| <b>Classification:</b>  | Complex                                 |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C                                     |                        |                        |   |
| <b>Who may avail:</b>   | Job applicants                          |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |   |
| Resume(1 original)<br>Transcript of Records<br>Certificate of Eligibility (if applicable)<br>PRC License (if applicable)<br>Certificate of Employment (COE) |   | Applicant              |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                    | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit referral letter with complete requirements  | 1. Receive application papers           | None                   | 2 Minutes              | <i>Clerk</i><br>Dietary   |
| 2. Undergo initial Job Interview  | 2. Conduct initial job interview        | None                   | 30 Minutes             | <i>ND V</i><br>Patient Care,<br>Training and<br>Research Division |
| 3. Undertake unit exam (if applicable)  | 3. Administer unit exam (if applicable) | None                   | 60 Minutes             | <i>Supervising Dietitian</i><br>Dietary                           |
| 4. Wait for result of unit exam   | 4. Check unit exam                      | None                   | 20 Minutes             | <i>Supervising Dietitian</i><br>Dietary                           |
| 5. Await result of evaluation   | 5. Refer for further evaluation         | None                   | 5 Minutes              | <i>Supervising Dietitian</i><br>Dietary                           |
| 6. Interview with the Chief   | 6. Evaluation by the Chief              | None                   | 45 Minutes             | <i>Chief</i><br>Dietary   |
| 7. Receive feedback   | 7. Referral of application to the HRDD  | None                   | 5 Minutes              | <i>Chief</i><br>Dietary   |
| <b>TOTAL:</b>   |   |                        | 2 Hours,<br>47 Minutes |   |



## **Dietary Department**

### **Internal Services**

## 1. Participation in Research

### Processing of Request for Participation in Research

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>   |  | Dietary Department   |                        |  |
| <b>Classification:</b>   |  | Complex  |                        |  |
| <b>Type of Transaction:</b>  |  | G2G  |                        |  |
| <b>Who may avail:</b>  |  | All PGH Departments  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |  |
| Letter of Request with endorsement from the Chair(1 original)<br>Research Protocol approved by Research and Ethics Board |  | Departments or other offices requesting for participation in a research activity |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit the letter of request with the required documents to the Office of the Chief                                   | 1. Receive the letter of request   | None   | 2 Minutes              | Clerk<br>Dietary   |
|  | 1.1 Submit the letter of request to the Chief for approval                                       | None   | 3 Minutes              | Clerk<br>Dietary   |
|  | 1.2 Give details on scheduled follow up  | None   | 2 Minutes              | Clerk<br>Dietary   |
|  | 1.3 Read through the research protocol, clarify participation roles; evaluate submitted protocol | None   | 3 Days                 | Chief/ Supervising Dietitian<br>Patient Care, Training and Research Division |
| 2. Follow up status of request   | 2. Inform the status of the request for participation in Research                                | None   | 2 Minutes              | Chief/ Supervising Dietitian<br>Patient Care, Training and Research Division |
| <b>TOTAL:</b>  |  | None   | 3 Days, 9 Minutes      |  |

## 2. Provision of Meals and Snacks

Processing of Request for Meals and Snacks for Various Functions

|  |  |  |                        |                           |
|--|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | Dietary Department   |  |                        |                           |
| <b>Classification:</b>   | Simple   |  |                        |                           |
| <b>Type of Transaction:</b>  | G2G  |  |                        |                           |
| <b>Who may avail:</b>  | All PGH Departments  |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |                           |
| Completely filled out and approved PGH Form No. Q-074019 Request for Snack/Meal (1 original) with Budget clearance |  | Departments or other offices requesting for provision of meals or snacks<br>Budget Services Division |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                       | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit PGH Form No. Q-074019 Request for Snack/Meal with Budget clearance                                       | 1. Receive the letter of request                           | None   | 2 Minutes              | <i>Clerk</i><br>Dietary   |
|  | 1.1 Submit the letter of request to the Chief for approval | None   | 2 Minutes              | <i>Clerk</i><br>Dietary   |
|  | 1.2 Approve of request                                     | None   | 2 Minutes              | <i>Chief</i><br>Dietary   |
| <b>TOTAL:</b>  |  | None   | 6 Minutes              |                           |

### 3. Facilitating Clearance of Employees

Processing of Clearance of PGH employees at the Dietary Department

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Dietary Department  |                        |                        |  |
| <b>Classification:</b>  | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2G   |                        |                        |  |
| <b>Who may avail:</b>   | All PGH Departments   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |  |
| Form for Clearance<br>Whichever is applicable:<br>Approved Leave Form/<br>Letter of Resignation or Retirement |   | HRDD                   |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                |
| 1. Present form for clearance   | 1. Receive the Form for Clearance   | None                   | 2 Minutes              | <i>Clerk</i><br>Dietary                  |
|   | 1.1 Check and verify meal card record of employ   | None                   | 5 Minutes              | <i>Meal Service Dietitian</i><br>Dietary |
| 2. Receive notification of approval   | 2. Update status of clearance<br>•If cleared, submit clearance form to the Chief Dietitian<br>•If not, prepare applicable billing statement to be paid at the Cashier | None                   | 2 Minutes              | <i>Meal Service Dietitian</i><br>Dietary |
|   | 2.1 Sign clearance  | None                   | 1 Minute               | <i>Chief</i><br>Dietary                  |
| 3. Receive form for Clearance   | 3. Endorse form for clearance   | None                   | 1 Minute               | <i>Chief or Clerk</i><br>Dietary         |
| <b>TOTAL:</b>   |   | None                   | 11 Minutes             |  |

#### 4. Provision of Meals to Employees and Trainees

Processing of provision of meals to employees and trainees

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>                      | Dietary Department  |                        |                        |   |
| <b>Classification:</b>                          | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>                     | G2G   |                        |                        |   |
| <b>Who may avail:</b>                           | Employees, Medical residents, Medical Interns and Clinical Clerks |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                |   | <b>WHERE TO SECURE</b> |                        |   |
| Meal ticket/ meal chit                          |   | Dietary department     |                        |   |
| <b>CLIENT STEPS</b>                             | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Present meal ticket to the Dietitian-on-duty | 1. Check meal ticket  | None                   | 1 Minute               | <i>Dietitian on Duty</i><br>Dietary           |
|   | 1.1 Dish out meal   | None                   | 2 Minutes              | <i>Administrative Aide on Duty</i><br>Dietary |
| 2. Receive meal                                 | 2. Endorse food   | None                   | 1 Minute               | <i>Administrative Aide on Duty</i><br>Dietary |
| <b>TOTAL:</b>                                   |   | None                   | 4 Minutes              |   |

## 5. Provision of Catering Services

Processing of Provision of Meals by the Canteen and Catering Section

|  |   |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Canteen/Catering Section, Dietary Department                                      |                        |                        |   |
| <b>Classification:</b>   | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>  | G2G   |                        |                        |   |
| <b>Who may avail:</b>  | Customers availing catering services  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |   |
| Form for Catering Services   |   | Dietary Department     |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                 |
| 1. Request Catering services form from Dietitian-on-Duty                       | 1. Provide catering services form   | None                   | 1 Minute               | <i>Dietitian on duty</i><br>Dietary Canteen Services      |
| 2. Fill out catering services form and discuss with dietitian requests/prices. | 2. Receive filled out form and explain to client about food and services offered. | None                   | 15 Minutes             | <i>Dietitian on duty</i><br>Dietary Canteen Services      |
|  | 2.1 Submit catering request with price quotation to supervisor                    | None                   | 2 Minutes              | <i>Dietitian on duty</i><br>Dietary Canteen Services      |
|  | 2.2 Verify submitted catering request with price quotation                        | None                   | 2 Minutes              | <i>Supervising NDFood Service Administration Division</i> |
|  | 2.3 Approve request for catering service  | None                   | 2 Minutes              | <i>Chief Dietary</i>                                      |
| 3. Receive approved request for catering service.                              | 3. Endorse approved request for catering  | None                   | 1 Minute               | <i>Dietitian on duty</i><br>Dietary Canteen Services      |
| <b>TOTAL:</b>  |   | None                   | 23 Minutes             |   |

## 6. Function Room Reservation

### Processing of Function Room Reservation

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Food Service Administration Division, Dietary Department                                 |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2G  |                        |                        |   |
| <b>Who may avail:</b>   | Customers availing the use of the function room  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| Form for Catering Services  |  | Dietary Department     |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Request Function Room Reservation form from Dietitian on duty at the Food Service Administration | 1. Provide Function room Reservation form  | None                   | 1 Minute               | <i>Any Dietitian on-duty</i><br>Food Service Administration |
| 2. Fill out function room reservation form and discuss with dietitian request/ prices               | 2. Receive filled out form and explain to client about function room reservation details | None                   | 5 Minutes              | <i>Any Dietitian on-duty</i><br>Food Service Administration |
|   | 2.1 Finalize function room reservation by affixing signature on the form                 | None                   | 2 Minutes              | <i>Any Dietitian on-duty</i><br>Food Service Administration |
|   | 2.2 Prepare and endorse billing statement which has to be settled at the PGH cashier     | None                   | 2 Minutes              | <i>Any Dietitian on-duty</i><br>Food Service Administration |
| 3. Receive Function room reservation form and billing statement                                     | 3. Endorse counter signed function room reservation form and billing statement           | None                   | 1 Minute               | <i>Dietitian on-duty</i><br>Dietary Canteen Services        |
| <b>TOTAL:</b>   |  | None                   | 11 Minutes             |   |

# **Health Information Management Division**

## **External Services**



## 1. Retrieval of Patient Health Records for Purpose of Research and Case Review

This service is intended for doctors and researchers requesting for retrieval of records for research and case review purposes. In compliance to **RA 10173** - Data Privacy Act of 2012, **Memorandum No. 2019-108** Re: Chart Retrieval for Re-admitted Patients and **Memorandum No. 2019-109** Re: Chart Retrieval for Training and Research Purposes, review of records shall be done within the HIMD premises only. Picture taking and photocopying of records are not allowed.

|   |  |  |                        |                           |
|---|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | HEALTH INFORMATION MANAGEMENT DIVISION   |  |                        |                           |
| <b>Classification:</b>  | Review / Readmission - Simple<br>Research – Highly Technical   |  |                        |                           |
| <b>Type of Transaction:</b>   | G2C; G2G   |  |                        |                           |
| <b>Who may avail:</b>   | Physicians and authorized clients requesting for retrieval of records for:<br>1. Research and Study<br>2. Case Review/ Presentation and Mortality Review |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                           |
| <b>For Chart Review/ Audit</b><br>1. Letter of Request stating the purpose and endorsed by the Chief Resident or Department Chair (for physical chart access) or Request for Access to Charts in the RADISH for Training Purposes (PGH Form No. Q310055)<br><br>2. List of Records for Retrieval (with complete details such as Case Number , Name, Date of Admission/Discharge, Disposition) |  | Personal letter<br>EHRO Office or HIMD for the soft copy                                       |                        |                           |
| <b>For Research</b><br>1. EHRO Permit to Conduct Research<br>2. List of Records for Retrieval (with complete details such as Case Number , Name, Date of Admission/Discharge, Disposition)  |  | EHRO Office  |                        |                           |
| <b>Chart review for clients outside of PGH (DOH other agencies)</b><br><br>1. Letter of request stating the purpose, endorsed by the department head of the agency/company and approved by the Director / Data Privacy Officer.   |  | Personal and endorsed by the agency head and approved by the PGH Director/Data Privacy Officer |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| For physical chart  |  |  |                        |                           |

|  |   |      |  |   |
|--|---|------|--|---|
| <b>retrieval:</b><br><br>1. Submit letter of request (with approval of the Director or EHRO) to HIMD along with the list of patient's records for retrieval via email or personal visit to HIMD office.<br><br>Email add: <a href="mailto:mrd-research.uppgh@up.edu.ph">mrd-research.uppgh@up.edu.ph</a> | 1. Scrutinize the letter and list of records for retrieval. Check requirements if complete.<br><br>1.1.Acknowledge receipt of request and inform the requestor when the records will be available.<br><br>1.2.Verify, prepare locator cards and retrieve requested physical records at various filing areas and update the same at the RADISH system.   | None | 5 minutes<br><br><br>2 mins<br><br><br>5 mins/record | Staff-on-Duty<br>Health Info Research and Issuances Section (HIRIS), HIMD |
|  | 2. On scheduled date, secure the requested records at the HIMD.<br><br><br><br><br><br><br><br><br><br>2. Release requested records to researcher for review at HIMD premises only.<br><br>Note: The retrieval of records needed for research depends on the volume and availability being requested. We allot a maximum of 10 records/requestor/day to ensure that everyone is accommodated. | None | 5 minutes  | Staff-on-Duty<br>Health Info Research and Issuances Section (HIRIS), HIMD |
|  | 3. Return records after review<br><br><br><br><br><br><br><br><br><br>3. Check returned records if complete   | None | 3 minutes  | Staff-on-Duty<br>Health Info Research and Issuances Section (HIRIS), HIMD |
| <b>TOTAL:</b>  |   | None | 20 minutes   |   |

| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE   |
|--|--|-----------------|--|--|
| <b>For electronic records access:</b><br><br>1. Submit letter of request to MRD or PGH Form No. Q310055 (Request for Access Form) along with the list of patient's records for retrieval via email or personal visit to HIMD office.<br><br>Email address:<br><a href="mailto:mrd-passcode.uppgh@up.edu.ph">mrd-passcode.uppgh@up.edu.ph</a> | 1. Scrutinize the letter and list of records for retrieval. Check requirements if complete.<br><br>1.1 Retrieve individual patient passcode at the RADISH system and release the same to the requesting doctor via email. Maximum of 30 passcodes a day may be given to a requesting doctor. | None            | 3 minutes<br><br><br><br><br><br><br>2 mins/ record                      | Staff-on-Duty Outpatient Health Records Management Section (OHRMS), HIMD |
| 2. Access the electronic chart thru the RADISH system using the passcode given by HIMD within the validity period of 5 working days.   | 2. Reset the passcodes given after the end of the validity period.   | None            | *(5 minutes/ done daily for all passcodes released for various purposes) | Staff-on-Duty Outpatient Health Records Management Section (OHRMS), HIMD |
|  |  |                 |  |  |
| <b>TOTAL:</b>  |  | None            | 5 minutes  |  |

## 2. Issuance of Medical Certificate and Photocopy/Certified True Copies of Medical Records

This service is intended for patients who need a medical certificate, photocopies/ certified true copies of the essential parts of their medical records. In compliance to RA 10173, the release of medical records/information is strictly to the **patients concerned only**. Authorization letter is required with complete and proper requirements as mentioned below if patient is unavailable except for mortality, minor and mentally incapacitated patients.

| Office or Division:   | HEALTH INFORMATION MANAGEMENT DIVISION   |  |  |
|---|--|--|--|
| Classification:   | Simple   |  |  |
| Type of Transaction:  | G2C; G2G   |  |  |
| Who may avail:  | Patients/Authorized representatives who needs:<br><div><div>1. Medical Certificate</div><div>2. Medical Certificate for medico-legal purposes (<i>service patients only</i>).</div><div>3. Copy/certified true copies of medical record for SSS, GSIS, Insurance Claims, PHILHEALTH and other legitimate purposes.</div></div> |  |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE  |  |
| 1. Patient's Blue Card (1 original)   |  | OPD patients- OPD Admitting Section<br>DEM Patients- DEM Palistahan<br>Pay Patients- Pay Admitting (upon Admission)<br>Lost blue Card- OPD Admitting Section |  |
| 2. 1 Valid I.D. (1 original)  |  | Personal<br>Company ID, any gov't issued ID  |  |
| 3. For Patients with authorized representative:<br>- Authorization Letter (state purpose and the name of the representative<br>- Patient Blue Card (original)<br>- 1 valid I.D. of the patient (original & photocopy)<br>- 1 valid I.D. of the representative (original + photocopy ) |  | Patient<br><br>As mentioned above<br>Company ID, any gov't issued ID   |  |
| 4. For SSS claims<br>- follow requirements 1-3<br>- SSS forms   |  | SSS/company of the patient   |  |
| 5. For other insurance claims:<br>- follow requirements 1-3<br>- waiver of the policy holder (original and photocopy) if being processed by the insurance representative<br>- needed forms (if any)   |  | Insurance company  |  |
| 6. for Mortality Patients<br>- Death Certificate (if died outside PGH)  |  | PSA /City Hall of Place of Death   |  |

| - 1 Valid ID of the requesting nearest kin<br>- Birth Certificate, Marriage Certificate as proof of relation<br>Order of Nearest Kin:<br>- <b>if married</b> – spouse, children of legal age, parents<br>- <b>if single</b> – parents, siblings of legal age (priority whose name appears in the record)<br>- <b>if minor/mentally incapacitated</b> – parents, siblings of legal age (priority whose name appears in the record)<br>- <b>if with live-in partners</b> – children of legal age, parents, siblings of legal age (priority whose name appears in the record. |   | Nearest Kin        |                            |  |
|--|---|--------------------|----------------------------|--|
| <b>7. for Minors/Mentally incapacitated patients:</b><br>- Patient's Blue Card<br>- 1 Valid ID of the requesting nearest kin<br>- Birth Certificate as proof of relation (parents, siblings)   |   | As mentioned above |                            |  |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID    | PROCESSING TIME            | PERSON RESPONSIBLE   |
| For currently admitted patients<br><br>1. Proceed to the Information Window A at room 313 HIMD, 3 <sup>rd</sup> floor OPD Bldg. and wait for interview by the Officer-of-the-Day.  | 1. Interview for proper window assignment.<br>1.1 Ask for the blue card, check the requirements and prepare locator card.<br>1.2 Endorse locator cards to the clerk-in-charge of the request. | None               | 3 minutes                  | Officer-of-the-Day:<br>(According to their schedule)<br>Health Info Research and Issuances Section (HIRIS), HIMD |
| 2. Wait for the final interview of the clerk-in-charge.  | 2. Scrutinize the requirements and ask the purpose of the request.<br><br>a. *Check availability of electronic record at RADISH system  | None               | 3 minutes<br><br>3 minutes | Staff-on-Duty<br>Health Info Research and Issuances Section (HIRIS), HIMD  |

|   |  |                                     |  |   |
|---|--|-------------------------------------|--|---|
| 3. Pays at the Cashier                            | 3. Issue payment slip according to the requested document  | <i>See below reference for fees</i> | <i>(paused-clock)</i><br>Depends on the queue at the cashier | Cash clerk<br>Cashier's Office,<br>DOPS   |
| 4. Wait for the release of the requested document | 4. Process requested document.<br><br>4.1 Check, proofread and countersign the document.<br><br>4.2 Final check and sign the document. | None                                | 10 minutes<br><br>3 minutes<br><br>2 minutes                 | Staff-on-Duty<br>Health Info Research and Issuances Section (HIRIS), HIMD<br><br>Records Officer III<br><br>Records Officer V |
| 5. Receive requested document                     | 5. Verify payment receipt and release requested document   | None                                | 3 minutes  | Staff-on-Duty<br>Health Info Research and Issuances Section (HIRIS), HIMD   |
| <b>TOTAL:</b>                                     |  | <i>See below reference for fees</i> | 27 minutes for electronic chart                              |   |

**FEES:**

|                          |   |   |
|--------------------------|---|---|
| Medical Certificate      | - | P30.00/certificate                      |
| Medico-Legal Certificate | - | P30.00/ certificate (service case only) |
| Certified True Copy      | - | P30.00/1-5 copies                       |
| Xerox                    | - | P2.00 /photocopy                        |
| Insurance document       | - | P90.00 + fee for photocopy              |

**Note:** The time for processing of each request starts from the time the record/s has already been retrieved and available. If the patient's record is incomplete (no signature of physician, incomplete chart entries), the processing time might be delayed as projected in the Citizen's Charter.

| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE   |
|---|--|-----------------|--|--|
| <b>Online requests(for all patients)</b><br><br>1. Make a Request for Health Records at the | 1. Retrieve Patient's request and contact details via the OCRA system. | None            | *1-3 days depending on the volume of requests received | Staff-on-Duty<br>Health Info Research and Issuances Section (HIRIS), |

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| OCRA website<br>pghopd.up.edu.ph  | Send an SMS to patient's registered number to verify request and ask for additional details regarding the request.   |                        | 5 mins   | HIMD   |
| 2. Confirm request via reply to the SMS sent by the MRD and provide additional details if necessary. Wait for the SMS reply on the schedule of the release of document. | 2. Check availability of health records requested. Send SMS to the patient to provide date of schedule of release.<br><br>* If patient is requesting for Medical Certificate, type ,prepare and save the certificate for printing, checking and signing upon pick-up of the patient. | None                   | 10 minutes for physical record<br><br>5 mins for electronic record | Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD                                 |
| On scheduled day of release of document:  |  |                        |  |  |
| 3.Proceed to Information window on the day of schedule for pick-up of document  | 3. Check and verify patient details and requirements and refer to designated window.<br><br>Print, stamp, proofread and sign requested document.   | None                   | 3 minutes<br><br>5 mins  | Officer of the Day, HIMD<br><br>Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD |
| 4.Pay corresponding fees and wait for the release of document   | Issue payment slip according to the requested document   | See reference for fees | (paused-clock) Depends on the queue at the cashier                 | Cash Clerk, Cashier's Office, DOPS   |
| 5.Receive the document  | Release the document to the patient.   | None                   | 3 mins   | Staff-on-Duty Health Info Research and   |

|               |  |                                       |   |                                       |
|---------------|--|---------------------------------------|---|---------------------------------------|
|               |  |                                       |   | Issuances<br>Section (HIRIS),<br>HIMD |
| <b>TOTAL:</b> |  | <i>See<br/>reference for<br/>fees</i> | 26 minutes for<br>physical record<br><br>21 minutes for<br>electronic<br>record |                                       |

**Note:** \* The time for processing of each request starts from the time the HIMD staff has sent the first SMS acknowledging receipt of OCRA request and depends on the replies of the requesting clients. If more questions and clarifications are sent via SMS regarding a request, additional time will be added.

Requested health records are only printed, stamped and signed upon the arrival of the requesting patient. This is to lessen paper waste and ensure that accurate date is stamped on the copies of authenticated health records as some requestors do not come on the scheduled day of release.



### 3. Passcode Retrieval and Release for Various Purposes

This service is intended for doctors, nurses, and other PGH personnel requesting for access to the Electronic Health Records of patients at the RADISH for valid and legitimate purposes.

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | HEALTH INFORMATION MANAGEMENT DIVISION  |                        |                        |  |
| <b>Classification:</b>  | Passcode Release- Simple  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2C; G2G  |                        |                        |  |
| <b>Who may avail:</b>   | PGH Staff requesting for the following purposes <ol style="list-style-type: none"> <li>1. Re-admission of Patient</li> <li>2. Completion and Updating of Clinical forms</li> <li>3. OPD ff-up, review of Inpatient Admission</li> <li>4. MSS , PHIC, HICU purposes</li> <li>5. Research and Case Studies</li> </ol> |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |  |
| <ol style="list-style-type: none"> <li>1. Letter of request for passcodes sent via email to <a href="mailto:mrd-passcode.uppggh@up.edu.ph">mrd-passcode.uppggh@up.edu.ph</a></li> <li>2 List of Records for Retrieval (with complete details such as Case Number , Name, Date of Admission/Discharge, Disposition)</li> <li>3 Permit to Conduct Study (for Researches)</li> <li>4 Request for Radish Access Form, PGH Form No. Q-31005 (para samga Case Review, Presentations)</li> </ol> |   | Personal letter        |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Send an email to <a href="mailto:mrd-passcode.uppggh@up.edu.ph">mrd-passcode.uppggh@up.edu.ph</a> using the employee's UP email or the department email, state patient details and purpose of request for access   | 1. Scrutinize the request and check appropriate requirements.   | None                   | 2 minutes              | Staff-on-Duty Outpatient Health Records Management Section (OHRMS), HIMD |
| 2. Receive the passcode.  | 2. Retrieve requested passcodes at the RADISH system and release the same to the requesting employee via email reply.   | None                   | 2 minutes/ record      | Staff-on-Duty Outpatient Health Records Management Section               |

|               |  |      |           |                  |
|---------------|--|------|-----------|------------------|
|               |  |      |           | (OHRMS),<br>HIMD |
| <b>TOTAL:</b> |  | None | 4 minutes |                  |

#### 4. Preparation and Transmittal of Certificate of Live Birth (COLB) for Timely Registration

This service is for patients who gave birth in this hospital. The preparation of the Certificate of Live Birth (COLB) is being done at the Health Information Management Division for service wards and at the Department of Pay Patient Services (DPPS) for pay patients. The registration of COLBs is within 30 days after birth *only*, otherwise it is considered as *late registration* which requires additional documents to be submitted to Local Civil Registry Office, Manila (as prescribed).

|   |  |  |
|---|--|--|
| <b>Office or Division:</b>  | Health Information Management Division   |  |
| <b>Classification:</b>  | Highly Technical (Certificate of Live Birth must be registered within 30 <sup>th</sup> day of the child) |  |
| <b>Type of Transaction:</b>   | G2C, G2G   |  |
| <b>Who may avail:</b>   | Patients who gave birth in this hospital and their authorized representative                             |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |
| <b>For Timely Registration:</b>   |  |  |
| <b>1. For Married Couple:</b>   |  |  |
| <ul style="list-style-type: none"> <li>• Patient's Blue Card</li> <li>• 1 Valid I.D.</li> <li>• Marriage Certificate</li> </ul>   |  | Palistahan, DOPS<br>Gov't issued ID<br>Philippine Statistics Authority   |
| <b>2. For minor/mentally incapacitated mother/father of the Child:</b><br><i>(must be accompanied by parents or guardian)</i> <ul style="list-style-type: none"> <li>• 1 valid I.D./ or Community Tax Certificate of mother &amp; father of the child</li> <li>• 1 Valid ID of parents/guardian</li> <li>• Notarized affidavit of guardianship (if accompanied by guardian)</li> <li>• Birth Certificate (if accompanied by parents)</li> </ul> |  | Gov't issued ID<br>Community Tax Certificate issued by City Hall<br>Notary Public<br>Philippine Statistics Authority                   |
| <b>5. For unmarried couple:</b> <ul style="list-style-type: none"> <li>➤ If acknowledged by the father:</li> <li>• Affidavit to Use the Surname of the Father (AUSF) form</li> <li>• 1 Valid I.D. or Community Tax Certificate of both Parents</li> </ul> <i>* both parents must be present during processing of the COLB if not done during admission</i>  |  | HIMD/PGH (form must be <b>accomplished by mother</b> )<br>Personal<br>Gov't issued ID<br>Community Tax Certificate issued by City Hall |
| <b>6. For Single Mother of legal age:</b> <ul style="list-style-type: none"> <li>• Patient's Blue Card</li> <li>• 1 Valid I.D.</li> </ul>   |  | DOPS Admitting Section<br>Gov't issued ID  |

| <b>7. for Deceased Mother:</b><br><div>➤ <b>If Married:</b><ul style="list-style-type: none"><li>Father of the Child to facilitate processing of COLB</li><li>1 Valid ID</li><li>Marriage Contract</li><li>Certificate of Death</li></ul></div> <div>➤ <b>if Not Married:</b><ul style="list-style-type: none"><li>father of the child (if acknowledged), parents, siblings of the deceased to facilitate processing</li><li>Birth Certificate as proof of relation to the deceased</li><li>Certificate of Death</li><li>1 Valid ID</li><li>Notarized Affidavit of guardianship (if processing done by the father of the child)</li></ul></div> |  | Gov't issued ID<br>Philippine Statistics Authority<br>Philippine Statistics Authority<br><br><br><br><br><br><br><br><br>Philippine Statistics Authority<br><br>Philippine Statistics Authority<br>Gov't issued ID<br><br><br><br><br><br><br><br><br>Notary Public   |                 |                    |
|---|--|---|-----------------|--------------------|
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE |
| <b>For Still Admitted Patients</b><br><br>1. Father of the child/representative brings the interview Sheet ( <i>PGH Form No. Q-530006</i> ) at the HIMD and answer accurately questions asked by HIMD staff   | 1.1 Interview patient for the needed and accurate information<br><br>1.2. Verify the accuracy of entries in the PGH form Q-530006 (Interview Sheet)<br><br>1.3 Encode and print the COLB<br><br>1.4 Instruct the father / representative to bring the COLB to ward for signature of the mother<br><br>1.5 Issue payment slip | <br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>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|---|--|------|---|---|
|   |  |      | ward  |   |
| 3. Receives duplicate copy of COLB as personal copy   | 3.1 Facilitate signing of the COLB of the Attending Physician<br><br>3.2 Give duplicate copy of COLB to the Father/ authorized representative for personal copy<br><br>3.3 Collects and brings back the signed COLBs to HIMD office<br><br>3.4 Review/check the accuracy and completeness of entries | none | 60 min.<br><br><br>5 min.   | Nurse-on-duty at ward 15 or ward 16<br><br><br>Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD |
| TOTAL   |  |      | 1 hour 30 minutes<br>(client process only)<br>excl. time consumed until final registration to LCR by HIMD |   |
| <b>For Discharged Patients</b>  |  |      |   |   |
| 1. Mother of the child request appointment thru OCRA system at <i>pghopd.up.edu.ph</i>  | 1.1 Inform patient (mother) for the processing of their COLB<br>1.2 Check OCRA system for the request of patients for COLB processing  | None | 5min  | Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD  |
| 2. Mother/parents secures the requirements  | 2.1 Sendlist of requirements /instructions and appointment/ schedule thru email /sms   | None | 5min  | Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD  |
| 3. Be at HIMD at RM 312 3 <sup>rd</sup> Floor OPD Bldg. on the appointment/ scheduled date:<br><b>For married couple:</b><br><i>Either the Mother or Father can sign the accomplished COLB and Release of</i> | 3.1 Interview patient for the needed information<br>3.2 Verify the accuracy of entries in the interview sheet (PGH form Q-530006)<br>3.3 Prepare, print and check the Certificate of Live Birth for accuracy of information.<br>3.4 Facilitate signing of the  |      | 30min   | Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD  |

|   |  |  |   |   |
|---|--|--|---|---|
| <p><i>Responsibility of erroneous entry Form)</i><br/> <b>For not married couple:</b><br/> <i>The mother and the father of the child must be present. Mother completes and signs the AUSF form and the father signs the acknowledgement/admission of paternity form.</i><br/> <i>Note: The signing of COLB must be done at the HIMD only once discharged.</i></p> | <p>COLB, AUSF (for unmarried couple) and <i>Release of Responsibility of erroneous entry Form</i><br/> 3.5 Issue payment slip</p>  | <p>P30.00/child<br/>(For married Couple)</p> <p>P60.00/child<br/>( for not married couple)</p> |   |   |
| <p>4. Bring COLB to Ward 16 OB Residents Lounge for signature of Attending Physician</p>  | <p>4.1 Instruct parents to bring the COLB to Ward 16 OB Residents Lounge for signature of Attending Physician, then bring back to HIMD office</p>  | <p>none</p>  | <p>(paused-clock) until return of COLB to HIMD office</p>   | <p>Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD</p> |
| <p>5. Receive duplicate copy of COLB as personal copy</p>   | <p>5.1 Instruct parents to get the official copy with registry number after a month at the Manila City Hall, LCR</p> <p>Facilitate Signing of COLB's of the OADA</p> <p>Review/check all COLBs for the accuracy of entries and completeness of signatures</p> <p>Prepare Letter of Transmittal and counter check all entries</p> <p>Transmit to LCR, Manila City Hall every Friday</p> | <p>none</p>  | <p>5 min</p> <p>(paused-clock) until return of COLB to HIMD office</p>                              | <p>Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD</p> |
| <p><b>TOTAL:</b></p>  |  |  | <p>45 min (clients process only) exc. The time consumed until final registration to LCR by HIMD</p> |   |

## 5. Preparation and Transmittal of Certificate of Live Birth for Delayed/ Late Registration

Delayed/Late Registration of Certificate of Live Birth is accomplished when the birth is registered beyond the 30-day reglementary period.

| <b>Office or Division:</b>   | Health Information Management Division  |
|--|---|
| <b>Classification:</b>   | Simple  |
| <b>Type of Transaction:</b>  | G2C, G2G  |
| <b>Who may avail:</b>  | Patients who gave birth in PGH  |
| CHECKLIST OF REQUIREMENTS  |   |
| WHERE TO SECURE  |   |
| <b>For Late Registration</b> (31 <sup>st</sup> day onwards of the baby)  |   |
| 1. Certificate of no record of birth   | Manila City Hall (1-6 months old of the baby)<br>Philippine Statistics Authority (for 7 months old & above)                 |
| <b>2. For Married Couple:</b> <ul style="list-style-type: none"> <li>• Marriage Contract</li> <li>• 1 Valid ID and Cedula</li> </ul> Note: Either of the parent can process the Certificate of Live Birth (COLB).  | Philippine Statistics Authority<br>Gov't issued ID<br>Community Tax Certificate issued by City Hall                         |
| <b>3. for Unmarried Couple:</b> <ul style="list-style-type: none"> <li>➤ If acknowledged by the father:               <ul style="list-style-type: none"> <li>• Affidavit to Use the Surname of the Father (AUSF) form</li> <li>• 1 Valid I.D. and Community Tax Certificate (Cedula) of both parents</li> </ul> </li> </ul> Note: Both parents must be present during the processing of COLB   | HIMD (form must be accomplished by mother of the child)<br>Gov't issued ID<br>Community Tax Certificate issued by City Hall |
| <b>4. For minor/mentally incapacitated patients:</b> <ul style="list-style-type: none"> <li>• accompanied by either of parents/guardian</li> <li>• 1 valid I.D. and Community Tax Certificate of patient (Cedula)</li> <li>• 1 Valid ID of parents/guardian</li> <li>• Notarized Affidavit of guardianship - If accompanied by guardian</li> </ul>   | Gov't issued ID<br>Community Tax Certificate issued by City Hall<br><br>Gov't issued ID<br>Notary Public                    |
| <b>5. For Deceased/Missing Mother:</b> <ul style="list-style-type: none"> <li>➤ <b>If Married :</b> <ul style="list-style-type: none"> <li>• Father of the Child to facilitate processing of COLB</li> <li>• 1 Valid ID</li> <li>• Marriage Contract</li> <li>• Certificate of Death</li> </ul> </li> <li>➤ <b>if Not Married:</b> <ul style="list-style-type: none"> <li>• parents, siblings of the deceased mother,</li> </ul> </li> </ul> | gov't issued ID<br>Philippine Statistics Authority<br>Philippine Statistics Authority                                       |

| and father of the child can facilitate processing of COLB <ul style="list-style-type: none"> <li>• Certificate of Death</li> <li>• 1 Valid ID</li> <li>• Notarized Affidavit of guardianship (<i>indicate in the affidavit that mother is missing/cannot be located and is nowhere to be found</i>)</li> </ul>  |   | Philippine Statistics Authority<br>gov't issued ID<br>Notary Public                                      |                 |  |
|---|---|--|-----------------|--|
| <b>7. for OFW parents</b> <ul style="list-style-type: none"> <li>• Special power of Attorney or duly notarized Authorization Letter</li> <li>• 1 Valid ID of authorized representative</li> <li>• Passport (photocopy) of parents of the child</li> <li>• Marriage Contract (if married)</li> <li>• The authorized representative cannot sign in behalf of parents</li> </ul> ( <i>*see additional instructions below</i> ) |   | Notary public<br><br>gov't issued ID<br>Department of Foreign Affairs<br>Philippine Statistics Authority |                 |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Parents/guardian request appointment thru OCRA system at <i>pghopd.up.edu.ph</i>   | 1. Sends requirements/ instructions and appointment schedule thru email and sms   | None   | 10 minutes      | Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD |
| 2. Proceed to HIMD at Rm 313 OPD Bldg once with appointment date  | 1. Interview patient/authorized representative of the details of request<br>2. Retrieve patient record, check COLB for completeness of data   | None   | ** 10 minutes   | Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD |
| 3. Present requirements   | 1. Process COLB if requirements are complete<br>1.1 Issue list of requirements and instructions if not complete<br>2. Prepare, print and check the Certificate of Live Birth for accuracy of information<br>3. Facilitate signing of the COLB, AUSF (for unmarried couple) and <i>Release of Responsibility of erroneous entry Form</i> | None   | 30 minutes      | Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD |
| 4. Bring COLB to Ward 16 OB Residents Lounge  | 4.1 Instruct parents to bring the COLB to Ward 16 OB  | none   | (paused-clock)  | Staff-on-Duty Health Info  |



|   |  |   |   |  |
|---|--|---|---|--|
| for signature of Attending Physician  | Residents Lounge for signature of Attending Physician, then bring back to HIMD office  |   | until return of COLB to HIMD office                   | Research and Issuances Section (HIRIS), HIMD   |
| 5. Pay at the cashier   | 1. Issue payment slip for the required attachments   | P30.00/child- BC fee<br>P30.00/child – AUSF<br>P30.00 – Med. Cert<br>P50.00- Affidavit<br><b>Note:</b> <i>If married, fee for Affidavit to Use the Surname of the Father not required</i> | (paused-clock)<br>Depends on the queue at the cashier | Cash Clerk<br>Cashier's Office   |
| 5. Receive Medical Certificate as requirement for delayed registration at the LCR, Manila   | 5. Prepare Affidavit for Late Registration and Letter of Transmittal.<br><br>5.1 Check the accuracy of entries and sign the Letter of Transmittal. | None  | 10 minutes<br><br>5 minutes                           | Staff-on-Duty<br>Health Info Research and Issuances Section (HIRIS), HIMD<br><br>Records Officer III<br>Health Info Research and Issuances Section (HIRIS), HIMD |
| 6. Bring Certificate of Live Birth to the Deputy Director for Administration for the signing of Affidavit of Late Registration and transmit to the Local Civil Registrar Manila | 6. Sign the document.  | None  | 2 minutes   | Deputy Director for Administration   |
| <b>TOTAL:</b>   |  | None  | 1 hour, 7 minutes                                     |  |

Legend: \*\* Ten (10) minutes retrieval of records is for active files only. Old records filed in the storage areas may consume more retrieval time.

**Additional Instructions for OFW parents:**

1. Once the Certificate of Live Birth (COLB) have been processed in the HIMD, the authorized representative/guardian must send it to the parents for their signatures.
2. The Affidavit to Use the Surname of the Father (AUSF) form will be signed by the mother only.

3. The signing of these documents must be witnessed by the Consul General of the State and should be notarized (both the COLB and the AUSF form) and send it back to the authorized representative/guardian.
4. After which, these documents must be authenticated at the Department of Foreign Affairs, signed by the Philippine Consul General and sealed with red ribbon.
5. The authorized representative/guardian shall then bring these documents back to the Health Information Management Division for preparation of Affidavit of Late Registration and Letter of Transmittal.
- . The authorized representative/guardian will be the one to bring these documents to the Local Civil Registrar, Manila for registration

## 6. Patients Registration for Elective Admissions

This service is for patients for elective admission at designated service wards.

|   |  |                         |                        |  |
|---|--|-------------------------|------------------------|--|
| <b>Office or Division:</b>  | Health Information Management Division   |                         |                        |  |
| <b>Classification:</b>  | Simple   |                         |                        |  |
| <b>Type of Transaction:</b>   | G2C  |                         |                        |  |
| <b>Who may avail:</b>   | People with illnesses for admission at service wards (non-emergency)   |                         |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |  |
| 1. Doctor's request from UPPGH chat   |  | Nurse of concerned ward |                        |  |
|   |  |                         |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                      |
| 1. Request for admission and send thru uppgh chat                                 | 1.1 Open the filled out KaalamanForm at the uppgh chat room<br><br>1.2 Verify and update the information of the patient at the open ERP system<br><br>1.3 Update the specific ward and service at the RADISH systems<br><br>1.4 . Generate case record. Send link for the case record and passcode to the concerned wards for printing | None                    | 10 minutes             | Staff-on-Duty Health Records Registration Section (HRRS), HIMD |
| 2. Complete the registration process. Relative shall proceed to Malasakit Center. | 2.1 Issue wrist tag, Admission Registration Info and essential kit to patient's relative   | None                    | 5 minutes              | Staff-on-Duty Health Records Registration Section (HRRS), HIMD |
| <b>TOTAL:</b>   |  | None                    | 15 minutes             |  |

## 7. Patients Registration at the Department of Emergency/ OB-Gyne Admitting Section

This service is for patients who need urgent treatment at the Department of Emergency Medicine/ OB-Gyne Department

|  |   |  |   |   |
|--|---|--|---|---|
| <b>Office or Division:</b>                                       | Health Information Management Division  |  |   |   |
| <b>Classification:</b>   | Simple  |  |   |   |
| <b>Type of Transaction:</b>                                      | G2C   |  |   |   |
| <b>Who may avail:</b>  | <b>1.DEM</b> -People with sickness or with injury who need urgent treatment.<br><b>2. OBAS</b> – Pregnant patients who seek urgent consultation or due for delivery / female patient with gynecologic problem who needs immediate consultation. |  |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                 |   | <b>WHERE TO SECURE</b>                   |   |   |
| 1. Patient Information Slip – PGH Form No. P-310009 (1 original) |   | DEM/OBAS Triage Officer                  |   |   |
| 2. Blue Card – PGH Form No. P-310045 if old Patient              |   | DEM Palistahan/OB-Gyne Admitting Section |   |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                   | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>   |
| 1. Triageing (ER/OBAS Consults)                                  | 1.1 Interview and evaluate<br>1.2 Issue Patient Information Slip and Broad Consent Form<br>1.3 Instruct to fill-out the Patient Information Slip and submit to DEM-Palistahan / OB-Gyne Admitting Section.                                      | None                                     | paused clock (depending on the volume of patients at the Triage Area) | Triage Officer  |
| 2. Complete the registration process.                            | 2.1 Verify the accuracy of entries in the Patient Information Slip.<br>2.1 Encode patient's information in the computer system (RADISH/ERP) and prepare and issue blue card ( <i>for new patient</i> ).<br>2.2 Generate Patient's Case Record.  | None                                     | 10 minutes  | Admitting Staff on Duty<br>DEM-Palistahan/<br>OB-Gyne Admitting Section |
| <b>TOTAL:</b>  |   | None                                     | 10 minutes  |   |

Patients who come for consultation at the ER/OBAS (consults) may be admitted when the attending physician declare them as ER/OBAS admissions and with additional steps as stated below:

| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE  |
|--|---|-----------------|-----------------|---|
| For ER/ OBAS admissions<br><br>3. Receive the wrist tag, Admission Registration Info slip to be given by the Nurse on duty | 3. 1. Update patient's record to "Admission" at the Radish system.<br><br>a. Generate Patient Case Record<br>b. Give Wrist tag, Patient Case Record and Admission Registration Information to Nurse on Duty | None            | 5 mins          | Admitting Staff on Duty<br>DEM-Palistahan/<br>OB-Gyne Admitting Section |
| 4. Proceed to ER Palistahan to get the Essential Kit (for ER admissions only)  | 4.1 Release Essential Kit to patient's watcher.   | None            | 5 minutes       | Admitting Staff on Duty<br>DEM-Palistahan/<br>OB-Gyne Admitting Section |
| <b>TOTAL:</b>  |   | None            | 10 minutes      |   |

## 8. New Patients Registration at the Department of Outpatient Services

This service is for new patients seeking consultation at the Department of Outpatient Services.

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>   | Health Information Management Division   |   |                        |  |
| <b>Classification:</b>   | Simple   |   |                        |  |
| <b>Type of Transaction:</b>  | G2C  |   |                        |  |
| <b>Who may avail:</b>  | People seeking consult as outpatients (non-emergency cases).   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                    |                        |  |
| 1. make sure to have an online appointment via OCRA (Online Consultation Request and Appointment) system<br>2. Patient's Valid ID  |  | Sign in at <b><i>pghopd.up.edu.ph</i></b> |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| NEW PATIENT:   |  |   |                        |  |
| <b>ONLINE Registration</b><br><br>1. Register thru OCRA System at <a href="http://pghopd.up.edu.ph">pghopd.up.edu.ph</a> .<br><br><i>Note: Minor or mentally incapacitated patients should be accompanied by a parent or guardian during consultation.</i> | 1. Check if with existing case number, if none, print the patient profile, encode in the ERP/RADISH system the patient information and generate case record<br><br>2. The concerned clinic will communicate and schedule the patient for Tele-consult or face to face consultation | None                                      | 5 minutes              | OPD- Health Records Registration Section Staff HIMD<br><br><br>Nurse of concerned clinic |
| <b>WALK-INS</b><br>1. Proceed to counter-C of the OPD Admitting Section and submit the accomplished Kaalaman Form (from the Clinic Nurse who accepted the walk-in patient)   | 1. Check and verify the accuracy of information<br>2. Issue Blue card<br>3. Instruct patient to proceed to respective clinic assignment  | None                                      | 10min                  | OPD- Health Records Registration Section Staff HIMD                                      |
| 2. Complete the registration process.  | 1. Encode patient's information in the computer system .<br><br>2 Generate Patient's Case Record   | None                                      | 10 min                 | OPD- Health Records Registration Section Staff HIMD                                      |

|               |  |      |            |  |
|---------------|--|------|------------|--|
|               |  |      |            |  |
| <b>TOTAL:</b> |  | None | 25 minutes |  |

## 9. Retrieval of Health Records for Outpatient Consultation

This service is for old patients seeking consultation at the Department of Outpatient Services.

|  |  |                        |                             |                           |
|--|--|------------------------|-----------------------------|---------------------------|
| <b>Office or Division:</b>   | Health Information Management Division   |                        |                             |                           |
| <b>Classification:</b>   | Simple   |                        |                             |                           |
| <b>Type of Transaction:</b>  | G2C, G2G   |                        |                             |                           |
| <b>Who may avail:</b>  | People with sickness who need consultation at the Department of Outpatient Services.   |                        |                             |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                             |                           |
| E-mail from the DOPS clinics   |  | DOPS clinics           |                             |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b> |
| <b>WALK-In Patients</b><br><br>1. Concerned DOPS clinics and other Ancillary Units send request thru e-mail<br><br>Email add: <a href="mailto:mrd-oprspasscode.uppgh@up.edu.ph">mrd-oprspasscode.uppgh@up.edu.ph</a> | 1. Check email for requests<br>2. Retrieve passcodes from the RADISH system<br>3. Release passcodes to the requesting clinics via e-mail   | None                   | 3 minutes/5 patients        | OHRMS – HIMD staff        |
| <b>TELEMEDICINE CONSULTATION</b><br>(Scheduled Patients)<br><br>1. Request for appointment thru <b>OCRA</b> (Online Consultation Request and Appointment) System   | 1. View and check OCRA schedule in RADISH system<br><br>2. Retrieve and preview passcode set<br><br>3.. Release and download passcodes<br><br>4. Send to the respective DOPS clinics thru e-mail | None                   | 2 min/ clinic by batch /set | OHRMS – HIMD staff        |
| <b>TOTAL:</b>  |  | None                   | 5 minutes                   |                           |



# **Medical Social Services Division**

## **External Services**

## 1. Social Work Counseling

Counseling for patients needing medical assistance

|                                  |  |                              |                        |                           |
|----------------------------------|--|------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>       | MEDICAL SOCIAL SERVICE   |                              |                        |                           |
| <b>Classification:</b>           | Simple   |                              |                        |                           |
| <b>Type of Transaction:</b>      | G2C  |                              |                        |                           |
| <b>Who may avail:</b>            | All Charity patients needing medical social service intervention |                              |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b> |  | <b>WHERE TO SECURE</b>       |                        |                           |
| Referred or assessed by the SW   |  | Ward/Clinical Department/MSS |                        |                           |
| PGH Blue Card (1 original)       |  | Admitting Section            |                        |                           |
| MSS White Card (1 original)      |  | MSS                          |                        |                           |
| <b>CLIENT STEPS</b>              | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Go to MSS office              | 1.1. Conducts intake interview on patient and/or family member   | None                         | 5 minutes              | Social Worker             |
|                                  | 1.2. Identify and prioritize possible problem areas              | None                         | 10 minutes             | Social Worker             |
|                                  | 1.3. Plan strategies and SW intervention                         | None                         | 10 minutes             | Social Worker             |
|                                  | 1.4. Implement plans   | None                         | 5 minutes              | Social Worker             |
| <b>TOTAL:</b>                    |  | None                         | 30 minutes             |                           |

## 2. Location/ Contact of Family/Relatives

Finding the location and contact information of family/relatives of neglected abandoned patients

|   |  |                        |                        |                           |
|---|--|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Medical Social Service   |                        |                        |                           |
| <b>Classification:</b>  | Simple   |                        |                        |                           |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |                           |
| <b>Who may avail:</b>   | Neglected/Abandoned Patients   |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |                           |
| Referral from Ward or assessed by the SW                                |  | MSS                    |                        |                           |
| PGH Blue Card (1 original)  |  | Admitting Section      |                        |                           |
|   |  |                        |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Receive referrals or assessed by SW for location of relatives/family | 1. Accept referrals. (Conduct intake interview if not yet evaluated; if evaluated already, proceed to 3.2) | None                   | 5 minutes              | Social Worker             |
|   | 1.1. Conduct follow-up/collateral interview/obtain information/data about patient and family relatives     | None                   | 5 minutes              | Social Worker             |
|   | 1.2. Coordinate with doctor regarding medical status and treatment plan for patient                        | None                   | 5 minutes              | Social Worker             |
|   | 1.3. Collaborate with related agencies/ media etc. for assistance to locate contact family/ relatives      | None                   | 15 minutes             | Social Worker             |
| <b>TOTAL:</b>   |  | None                   | 30 minutes             |                           |

### 3. PHILHEALTH Point of Service (POS)

Registration of PhilHealth non-members and inactive members

|  |   |   |                        |                           |
|--|---|---|------------------------|---------------------------|
| <b>Office or Division:</b>   | Medical Social Service  |   |                        |                           |
| <b>Classification:</b>   | Simple  |   |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |   |                        |                           |
| <b>Who may avail:</b>  | PhilHealth Non-Members and In-active Members  |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                                      |                        |                           |
| PMRF completely filled up and signed by patient<br>PGH Sponsored PhilHealth member slip signed by SW |   | PhilHealth Medical Claim Assistance Office (MCA)<br><br>MSS |                        |                           |
| PGH Blue Card (1 original)   |   | Admitting Section   |                        |                           |
| PGH MSS-White Card (1 original)  |   | MSS   |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. PhilHealth Non-Member and In-Active member go to MSS  | 1. Assess/screen patients eligibility for POS   | None  | 5 minutes              | Social Worker             |
|  | 1.1 Issue PGH Sponsored PhilHealth member slip signed by SW   | None  | 5 minutes              | Social Worker             |
| 2. Send to PhilHealth MCA office to secure PMRF form   | 2. Issue PMRF form and orient relative to fill up the form completely together with the signature of member | None  | 10 minutes             | MCA staff                 |
| 3. Instruct to go back to MSS for POS enrollment   | 3. Enroll to POS  | None  | 5 minutes              | Office Assistant for POS  |
| 4. Go back to MCA for filing and processing of PhilHealth  | 4. Receive PhilHealth documents   | None  | 5 minutes              | MCA staff                 |
| <b>TOTAL:</b>  |   | None  | 30 minutes             |                           |

#### 4. Referrals for Special Diagnostic Procedures (Not available in PGH) to Other Hospitals

Processing of patient requests for special diagnostic procedures which are not available in PGH

|  |  |   |                        |                           |
|--|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>   | Medical Social Service   |   |                        |                           |
| <b>Classification:</b>   | Simple   |   |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |   |                        |                           |
| <b>Who may avail:</b>  | Patient referred to other hospitals for special procedure not available at PGH                                 |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                    |                        |                           |
| Inter-agency referral signed by RIC and Dept. Chair for approval of the DDHO |  | Resident In-Charge of Clinical Department |                        |                           |
| Clinical Abstract  |  | RIC of Clinical Department                |                        |                           |
| Diagnostic request   |  | RIC of Clinical Department                |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Go to MSS for referral for diagnostic procedure not available at PGH      | 1. Accept referrals and conduct follow-up interview focused on financial preparations of the family            | None                                      | 10 minutes             | Social Worker             |
|  | 1.1 Prepare profile for referral to other hospital   | None                                      | 5 minutes              | Social Worker             |
|  | 1.2 Submit profile to supervisor for checking  | None                                      | 5 minutes              | Supervisor                |
|  | 1.3 Print profile  | None                                      | 3 minutes              | Clerk                     |
|  | 1.4 Approval and signature of the Chief  | None                                      | 5 minutes              | Chief                     |
|  | 1.5. Release profile to patient/watcher and instruct them to forward documents to the ODDHO for final approval | None                                      | 2 minutes              | Clerk                     |
| <b>TOTAL:</b>  |  | None                                      | 30 minutes             |                           |

## 5. Case Management of CPU/VAW cases

Patient management and support for CPU and VAW cases

|   |  |                        |                        |                           |
|---|--|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>                    | Medical Social Service   |                        |                        |                           |
| <b>Classification:</b>                        | Simple   |                        |                        |                           |
| <b>Type of Transaction:</b>                   | G2C  |                        |                        |                           |
| <b>Who may avail:</b>                         | Sexual/Physical abuse, Neglected/Abandoned patients, Teen Mom and VAW cases  |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>              |  | <b>WHERE TO SECURE</b> |                        |                           |
| Assessed by the Social Worker/Referred CPU    |  | MSS/CPU                |                        |                           |
| PGH Blue Card (1 original)                    |  | Admitting Section      |                        |                           |
|   |  |                        |                        |                           |
| <b>CLIENT STEPS</b>                           | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Go to MSS for referral of CPU/VAW Cases    | 1. Receive referral and conduct intake interview   | None                   | 15 minutes             | Social Worker             |
|   | 1.1. Evaluate and assess safety of patient prior to discharge  | None                   | 15 minutes             | Social Worker             |
|   | 1.2. Plan intervention   | None                   | 5 minutes              | Social Worker             |
| 2.Prepare Suspected Child Abuse Report (SCAR) | 2. Fill-up SCAR  | None                   | 5 minutes              | Social Worker             |
|   | 2.1. Coordinate with local government unit (LGU) social worker regarding status of patient and send the SCAR through e-mail  | None                   | 15 minutes             | Social Worker             |
|   | 2.2. Conduct counseling  | None                   | 20 minutes             | Social Worker             |
|   | 2.3. Coordinate with doctor on medical management/plans with patient; if patient is safe at home, may discharge with family; if not, needs to find temporary placement | None                   | 10 minutes             | Social Worker/ RIC        |
|   | 2.4. Find/coordinate with GOs & NGOs for   | None                   | 15 minutes             | Social Worker             |

|               |   |      |                       |         |
|---------------|---|------|-----------------------|---------|
|               | temporary placement;<br>arrange admission<br>conference for<br>scheduling of official<br>vehicle use<br><br>2.5. Attend admission<br>conference;<br>conduction of patient<br>to agency for<br>placement; arrange<br>schedule of official<br>vehicle for transfer of<br>patient; arrange<br>availability of doctor<br>to accompany SW<br>during transfer | None | 15 minutes            | SW, RIC |
| <b>TOTAL:</b> |   | None | 1 hour,<br>55 minutes |         |

## 6. Referral to PCSO Help Desk for Charity Patients Needing Medical Assistance

Processing referrals to PCSO Help Desk

|  |   |  |  |
|--|---|--|--|
| <b>Office or Division:</b>   | Medical Social Service                          |  |  |
| <b>Classification:</b>   | Complex   |  |  |
| <b>Type of Transaction:</b>  | G2C   |  |  |
| <b>Who may avail:</b>  | All Charity Patients needing medical assistance |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                               |  |
| PCSO IMAP form fully accomplished  |   | MSS  |  |
| 1. for medicines/chemotherapy: Updated Prescription  |   | Ward/Clinical Departments                            |  |
| 2. For diagnostics/laboratory requests with quotation from accredited supplier (PGH, Genesis, Iscan and NKTi for PET scan request)   |   | Ward/Clinical Departments                            |  |
| 3. For implant - Prescription with printed full name and license of RIC. for medico legal cases – orig./CTC of police report; proof of counterpart; official price quotation from accredited PCSO supplier   |   | RIC/PCSO accredited supplier                         |  |
| 4. For medical device - Physician order with specification of device with schedule of operation; price quotation from 3 different PCSO supplier less PhilHealth deduction.   |   | RIC/PCSO accredited supplier                         |  |
| 5. For hearing aid ( 3 updated quotations from different PCSO accredited supplier; for hearing aid- audiological evaluation report);   |   | PCSO accredited supplier                             |  |
| 6. For prosthesis – updated price quotation from 3 accredited PCSO supplier, whole body picture of patient, request from the doctor stating the need for prosthesis with specification   |   | RIC and PCSO accredited supplier                     |  |
| 7. for operation need - price quotation with breakdown of expenses with PhilHealth and senior deduction; schedule of surgery; photocopy of Xray, MRI/CT scan result.   |   | RIC of Clinical Department/ OR Pharmacy/Radiology    |  |
| 8. For Dialysis (Hemodialysis, Peritoneal, Epoetin) Dialysis within PGH Hemodialysis Center, Prescription with printed full name, signature, license number of RIC, official quotation from Dialysis Center, PhilHealth certificate, photocopy of relevant laboratory result |   | RIC/PGH Dialysis Center/PhilHealth Office/Laboratory |  |
| 9. For transplant – official price quotation with breakdown of expenses, photocopy of relevant laboratory result, PhilHealth tracking number if applicable, proof of counterpart   |   | Laboratory/RIC/PhilHealth Office                     |  |



| from patient/family   |   |  |                 |                    |
|---|---|--|-----------------|--------------------|
| 10. For Radiotherapy/Brachytherapy/RAI/ Cobalt –official price quotation from service provider with PhilHealth/Senior citizen deduction; photocopy of histopath/biopsy result   |   | Radiology/RIC  |                 |                    |
| 11. For Rehab therapy/PT/OT/Speech therapy – official price quotation with breakdown of expenses from service provider with less professional fee.  |   | RIC and PCSO Accredited Supplier                       |                 |                    |
| 12. For wheel chair - one whole body picture of patient; request from the doctor stating the need for wheel chair with specifications with printed full name , signature and license number of RIC. For regular wheel chair, quotation is provide by Tahanang Walang Hagdanan; For wheel chair with specific requirements, official sealed from 3 different supplier. |   | Tahanang Walang Hagdanan/RIC/ PCSO Accredited Supplier |                 |                    |
| Clinical abstract (Updated and original/Certified True copy)  |   | Ward/Clinical Departments                              |                 |                    |
| Management plan/Treatment protocol (Updated and original)   |   | Ward/Clinical Departments                              |                 |                    |
| Personal letter addressed to PCSO Chairman  |   | Patient  |                 |                    |
| Printed picture of patient with current newspaper and valid ID  |   | Patient  |                 |                    |
| PGH Blue Card (1 original)  |   | Admitting Section                                      |                 |                    |
| MSS white card (1 original)   |   | MSS  |                 |                    |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Go to MSS for assistance   | 1. Orient, screen and accept referrals; Screen qualified patients for referral to PCSO                                | None   | 30 minutes      | Social Worker      |
|   | 1.1. IMAP application form filled up by patients  | None   | 10 minutes      | Patients/ watchers |
|   | 1.2. Validate and encode IMAP assessment form is printed for signature of supervisor together with other requirements | None   | 15 minutes      | Social Worker      |

|   |  |      |                       |                     |
|---|--|------|-----------------------|---------------------|
|   | 1.3. Prepare transmittal for signature of SW in-charge and supervisor              | None | 20 minutes            | Clerk/SW/           |
|   | 1.4. Scan documents and transmittal and send to PCSO through e-mail                | None | 20 minutes            | Supervisor<br>Clerk |
|   | 1.5. Approval from PCSO through e-mail   | None | 3 days                | PCSO staff          |
|   | 1.6. Preparation of Guarantee letter (GL) by PCSO; Issuance of approved referrals. | None | 2 days                | PCSO staff          |
| 2. Patient/watcher brought approved referrals to PCSO for release of GL | 2. Release of GL   | None | 1 day                 | PCSO staff          |
| <b>TOTAL:</b>   |  | None | 7 days,<br>35 minutes |                     |

## 7. Referral to PCSO Help Desk for Pay Patients Needing Assistance for Hospital Bill/ Confinement

Processing referrals to PCSO Help Desk

| <b>Office or Division:</b>   | Medical Social Service   |                           |                 |                    |
|--|--|---------------------------|-----------------|--------------------|
| <b>Classification:</b>   | Complex  |                           |                 |                    |
| <b>Type of Transaction:</b>  | G2C  |                           |                 |                    |
| <b>Who may avail:</b>  | Admitted Pay Patients needing assistance for hospital bill/confinement   |                           |                 |                    |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE           |                 |                    |
| Duly accomplished PCSO IMAP application form   |  | MSS                       |                 |                    |
| Original copy of Statement of Account/Hospital Bill (Final Bill) with printed name duly signed by the Billing officer with PhilHealth/Senior citizen/HMO discount/deduction. |  | Billing Section           |                 |                    |
| Clinical abstract (updated and original/Certified true copy)   |  | Ward/Clinical Departments |                 |                    |
| Photocopy of valid ID (patient and authorized representative)  |  | Patient/Family            |                 |                    |
| PGH Blue Card (1 original)   |  | Admitting Section         |                 |                    |
| Personal letter addressed to PCSO  |  | Patient/Family            |                 |                    |
| If expired, filing within 7 working days; promissory note from hospital duly signed by hospital representative   |  | Billing Section           |                 |                    |
| For medico legal cases, original/CTC of police report  |  | PNP                       |                 |                    |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID           | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Go to MSS for referral assistance   | 1. Orient, screen and accept referrals; Screen qualified patients for referral to PCSO                                 | None                      | 5 minutes       | Social Worker      |
|  | 1.1. IMAP application form filled up by patients   | None                      | 10 minutes      | Patients/ watchers |
|  | 1.2 Validated and encoded IMAP assessment form is printed for signature of supervisor together with other requirements | None                      | 20 minutes      | Social Worker      |

|               |  |      |                       |  |
|---------------|--|------|-----------------------|--|
|               | 1.3. Prepare transmittal for signature of SW in-charge and supervisor  | None | 20 minutes            | Clerk/SW/  |
|               | 1.4. Scan documents and transmittal and send to PCSO through e-mail  | None | 20 minutes            | Supervisor<br>Clerk                                |
|               | 1.5. Approval from PCSO through e-mail   | None | 1 day                 | PCSO staff   |
|               | 1.6. Preparation of Guarantee letter (GL) by PCSO; Pick up of GL by PGH Liaison officer; GL forwarded to Billing Section | None | 7 days                | PCSO staff/<br>PGH Liaison<br>officer/MSS<br>clerk |
| <b>TOTAL:</b> |  | None | 9 days,<br>15 minutes |  |

## 8. Evaluation of Admitted Pay Patients for Discharge Needing Assistance for Hospital Bill with GL from DOH

Evaluating Pay patients for discharge needing assistance for hospital bill with GL from DOH

|   |   |  |                        |                           |
|---|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | Medical Social Service  |  |                        |                           |
| <b>Classification:</b>  | Simple  |  |                        |                           |
| <b>Type of Transaction:</b>   | G2C   |  |                        |                           |
| <b>Who may avail:</b>   | Admitted Pay Patients for discharge needing assistance for hospital bill with GL from DOH |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |                           |
| Guarantee letter (GL) from DOH Office (Tayuman)/Politicians received and verified by PGH DOH/Malasakit Center staff |   | DOH Office Tayuman/Politicians<br>PGH DOH/Malasakit Center staff |                        |                           |
| DSWD Case Study Report  |   | DSWD   |                        |                           |
| Justification Letter from Consultant In-Charge  |   | Consultant/Service Department                                    |                        |                           |
| Clinical Abstract (original/CTC)  |   | Consultant/Service Department                                    |                        |                           |
| Photocopy of valid ID   |   | Patient/Family   |                        |                           |
| Photocopy of PGH Blue Card  |   | Admitting Section  |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Watcher/family go to MSS   | 1. With complete requirements, evaluate watcher/family and prepare case summary           | None   | 15 minutes             | Social Worker             |
|   | 1.1 Approval and final signature of the Chief   | None   | 3 minutes              | MSS Chief                 |
|   | 1.2 Forward case summary to the Office of Deputy Director for Fiscal Services             | None   | 2 minutes              | MSS clerk                 |
| <b>TOTAL:</b>   |   | None   | 20 minutes             |                           |

## 9. Referral to DOH-MAF/PGH MAF/OPF

Processing referrals to DOH-MAF/ PGH-MAF/ OPF

|   |   |                        |                        |                           |
|---|---|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Medical Social Service  |                        |                        |                           |
| <b>Classification:</b>  | Complex   |                        |                        |                           |
| <b>Type of Transaction:</b>   | G2C   |                        |                        |                           |
| <b>Who may avail:</b>   | All charity patients needing medical assistance   |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |                           |
| Prescription with costing , stamped by PGH Pharmacy                                   |   | Clinical Department    |                        |                           |
| Clinical abstract (Updated and Original/CTC)  |   | RIC/Medical Records    |                        |                           |
| Justification letter from RIC if drugs are extremely expensive like IV IG (Ward only) |   | RIC                    |                        |                           |
| Photocopy of valid ID   |   | Patient/Family         |                        |                           |
| Photocopy of MSS Card   |   | MSS                    |                        |                           |
| Photocopy of PGH Blue Card  |   | Admitting Section      |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Go to MSS for referral   | 1. Accept referrals with complete documents/conduct follow-up interview/accomplish the PGH MAF/DOH/OPF form | None                   | 10 minutes             | Social Worker             |
|   | 1.1. Submit to supervisor for review, approval and signature.   | None                   | 10 minutes             | Supervisor                |
|   | 1.2. Encode documents and forward to PGH DOH office for funding.  | None                   | 5 minutes              | MSS Clerk                 |
|   | 1.3. Approval   | None                   | 7 days                 | PGH DOH/ Malasakit Center |
| <b>TOTAL:</b>   |   | None                   | 7 days, 25 minutes     |                           |

## 10. Home and Community Assessment

Assessment of charity patients who have home safety issues and family concerns

|  |  |                        |                        |                           |
|--|--|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>                                       | Medical Social Service   |                        |                        |                           |
| <b>Classification:</b>   | Simple   |                        |                        |                           |
| <b>Type of Transaction:</b>                                      | G2C  |                        |                        |                           |
| <b>Who may avail:</b>  | All charity patients assessed to have home safety issues/family concerns |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                 |  | <b>WHERE TO SECURE</b> |                        |                           |
| Assessed by the SW   |  | MSS                    |                        |                           |
| PGH Blue Card (1 original)                                       |  | Admitting Section      |                        |                           |
| MSS white card (1 original)                                      |  | MSS                    |                        |                           |
| Chart of patient   |  | Ward                   |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to MSS (as referred or assessed by the Social Worker) | 1. Interview/ evaluation and assessment                                  | None                   | 15 minutes             | Social Worker             |
|  | 1.1. Coordinate with LGU/barangay regarding plan for home visit          | None                   | 10 minutes             | Social Worker             |
|  | 1.2. Request for transportation for home visit use                       | None                   | 5 minutes              | Social Worker             |
|  | 1.3 Home visit to family   | None                   | 4 hours                | Social Worker             |
| <b>TOTAL:</b>  |  | None                   | 4 hours, 30 minutes    |                           |

## 11. Social Groupwork

Conduct of social groupwork with patient participation

|  |  |                        |                        |                           |
|--|--|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>                           | Medical Social Service   |                        |                        |                           |
| <b>Classification:</b>                               | Simple   |                        |                        |                           |
| <b>Type of Transaction:</b>                          | G2C  |                        |                        |                           |
| <b>Who may avail:</b>                                | All charity patients who expressed desire to participate in the groupwork activity |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                     |  | <b>WHERE TO SECURE</b> |                        |                           |
| Assessed/evaluated by the SW                         |  | MSS                    |                        |                           |
| PGH Blue Card (1 original)                           |  | Admitting Section      |                        |                           |
| MSS white card (1 original)                          |  | MSS                    |                        |                           |
| <b>CLIENT STEPS</b>                                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to MSS (as assessed by the Social Worker) | 1. Interview/ evaluation and assessment  | None                   | 10 minutes             | Social Worker             |
|  | 1.1. Need assessment   | None                   | 1 hour                 | Social Worker             |
|  | 1.2 Groupwork orientation and program planning                                     | None                   | 1 hour                 | Social Worker             |
|  | 1.3. Groupwork activity/session  | None                   | 2 hours                | Social worker             |
|  | 1.4 Groupwork evaluation   | None                   | 1 hour                 | Social worker             |
| <b>TOTAL:</b>  |  | None                   | 5 hours, 10 minutes    |                           |



## 12. Proseso ng Ebalwasyon ng Pasyente

| <b>Office or Division:</b>   | Medical Social Service   |  |                    |                        |
|--|--|--|--------------------|------------------------|
| <b>Classification:</b>   | Simple   |  |                    |                        |
| <b>Type of Transaction:</b>  | G2C  |  |                    |                        |
| <b>Who may avail:</b>  | All Patients   |  |                    |                        |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                            |                    |                        |
| PGH Blue Card (1 original)   |  | HIMD Palistahan                            |                    |                        |
| Diagnostic Procedure Request   |  | Residente/Doktor na Tumitingin sa Pasyente |                    |                        |
| GAGAWIN NG PASYENTE  | GAGAWIN NG OPISINA/YUNIT   | FEES TO BE PAID                            | ITATAGAL NG GAWAIN | EMPLOYADONG NAMAMAHALA |
| Para sa mga pasyente sa <b>DOPS</b> (DOPS Bldg); <b>CI/OPS</b> (Green House-Padre Faura); <b>SOJR</b> (Katabing CI Bldg) |  |  |                    |                        |
| 1. Pumilasa waiting area ng MSS 6:00 a.m; Mag-fill up ng appointment slip at ibalik muli sa SW                           | 1.Magbibigay ng oryentasyon sa mga serbisyong MSS at mamamahaging “appointment slip” parasagutan ng pasyente/ kaanak nito/Pagkuha ng Blue Card ng Pasyente | None                                       | 10 minutes         | Social Worker          |
|  | 1.1.Tawagin ang pasyente para sa interbyu  | None                                       | 1 min              | Social Worker          |
| 2. Pumasok sa MSS office at lumapit sa SW para sa interbyu   | 2. Isagawa ang interbyu at magbigay ng kaukulang MSS kard;   | None                                       | 10 Mins            | Social Worker          |
| 3. Tanggapin ang MSS kard; pirmahan ng pasyente ang kard   | 3.Ipaliwanag ang tamang paggamit at pag-iingat nito.   | None                                       | 2 mins             | Social Worker          |
| <b>TOTAL:</b>  |  | None                                       | 23 minutes         |                        |

### 13. Proseso ng Ebalwasyon ng Pasyente (ER)

|   |  |  |                           |                               |
|---|--|--|---------------------------|-------------------------------|
| <b>Office or Division:</b>  | Medical Social Service   |  |                           |                               |
| <b>Classification:</b>  | Simple   |  |                           |                               |
| <b>Type of Transaction:</b>   | G2C  |  |                           |                               |
| <b>Who may avail:</b>   | All Patients   |  |                           |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                     |                           |                               |
| PGH Blue Card (1 original)  |  | HIMD Palistahan                            |                           |                               |
| Diagnostic Procedure Request  |  | Residente/Doktor na Tumitingin sa Pasyente |                           |                               |
| <b>GAGAWIN NG PASYENTE</b>  | <b>GAGAWIN NG OPISINA/YUNIT</b>  | <b>FEES TO BE PAID</b>                     | <b>ITATAGAL NG GAWAIN</b> | <b>EMPLEYADONG NAMAMAHALA</b> |
| Para sa mga pasyente sa <b>Emergency Room</b> : Ang opisina ay sa Emergency room complex matatagpuan. |  |  |                           |                               |
| 1. Lumapit sa MSS office  | 1. Alamin ang pangangailangan ng pasyente o kaanak   | None                                       | 2 minutes                 | Social Worker                 |
|   | 1.1. Isagawa ang panayam o interbyu; (maaari din kausapin ang pasyente bedside o ang kaanak ng pasyente para sa panayam) | None                                       | 10 mins                   | Social Worker                 |
| 2. Tanggapin ang MSS card; unawain ang paliwanag ng SW sa tamang gamit at pag-iingat nito             | 2. Ipaliwanag ang tamang paggamit at pag-iingat ng MSS kard.   | None                                       | 2 minutes                 | Social Worker                 |
| <b>TOTAL:</b>   |  | None                                       | 14 minutes                |                               |

#### Para sa mga naka-admit o naka-confine sa Wards:

1. Ang bawat wards ay may naka-assign na SW, sila po ay nag-iikot/ bumibisita sa kanilang area bawat umaga araw-araw para doon isagawa ang panayam o/ interbyu sa mga bagong admit napasyente.
2. Sakali po na mayroon kayong ibang usapin na ilalapit sa SW, magtungo sa MSS main office para maparating ito sa kanila.
3. Ang katulad ng #2 ang ipinatutupad sa mga pasyente mula sa Pay/Private Wards.

## 14. Proseso ng Pagkuha ng Tulong Medikal (Medical Assistance)

|   |  |  |                           |                               |
|---|--|--|---------------------------|-------------------------------|
| <b>Office or Division:</b>  | Medical Social Service   |  |                           |                               |
| <b>Classification:</b>  | Simple   |  |                           |                               |
| <b>Type of Transaction:</b>   | G2C  |  |                           |                               |
| <b>Who may avail:</b>   | All Patients   |  |                           |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                     |                           |                               |
| Management Plan   |  | Resident-in-charge                         |                           |                               |
| Protocol  |  | Resident-in-charge                         |                           |                               |
| Clinical Abstract   |  | Resident-in-charge                         |                           |                               |
| Justification Letter  |  | Resident-in-charge                         |                           |                               |
| Diagnostic Procedure Request  |  | Residente/Doktor na Tumitingin sa Pasyente |                           |                               |
| Reseta mula sa Doktor   |  | Resident-in-charge                         |                           |                               |
| White Card  |  | MSS Office                                 |                           |                               |
| PGH Blue Card (1 original)  |  | HIMD Palistahan                            |                           |                               |
| <b>GAGAWIN NG PASYENTE</b>  | <b>GAGAWIN NG OPISINA/YUNIT</b>  | <b>FEES TO BE PAID</b>                     | <b>ITATAGAL NG GAWAIN</b> | <b>EMPLOYADONG NAMAMAHALA</b> |
| <p>Paalala:</p> <p>Sa mga pasyenteng nangangailangan ng tulong sa gamut mahalaga ang kumpleto ang inyong mga <b>requirements</b>*para sa agarang/ mabilisang pagprosesong assistance.</p> |  |  |                           |                               |
| <p>1. Isumite sa SW ang mga papeles/ requirements:</p> <p>a) reseta- para sa gamot</p>  | <p>1. Pagsusurin ang tamang papeles na kinakailangan. Mag-encode ng mga gamut na irerekomendang mapondohan; ibahagi ito sa PGH MAP, at Pharmacy; (papuntahin ang pasyente sa pharmacy para makuha ang tulong sa gamot.</p> | None                                       | 15 minutes                | Social Worker                 |
| <p>b) referral letter ng doctor- para sa eksaminasyon na gagawin sa ibang ospital</p>   | <p>Repasuhin ang request na dala ng pasyente, maaaring mag- coordinate sa duktur kung kinakailangan; alamin mula sa pasyente o kaanak nito ang kanilang paghahanda</p>   | None                                       | 10 minutes                | Social Worker/ Doktor         |

|   |   |      |            |               |
|---|---|------|------------|---------------|
|   | sa usapin ng bayarin para sa eksaminasyon na gagawin;   |      |            |               |
| 5. Tanggapin ang inter-agency referral at isumite sa ODDHO kasama ang iba pang dokumento para mapirmahan ang endorsement. | 5. Ihanda ang inter-agency referral na dadalhin ng pasyente sa ibang ospital at ibigay sa pasyente. | None | 5 mins     | Social Worker |
| <b>TOTAL:</b>   |   | None | 30 minutes |               |

## 15. Proseso ng paglapit ng Tulong Medikal (Malasakit Center)

|  |   |  |                           |                               |
|--|---|--|---------------------------|-------------------------------|
| <b>Office or Division:</b>   | Medical Social Service  |  |                           |                               |
| <b>Classification:</b>   | Simple  |  |                           |                               |
| <b>Type of Transaction:</b>  | G2C   |  |                           |                               |
| <b>Who may avail:</b>  | All Patients  |  |                           |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                   |                           |                               |
| Clinical Abstract  |   | Ward kung saan naka-admit ang pasyente   |                           |                               |
| Discharge Summary Xerox (2 Photocopies)  |   | Ward kung saan naka-admit ang pasyente   |                           |                               |
| Blue Card (Hospital Card) (2 Photocopies)  |   | HIMD Palistahan                          |                           |                               |
| MSS (White Card) (2 Photocopies)   |   | MSS Office                               |                           |                               |
| Justification Letter (Kapag ang Hospital Bill ay mahigit sa P 50,000.00)   |   | Mula sa Doktor na Tumitingin sa Pasyente |                           |                               |
| <b>GAGAWIN NG PASYENTE</b>   | <b>GAGAWIN NG OPISINA/YUNIT</b>   | <b>FEES TO BE PAID</b>                   | <b>ITATAGAL NG GAWAIN</b> | <b>EMPLOYADONG NAMAMAHALA</b> |
| 1. Pumila sa waiting area ng MSS- Malasakit Center dala ang Philhealth Clearance at mga dokumentong galing sa Ward | 1. Pagsusuri ng impormasyon ng pasyente sa ERP sa coverage ng Philhealth; Pagsisiguro sa kompletong dokumento na kinakailangan. | None                                     | 2 minutes                 | Social Worker                 |
| 2. Pagpirma sa PGH-MAP Form bilang pagtanggap ng assistance/ tulong.   | 2. Paggawa ng rekomendasyon/ assistance gamit ang PGH-MAP form.   | None                                     | 2 minutes                 | Social Worker                 |
|  | 2.1 Karagdagang pagpapaliwanag sa pagsumite ng dokumento sa Accounting Unit   | None                                     | 3 minutes                 | Social Worker                 |
|  | 2.2 upang matapos ang proseso ng pagtulong pinansiyal   | None                                     | 1 min                     | Social Worker                 |
| <b>TOTAL:</b>  |   | None                                     | 14 minutes                |                               |

# Pharmacy Department

## External Services

# 1. Provision of all available drugs/medicines/medical supplies and other pharmaceuticals ( Cash Transaction – Regular Client)

Provision of available needs of paying patients

|   |  |  |                        |                            |
|---|--|--|------------------------|----------------------------|
| <b>Office or Division:</b>  | OPD Pharmacy – UP-PGH Pharmacy Department  |  |                        |                            |
| <b>Classification:</b>  | Simple   |  |                        |                            |
| <b>Type of Transaction:</b>   | G2C,G2G  |  |                        |                            |
| <b>Who may avail:</b>   | PGH patients/ Patients of Physicians with affiliation to UP-PGH<br>UP-PGH employees and students   |  |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                            |
| <p>With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing</p> <p>PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original with 3months validity from date of issuance) or<br/>Pharmacy Requisition and Issue Voucher for Individual patients ( 1 original, valid only during the patient's confinement) or<br/>Prescription Transposition Form (1 original)<br/>Blue Card</p> |  | <p>Physician of clinic where patient seek consultation</p> <p>Ward where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> <p>OPD Palistahan</p> |                        |                            |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Present prescription to Receiving window for validation   | 1.Accept prescription and check validity ,completeness of required information   | None   | 3 minutes              | Clerk / Pharmacist on duty |
| 2. Inform which of the listed items will be bought and the quantity to be purchased   | 2.1 Process transaction on Open ERP to produce order slip and inform client the total amount to be paid. ( Maximum two-month supply except for refrigerated items )<br>2.2 Provide claim stub.<br>2.3 Instruct client to | None   | 5 minutes              | Clerk / Pharmacist on duty |

|  |   |                                      |           |                            |
|--|---|--------------------------------------|-----------|----------------------------|
|  | seat in front and wait for the name of the patient to be called in the Cashier window   |                                      |           |                            |
| 3.Seat in front and wait for the name of the patient to be called in the cashier window        | 3.1 Process and fills transaction of client. (Refer to Guidelines on Processing and Filling of Prescription)<br>3.2 Endorse to cashier on duty  | None                                 | 5 minutes | Clerk / Pharmacist on duty |
| 4.Provide payment for the items being purchased  | 4.1 Accept and process payment and give change (if any).<br><br>4.2 Instruct client to wait for their name to be called in the Releasing window   | Depends on the items being purchased | 5 minutes | Cashier on duty            |
| 5.Approach Releasing Window and present the claim stub once name was called                    | 5.1 Checks the stub, prescription, order slip, medicines and receipt.<br>5.2 Ask patient/watcher to sign over printed name at the back of the prescription or order slip to acknowledge receipt | None                                 | 5 minutes | Pharmacist on duty         |
| 6. Sign over printed name at the back of the prescription or order slip to acknowledge receipt | 6. Issues the items and receipt to the client.  | None                                 | 2 minute  | Pharmacist on duty         |
| 7. Client receives purchased items and receipt   | 7.1 Receives signed prescription or ERP order slip.<br>7.2 Files order slip   | None                                 | 5 minute  | Pharmacist on duty         |



|               |                               |  |            |  |
|---------------|-------------------------------|--|------------|--|
|               | or prescription.<br>purchased |  |            |  |
| <b>TOTAL:</b> |                               |  | 30 minutes |  |

## 2. Provision of all available drugs/medicines/medical supplies and other pharmaceuticals ( Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

| <b>Office or Division:</b>   | OPD Pharmacy – UP-PGH Pharmacy Department  |  |                 |                    |
|--|--|--|-----------------|--------------------|
| <b>Classification:</b>   | Simple   |  |                 |                    |
| <b>Type of Transaction:</b>  | G2C,G2G  |  |                 |                    |
| <b>Who may avail:</b>  | PGH patients/ Patients of Physicians with affiliation to UP-PGH aged 60 years old and above (Senior Citizen ) or with disability (PWD)<br>UP-PGH employees and students aged 60 years old and above (Senior Citizen ) or with disability (PWD) |  |                 |                    |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                 |                    |
| With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing  |  | Physician of clinic where patient seek consultation          |                 |                    |
| PGH Prescription / Electronic Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original with 3months validity from date of issuance)<br>or<br>Pharmacy Requisition and Issue Voucher for Individual patients ( 1 original, valid only during the patient's confinement)<br>or<br>Prescription Transposition Form (1 original)<br>Blue Card |  | Ward where patient is presently confined                     |                 |                    |
| <b>Principal</b>   |  | Pharmacy satellite where original prescription was submitted |                 |                    |
| ID of Senior Citizen or PWD<br>OSCA or PWD Medicine Booklet  |  | OPD Palistahan   |                 |                    |
| <b>Representative</b>  |  |  |                 |                    |
| ID of Senior Citizen or PWD<br>OSCA / PWD Medicine Booklet   |  | Local Government Unit  |                 |                    |
| Authorization Letter with present date (1 original)<br>or<br>Special Authorization letter with present date (1 original)<br>Birth Certificate for minors (for parent / child relationship) (1 original and 1 photocopy)<br>Doctor's certification (for psychiatric, stroke patients and other special case) (1 original)   |  | Person being represented                                     |                 |                    |
| Government Issued Identification Card of the representative (1 original and 1 photocopy)   |  | PSA  |                 |                    |
|  |  | Physician of clinic where patient seek consultation          |                 |                    |
|  |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC      |                 |                    |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE |

|   |   |                                      |            |                            |
|---|---|--------------------------------------|------------|----------------------------|
| 1. Present client prescription and other pertinent documents to Receiving window to avail discount and for validation | 1. Accept prescription and check completeness of required information, validity and requirements.   | None                                 | 3 minutes  | Clerk / Pharmacist on duty |
| 2. Inform which of the listed items will be bought and the quantity to be purchased                                   | 2.1 Process transaction on Open ERP to produce order slip and inform client the total amount to be paid( Maximum one-month supply)<br>2.2 Provide claim stub.<br>2.3 Instruct client to seat in front and wait for the name of the patient to be called in the Cashier window | None                                 | 10 minutes | Clerk / Pharmacist on duty |
| 3. Seat in front and wait for the name of the patient to be called in the cashier window                              | 3.1 Process and fills transaction of client. (Refer to Guidelines on Processing and Filling of Prescription)<br>3.2 Endorse to cashier on duty  | None                                 | 5 minutes  | Clerk / Pharmacist on duty |
| 4. Provide payment for the items being purchased  | 4.1 Calls the name of the patient<br>4.2 Accept and process payment and give change (if any).<br>4.3 Instruct client to wait for their name to be called in the Releasing window  | Depends on the items being purchased | 5 minutes  | Cashier on duty            |
| 5. Approach Releasing Window and present the claim stub once name was called  | 5.1 Checks the stub, prescription, order slip, medicines and receipt.<br>5.2 Ask patient/watcher to   | None                                 | 5 minutes  | Pharmacist on duty         |

|  |   |      |            |                    |
|--|---|------|------------|--------------------|
|  | sign over printed name at the back of the prescription or order slip to acknowledge receipt   |      |            |                    |
| 6. Sign over printed name at the back of the prescription or order slip to acknowledge receipt | 6. Issues the items and receipt to the client including documents presented.  | None | 2 minutes  | Pharmacist on duty |
| 7. Client receives purchased items, receipt and other documents presented                      | 7.1 Receives signed prescription or ERP order slip.<br>7.2 Records transaction on the medicine booklet<br>7.3 Records transaction on OSCA Logbook and files order slip or prescription with the authorization letter and photocopy of authorized representative identification card attached (if applicable). | None | 10 minutes | Pharmacist on duty |
| <b>TOTAL:</b>  |   |      | 40 minutes |                    |

### 3. Provision of all available drugs/medicines/medical supplies and other pharmaceuticals ( Charge to Philhealth)

Provision of available needs of patients charge to Philhealth

|  |   |   |                        |                            |
|--|---|---|------------------------|----------------------------|
| <b>Office or Division:</b>   | OPD Pharmacy – UP-PGH Pharmacy Department   |   |                        |                            |
| <b>Classification:</b>   | Simple  |   |                        |                            |
| <b>Type of Transaction:</b>  | G2C   |   |                        |                            |
| <b>Who may avail:</b>  | PGH Out-patients for operation and blood transfusion with philhealth<br>UP-PGH employees and students for operation with philhealth   |   |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                                  |                        |                            |
| PGH Prescription (valid only up to the day of patients operation)                                |   | Physician and Nurse in charge in the operating room     |                        |                            |
| Philhealth outright Patients scheduled for operation   |   | OPD Operating Room                                      |                        |                            |
| Philhealth approval slip   |   | Philhealth office                                       |                        |                            |
| Philhealth CF2   |   | Philhealth office                                       |                        |                            |
| <b>Principal</b>   |   |   |                        |                            |
| Blue card  |   | OPD Palistahan  |                        |                            |
| Government Issued Identification Card (1 original and 1 photocopy)                               |   | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC |                        |                            |
| <b>Representative</b>  |   |   |                        |                            |
| Blue card  |   | OPD Palistahan  |                        |                            |
| Government Issued Identification Card of the representative (1 original and 1 photocopy)         |   | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC |                        |                            |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit prescription and complete requirements to Receiving window for checking and validation | 1.1 Accept prescription with Philhealth approval slip and check completeness of required information, validity and requirements.<br>1.2 Check patient name in the list of patients scheduled for operation<br>1.3 Instruct client to sit in front and wait for the name of the patient to be called | None  | 5 minutes              | Clerk / Pharmacist on duty |

|  |   |      |            |                            |
|--|---|------|------------|----------------------------|
|  | 1.3 Prepare charge slip and fill the OR kits needed and the additional request (if any)<br>1.4 Prepares tape receipt for total charges<br>1.5 Encode charges to Open ERP<br>1.6 Call patients' name | None | 30 minutes | Clerk / Pharmacist on duty |
| 2. Approach Receiving window once name of the patient was called | 2.1 Check the prescription, kits, additional request (if any) and charge slip<br>2.2 Ask patient/watcher to sign over printed name on the charge slip.  | None | 5 minutes  | Pharmacist on duty         |
| 3. Sign over printed name on the charge slip                     | 3.1 Attach the signed original copy of charges to CF2<br>3.1 Instruct patient/watcher to proceed to Philhealth office   | None | 2 minutes  | Pharmacist on duty         |
| 4. Receive/pick-up the items by O.R. representative              | 4.1 Issue kits and additional request (if any)  | None | 5 minutes  | Pharmacist on duty         |
| <b>TOTAL:</b>  |   |      | 47 minutes |                            |

#### 4. Provision of all available drugs/medicines/medical supplies and other pharmaceuticals ( Charge to Philhealth)

Provision of available needs of patients charge to Philhealth

|   |   |   |                        |                            |
|---|---|---|------------------------|----------------------------|
| <b>Office or Division:</b>  | Ambulatory Pharmacy – UP-PGH Pharmacy Department  |   |                        |                            |
| <b>Classification:</b>  | Simple  |   |                        |                            |
| <b>Type of Transaction:</b>   | G2C   |   |                        |                            |
| <b>Who may avail:</b>   | PGH Dental and Derma Out-patients with philhealth<br>UP-PGH employees and students with philhealth  |   |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                                  |                        |                            |
| PGH Prescription (valid only up to the day of patients operation)   |   | Physician in charge in the Derma and Dental clinic      |                        |                            |
| Philhealth approval slip  |   | Philhealth office                                       |                        |                            |
| Philhealth CF2  |   | Philhealth office                                       |                        |                            |
| <b>Principal</b>  |   |   |                        |                            |
| Blue card   |   | OPD Palistahan  |                        |                            |
| Government Issued Identification Card of the representative (1 original and 1 photocopy)                    |   | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC |                        |                            |
| <b>Representative</b>   |   |   |                        |                            |
| Blue card   |   | OPD Palistahan  |                        |                            |
| Government Issued Identification Card of the representative (1 original and 1 photocopy)                    |   | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC |                        |                            |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Present and submit prescription and complete requirements to Receiving window for checking and validation | 1.1 Accept prescription with Philhealth approval slip and check completeness of required information, validity and requirements<br>1.2 Instruct patient/watcher to seat in front and wait for their name to be called | None  | 5 minutes              | Clerk / Pharmacist on duty |
|   | 1.3Prepare charge slip and fill the OR kits needed and the additional request ( if any)<br>1.4 Prepares tape receipt for total Charges<br>1.5 Encode charges  | None  | 30 minutes             | Clerk / Pharmacist on duty |

|  |   |      |            |                    |
|--|---|------|------------|--------------------|
|  | to Open ERP<br>1.6 Call patients' name  |      |            |                    |
| 2. Approach Receiving window once name of the patient was called | 2.1 Check the prescription, kits, additional request (if any) and charge slip<br>2.2 Ask patient/watcher to sign over printed name on the charge slip | None | 5 minutes  | Pharmacist on duty |
| 3. Sign over printed name on the charge slip                     | 3 Attach the signed original copy of charges to CF2   | None | 2 minutes  | Pharmacist on duty |
| 4 Client receives items  | 4. Issue kits and additional request (if any)<br>4.1 Instruct patient/watcher to proceed to Philhealth office   | None | 5 minutes  | Pharmacist on duty |
| <b>TOTAL:</b>  |   |      | 47 minutes |                    |





|               |   |  |        |  |
|---------------|---|--|--------|--|
| item/s        | purchased item/s to the client at Window (4 or 5) |  |        |  |
| <b>TOTAL:</b> |   | <i>Please refer to the approved schedule of fees</i> | 1 hour |  |

## 6. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals

Provision of available needs of Charity In-Patient

|   |   |                              |                        |                           |
|---|---|------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Charity In-Patient Pharmacy, UP-PGH Pharmacy Department   |                              |                        |                           |
| <b>Classification:</b>  | Simple  |                              |                        |                           |
| <b>Type of Transaction:</b>   | G2C   |                              |                        |                           |
| <b>Who may avail:</b>   | All patients admitted at Charity Wards and all patients at DEMS   |                              |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>       |                        |                           |
| Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients  |   | Nurses                       |                        |                           |
| Blue Card   |   | Admitting Unit (Palistahan)  |                        |                           |
| White Card  |   | Medical Social Service (MSS) |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Bring the Requisition and Issue Voucher (RIV) for individual patient at the Central Block Pharmacy Dispensing Area Window (1 or 2) | 1. Receive the RIV from the patient's representative/ watcher (Bantay) and process the RIV by checking the availability of requested item/s | None                         | 30 minutes             | Pharmacist/ Clerk         |
|   | 1.1 Fill the Prescription   | None                         | 2 hours                | Pharmacist/ Clerk         |
|   | 1.2 Encode/ charge the served items   | None                         | 3 hours                | Clerk/Pharmacy Assistant  |
|   | 1.3 Endorse to Pharmacist for issuance  |                              |                        |                           |
| 2. Receive/claim the item/s   | 2. Issue the requested item/s to the patient's representative/ watcher (Bantay) at Window (4 or 5)  | None                         | 2 hours                | Pharmacist                |
| <b>TOTAL:</b>   |   | None                         | 7 hours, 30 minutes    |                           |

## 7. Provision and Replacement of Multiple Dose Emergency Drugs for Service Wards

Provision and replacement of multiple dose emergency drugs that require disposition sheets for service patients.

|  |  |                               |                        |                           |
|--|--|-------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Charity In-Patient Pharmacy, UP-PGH Pharmacy Department  |                               |                        |                           |
| <b>Classification:</b>   | Simple   |                               |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |                               |                        |                           |
| <b>Who may avail:</b>  | All patients admitted at Charity Wards, Requesting Unit/Wards/Clinics  |                               |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>        |                        |                           |
| Requisition and Issue Slip Form (RIS) (1 original)   |  | Requesting Unit/Wards/Clinics |                        |                           |
| Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients   |  | Requesting Unit/Wards/Clinics |                        |                           |
| Accomplished Record of Emergency Drugs for In-Patients form  |  | Requesting Unit/Wards/Clinics |                        |                           |
| For replacement of stocks, empty ampule or vial of previously issued drug, or empty box of previously issued medical supply.   |  | Requesting Unit/Wards/Clinics |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. For initial request:<br><br>Submit Requisition and Issue Slip Form (RIS) at the Central Block Dispensing Area Window 1 or 2<br><br>For replacement of emergency drugs:<br><br>Submit RIS, RIV, accomplished disposition sheets and empty vial/box | 1. Receive the required documents and check if all fields are completely accomplished<br><br>1.1. Inform the client that they will receive a call if request is ready for pick up<br><br>1.2. Process and fill the request (RIS)<br><br>(Note: Refer to Guidelines on Processing and filling of Emergency Drugs)<br><br>1.3 Call the clinic that disposition sheet and item is ready for pick up | None                          | 3 hours                | Pharmacist                |
| 2. Proceed to Pharmacy and   | 2. Issue processed item, disposition   | None                          | 15 minutes             | Pharmacist on duty        |

|   |   |                  |                              |  |
|---|---|------------------|------------------------------|--|
| receive the item, disposition sheet and duplicate copy of RIS | sheet and duplicate copy of the RIS<br><br>2.1 Request to sign over printed name on the space provided for in the RIS |                  |                              |  |
| 3. Sign over printed name on the space provided in the RIS    | 3. Accept the signed original RIS<br><br>3.1 Encode requested item to Open ERP<br><br>3.2 File the disposition sheet  | None<br><br>None | 15 minutes<br><br>30 minutes | Pharmacist on duty<br><br>Clerk / Pharmacist on duty |
| <b>TOTAL:</b>   |   | None             | 4 hours                      |  |

## 8. Replacement of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals in the Emergency Cart

Provision of Emergency Cart Replacement of the different wards/units/clinics of the hospital

|  |  |                               |                        |                           |
|--|--|-------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Charity In-Patient Pharmacy, UP-PGH Pharmacy Department  |                               |                        |                           |
| <b>Classification:</b>   | Simple   |                               |                        |                           |
| <b>Type of Transaction:</b>  | G2C  |                               |                        |                           |
| <b>Who may avail:</b>  | All wards/units/clinics of the hospital  |                               |                        |                           |
| <b>CHECKLIST OF REQUIREMENT/S</b>  |  | <b>WHERE TO SECURE</b>        |                        |                           |
| Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients (1 original)  |  | Requesting Unit/Wards/Clinics |                        |                           |
| Emergency Cart Logbook (E-cart logbook)  |  | Requesting Unit/Wards/Clinics |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit Emergency Cart logbook and Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients at the Central Block Dispensing Area Window 1 or 2 | 1. Receive the E-cart logbook and RIV and instruct the client to wait at the releasing area to be called.  | None                          | 2 hour                 | Clerk/Pharmacist          |
|  | 1.1. Check RIV versus the approved Par level of the requesting Unit/Ward/Clinic<br><br>1.2 Process and fill the request (RIV)<br><br>(Note: Refer to Guidelines on Emergency Cart Replacement)<br>1.3 Call the client. | None                          |                        | Clerk/Pharmacist          |
| 3. Approach the releasing counter to receive the Emergency cart replacement  | 3. Ask Client to sign over printed name at the space provided.<br>3.1 Issue the requested Emergency cart replacement Drug/s at Window 4 or 5   | None                          | 30 minutes             | Pharmacist                |
| <b>TOTAL:</b>  |  | None                          | 2 hours, 30 minutes    |                           |

## 9. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals

Provision of Narcotics/Dangerous Drugs of Charity In-Patient

|   |   |                               |                        |                           |
|---|---|-------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Charity In-Patient Pharmacy, UP-PGH Pharmacy Department   |                               |                        |                           |
| <b>Classification:</b>  | Simple  |                               |                        |                           |
| <b>Type of Transaction:</b>   | G2G   |                               |                        |                           |
| <b>Who may avail:</b>   | All patients admitted at Charity Wards and all patients at DEMS   |                               |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>        |                        |                           |
| Requisition for Dangerous Drug Preparation or Drug Preparation Containing Controlled Chemical For In-Patient Use Form (1 original)  |   | Central Block Dispensing Area |                        |                           |
| Accomplished Record of Dangerous Drug Preparations Containing Controlled Chemical Dispensed to In-Patients (through floor stock)/ Controlled Drugs Administration Sheet Form (1 original) |   | Requesting Unit/Wards/Clinics |                        |                           |
| Requisition and Issue Slip Form (RIS) (1 original)  |   | Requesting Unit/Wards/Clinics |                        |                           |
| For replacement of stocks, empty ampule or vial of previously issued drug   |   | Requesting Unit/Wards/Clinics |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. For initial request: Submit Requisition and Issue Slip Form (RIS) and Requisition for Dangerous Drug Preparation or Drug Preparation Containing Controlled Chemical                    | 1. Receive the required documents and check if all fields are completely accomplished   | None                          | 3 hours                | Pharmacist                |
| For In-Patient Use: Format at the Central Block Dispensing Area Windows 1 or 2  | 1.1. Inform the client that they will receive a call if request is ready for pick up  | None                          |                        | Pharmacist                |
| For replacement of Narcotics/Dangerous Drugs stocks: Submit RIS and accomplished Record of Dangerous Drug Preparations Containing Controlled Chemical Dispensed                           | 1.2. Process and fill the request (RIS)<br><br>(Note: Refer to Guidelines on Processing and filling of RIS)<br>1.3 Call the clinic that disposition sheet and item is ready for pick up | None                          |                        | Pharmacist<br>Pharmacist  |

|  |   |      |            |                                  |
|--|---|------|------------|----------------------------------|
| to In-Patients<br>(through floor stock)/<br>Controlled Drugs<br>Administration Sheet<br>Form         |   |      |            |                                  |
| 2. Proceed to<br>Pharmacy and<br>receive the item,<br>disposition sheet and<br>duplicate copy of RIS | 2. Issue processed<br>item, disposition<br>sheet and duplicate<br>copy of the RIS<br><br>2.1 Request to sign<br>over printed name on<br>the space provided<br>for in the RIS. | None | 15 minutes | Pharmacist on<br>duty            |
| 3. Sign over printed<br>name on the space<br>provided in the RIS.                                    | 3. Accept the signed<br>original RIS.   | None | 15 minutes | Pharmacist on<br>duty            |
|  | 3.1 Encode<br>requested item to<br>Open ERP<br><br>3.2 File the<br>disposition sheet  | None | 30 minutes | Clerk /<br>Pharmacist on<br>duty |
| <b>TOTAL:</b>  |   | None | 4 hours    |                                  |



## 10. Provision Pharmacy Clearance

Provision of pharmacy clearance for service in-patients through the Malasakit Center.

|  |   |                        |                        |                              |
|--|---|------------------------|------------------------|------------------------------|
| <b>Office or Division:</b>                         | Charity In-Patient Pharmacy, UP-PGH Pharmacy Department   |                        |                        |                              |
| <b>Classification:</b>                             | Simple  |                        |                        |                              |
| <b>Type of Transaction:</b>                        | G2C   |                        |                        |                              |
| <b>Who may avail:</b>                              | All patients admitted at Service Wards  |                        |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |   | <b>WHERE TO SECURE</b> |                        |                              |
| Notification through UP-Chat                       |   | Malasakit Center       |                        |                              |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. Send notification for discharge through UP-Chat | 1. Check and charge all issuances and encode all returns  | None                   | 4 hours                | Clerk/<br>Pharmacy Assistant |
|  | 1.1 Coordinate with other satellite pharmacies and ensure that all pending transactions are completed<br><br>1.2. Send confirmation to Malasakit Center if ok for discharge |                        |                        | Clerk/<br>Pharmacy Assistant |
| 2. Receive the confirmation from the pharmacy.     | 2. Print patient's profile for filing   | None                   |                        | Clerk                        |
| <b>TOTAL:</b>                                      |   | None                   | 4 hours                |                              |

## 11. Provision of Drug Information

### Provision of Drug Information

|   |  |                                   |                        |                           |
|---|--|-----------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>                | Clinical Pharmacy Services   |                                   |                        |                           |
| <b>Classification:</b>                    | Highly Technical   |                                   |                        |                           |
| <b>Type of Transaction:</b>               | G2C  |                                   |                        |                           |
| <b>Who may avail:</b>                     | Patients, Caregivers   |                                   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>          |  | <b>WHERE TO SECURE</b>            |                        |                           |
| Drug information worksheet (Form)         |  | Clinical Pharmacy Services Office |                        |                           |
| <b>CLIENT STEPS</b>                       | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Inquiry pertaining to drug information | 1. Clarify the needed information<br>Probe/Ask for additional necessary information regarding the concern, if needed | None                              | 10 minutes             | Pharmacist                |
|   | 1.1 Research on the answer to the drug information inquiry   | None                              | 1 hour                 | Pharmacist                |
|   | 1.2 Relay answer to the drug information inquiry   | None                              | 30 minutes             | Pharmacist                |
|   | 1.3 Document drug information using the Drug Information Worksheet.  | None                              | 30 minutes             | Pharmacist                |
| <b>TOTAL:</b>                             |  | None                              | 2 hours 10 minutes     |                           |

## 12. Provision of Unit Dose Drug Distribution Services (Charity/Service Wards)

Provision of Unit Dose Drug Distribution Services (Charity/Service Wards)

|                                  |  |                            |                        |                           |
|----------------------------------|--|----------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>       | Clinical Pharmacy Services   |                            |                        |                           |
| <b>Classification:</b>           | Highly Technical   |                            |                        |                           |
| <b>Type of Transaction:</b>      | G2C  |                            |                        |                           |
| <b>Who may avail:</b>            | Patients   |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b> |  | <b>WHERE TO SECURE</b>     |                        |                           |
| Electronic Medical Record (EMR)  |  | RADISH                     |                        |                           |
| Patient Medication Profile (PMP) |  | Clinical Pharmacy Services |                        |                           |
| <b>CLIENT STEPS</b>              | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Admit to UDDDS wards          | 1. Review electronic medical record via RADISH.  | None                       | 30 minutes             | Pharmacist                |
|                                  | a. Take note of all drug orders using the Patient Medication Profile.                                | None                       | 30 minutes             | Pharmacist                |
|                                  | b. Prepare drug orders for patient. Prepare Medication Order Print-out (MOP) for charity inpatients. | None                       | 30 minutes             | Pharmacist                |
|                                  | c. Endorse MOP to Central Block Pharmacy for filling and encoding                                    | None                       | 10 minutes             | Pharmacist                |
| <b>TOTAL:</b>                    |  | None                       | 1 hour 40 minutes      |                           |

### 13. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

|   |   |  |                        |                            |
|---|---|--|------------------------|----------------------------|
| <b>Office or Division:</b>  | Main Pharmacy – UP-PGH Pharmacy Department  |  |                        |                            |
| <b>Classification:</b>  | Simple  |  |                        |                            |
| <b>Type of Transaction:</b>   | G2C,G2G   |  |                        |                            |
| <b>Who may avail:</b>   | PGH patients/ Patients of Physicians with affiliation to UP-PGH<br>UP-PGH employees and students  |  |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |                            |
| <p>With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing</p> <p>PGH Prescription / Personalized Physicians Prescription with affiliation to PGH<br/>or<br/>Pharmacy Requisition and Issue Voucher for Individual patients<br/>or<br/>Prescription Transposition Form</p> <p>(Note: The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing)</p> |   | <p>Physician of clinic where patient seek consultation</p> <p>Ward where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> |                        |                            |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Present client number and prescription to receiving Window for validation once called   | 1. Accept prescription and check the validity and completeness of required information  | None   | 1 minute               | Clerk / Pharmacist on duty |
| 2. Coordinate with the pharmacy staff assigned at the Window which of the listed items will be bought and the quantity to be purchased  | 2. Process transaction on point of sale to produce order slip and inform client the total amount to be paid.<br><br>(Note: Maximum two-months supply except for refrigerated items) | None   | 2 minutes              | Clerk / Pharmacist on duty |
| 3.Provide payment for the items being purchased   | 3. Accept payment and provide claim stub with the amount received indicated   | <i>Please refer to the approved schedule of</i>  | 1 minute               | Clerk / Pharmacist on duty |

|  |  |  |            |  |
|--|--|--|------------|--|
|  | <p>3.1 Instruct client to sit in front of the Releasing Window and wait for their name to be called</p> <p>3.2 Process and fills transaction of client.</p> <p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p> <p>3.3 Provide receipt and change (if any)</p> <p>3.4 Call the name of the client for issuance of their request</p> | <p><i>fees</i><br/>(subject to change)</p> <p>None</p> | 15 minutes | <p>Clerk / Pharmacist on duty</p> <p>Cashier on-duty</p> <p>Pharmacist on duty</p> |
| 4. Present the Claim Stub at the Releasing Window once name was called | <p>4. Check the stub, medicines, receipt and change (if any)</p> <p>4.1 Ask patient/watcher to sign over printed name at the back of the prescription or order slip to acknowledge receipt</p> <p>4.2 Receive signed prescription or POS order slip</p> <p>4.3 Issue the items, receipt and change (if any) to the client</p>                                | None   | 10 minutes | Pharmacist on duty   |
| 5. Receive purchased items, receipt and change (if any)                | 5. File order slip or prescription   | <p>None</p> <p>None</p>                                | 1 minute   | Pharmacist on duty   |
| <b>TOTAL:</b>  |  | <i>Please refer to the approved schedule of fees</i>   | 30 minutes |  |

## 14. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

| <b>Office or Division:</b>   | Main Pharmacy – UP-PGH Pharmacy Department   |   |                 |                    |
|--|--|---|-----------------|--------------------|
| <b>Classification:</b>   | Simple   |   |                 |                    |
| <b>Type of Transaction:</b>  | G2C,G2G  |   |                 |                    |
| <b>Who may avail:</b>  | PGH patients/ Patients of Physicians with affiliation to UP-PGH aged 60 years old and above (Senior Citizen ) or with disability (PWD)<br>UP-PGH employees and students aged 60 years old and above (Senior Citizen ) or with disability (PWD) |   |                 |                    |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |                    |
| With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing  |  |   |                 |                    |
| PGH Prescription / Personalized Physicians Prescription with affiliation to PGH<br>or<br>Pharmacy Requisition and Issue Voucher for Individual patients<br>or<br>Prescription Transposition Form   |  | Physician of clinic where patient seek consultation<br><br>Ward where patient is presently confined<br><br>Pharmacy satellite where original prescription was submitted |                 |                    |
| (Note: The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing)  |  |   |                 |                    |
| <b>Principal</b>   |  |   |                 |                    |
| ID of Senior Citizen or PWD (original)<br>OSCA or PWD Medicine Booklet   |  | Local Government Unit   |                 |                    |
| <b>Representative</b>  |  |   |                 |                    |
| ID of Senior Citizen or PWD<br>OSCA / PWD Medicine Booklet   |  | Local Government Unit   |                 |                    |
| Authorization Letter with present date<br>or<br>Special Authorization letter with present date<br>Birth Certificate for minors (for parent / child relationship)<br>Doctor's certification (for psychiatric, stroke patients and other special case) |  | Person being represented<br><br>PSA<br><br>Physician of clinic where patient seek consultation  |                 |                    |
| Government Issued Identification Card of the representative ( original and photocopy)  |  | SC, PWD,BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC   |                 |                    |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE |

|  |  |  |            |   |
|--|--|--|------------|---|
| 1. Present client number, prescription and other pertinent documents to avail discount for validation to Receiving window once called  | 1. Accept prescription and check the completeness of required information and the validity and requirements  | None   | 2 minutes  | Clerk / Pharmacist on duty                |
| 2. Coordinate with the pharmacy staff assigned at the Window which of the listed items will be bought and the quantity to be purchased | 2. Process transaction on point of sale to produce order slip and inform client the total amount to be paid.<br><br>(Note: Maximum one-month supply) | None   | 5 minutes  | Clerk / Pharmacist on duty                |
| 3. Provide payment for the items being purchased   | 3. Accept payment and provide claim stub with the amount received indicated  | <i>Please refer to the approved schedule of fees (subject to change)</i> | 1 minute   | Clerk / Pharmacist on duty                |
|  | 3.1 Instruct client to seat in front of Releasing window and wait for their name to be called  |  |            |   |
|  | 3.2 Process and fill transaction of client<br><br>(Note: Refer to Guidelines on Processing and Filling of Prescription)                              | None   | 15 minutes | Clerk / Pharmacist on duty                |
|  | 3.3 Cashier to provide receipt and change (if any)<br><br>3.4 Call the name of the client for issuance of their request                              | None   |            | Cashier on duty<br><br>Pharmacist on duty |

|   |  |  |            |                    |
|---|--|--|------------|--------------------|
| 4. Present the Claim Stub at the Releasing Window once name was called                | <p>4. Check the stub, medicines, receipt and change</p> <p>4.1 Ask patient/watcher to sign over printed name at the back of the prescription or order slip to acknowledge receipt</p> <p>4.2 Record transaction on the medicine booklet</p> <p>4.3 Receive signed prescription or POS order slip</p> <p>4.4 Issue the items, receipt and change (if any) to the client including documents presented</p> | None   | 15 minutes | Pharmacist on duty |
| 5. Receive purchased items, receipt and change (if any) and other documents presented | 5. Record transaction on OSCA Logbook and files order slip or prescription with the authorization letter and photocopy of authorized representative identification card attached (if applicable)   | None   | 2 minutes  | Pharmacist on duty |
| <b>TOTAL:</b>   |  | <i>Please refer to the approved schedule of fees</i> | 40 minutes |                    |



## 15. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Donor with Government Funds)

Provision of available needs of patients charge to donor with government funds

|   |  |  |                        |                            |
|---|--|--|------------------------|----------------------------|
| <b>Office or Division:</b>  | Main Pharmacy – UP-PGH Pharmacy Department   |  |                        |                            |
| <b>Classification:</b>  | Simple   |  |                        |                            |
| <b>Type of Transaction:</b>   | G2C,G2G  |  |                        |                            |
| <b>Who may avail:</b>   | PGH Out-patients with donor from government funds<br>UP-PGH employees and students with donor from government funds  |  |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                            |
| <b>Principal</b>  |  |  |                        |                            |
| With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing                           |  |  |                        |                            |
| PGH Radish Prescription presented at MSS  |  | Physician of clinic where patient seek consultation                                  |                        |                            |
| (Note: The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing) |  |  |                        |                            |
| <b>Principal</b>  |  |  |                        |                            |
| Government Issued Identification Card presented at MSS (Original & photocopy)   |  | SC, PWD, BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC                     |                        |                            |
| <b>Representative</b>   |  |  |                        |                            |
| Government Issued Identification Card of presented at MSS ( Original& Photocopy)  |  | SC, PWD, BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC                     |                        |                            |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present client number and submit the complete requirements to the Receiving window for checking and validation once called                                     | 1. Accept and check completeness of required information, validity and requirements<br><br>1.1 Check on ERP if patient is already listed with approved funds<br><br>1.2 Instruct client to sit in front of Releasing Window and wait for their | None<br><br><i>Please refer to the approved schedule of fees (subject to change)</i> | 2 minutes              | Clerk / Pharmacist on duty |

|   |   |  |            |   |
|---|---|--|------------|---|
|   | <p>name to be called</p> <p>1.3. Process transaction on point of sale to produce order slip and RIV</p> <p>1.4 Fill and record transaction of client to Donor's Logbook, (Refer to Guidelines on Processing and Filling of Prescription)</p> <p>1.5 Endorse to cashier if with additional payment.</p> <p>1.6 Call the name of the client for issuance of their request</p> | None   | 20 minutes | Clerk / Pharmacist on duty  |
| 2. Approach Releasing Window once name was called           | 2. Check the medicines and ask patient/watcher to sign over printed name on the RIV to acknowledge receipt  | None   | 10 minutes | Pharmacist on duty  |
| 3. Sign over printed name on the RIV to acknowledge receipt | <p>3.1 Receive signed RIV</p> <p>3.2 Issue the items</p>  | None   | 3 minutes  | Pharmacist on duty  |
| 4. Receive the items and other documents presented          | <p>4.1 Charge transaction and record on Patient's profile and Radish Medication Profile</p> <p>4.2 File RIV, radish prescription and photocopy of authorized claimant's identification card</p>   | None   | 10 minute  | <p>Pharmacist on duty</p> <p>Clerk / Pharmacist on duty</p> <p>Pharmacist on duty</p> |
| <b>TOTAL:</b>   |   | <i>Please refer to the approved schedule of fees</i> | 45 minutes |   |

## 16. Provision of all Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Private Donors)

Provision of available needs of patients charge to Private Donors

|   |  |   |                 |                            |
|---|--|---|-----------------|----------------------------|
| Office or Division:   | Main Pharmacy – UP-PGH Pharmacy Department   |   |                 |                            |
| Classification:   | Simple   |   |                 |                            |
| Type of Transaction:  | G2C,G2G  |   |                 |                            |
| Who may avail:  | PGH Out-patients with private donor<br>UP-PGH employees and students with donor from private donor   |   |                 |                            |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE   |                 |                            |
| With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing<br><br>PGH Radish Prescription presented at Accounting<br><br>(Note: The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing) |  | Physician of clinic where patient seek consultation     |                 |                            |
|   |  |   |                 |                            |
| Principal   |  |   |                 |                            |
| Government Issued Identification Card presented at Accounting ( Original& Photocopy )   |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC |                 |                            |
| Representative  |  |   |                 |                            |
| Government Issued Identification Card presented at Accounting ( Original& Photocopy )   |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC |                 |                            |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE         |
| 1. Present client number and submit prescription and complete requirements to receiving window for checking and validation once called  | 1. Accept prescription and check completeness of required information, validity and requirements<br><br>1.1 Check on ERP if patient is already listed with approved funds<br><br>1.2 Instruct client to sit in front of releasing window | None  | 2 minutes       | Clerk / Pharmacist on duty |

|   |   |  |            |   |
|---|---|--|------------|---|
|   | <p>and wait for their name to be called</p> <p>1.3 Process transaction on point of sale to produce order slip and RIV</p> <p>1.4 Fill and record transaction of client to Donor's Logbook ( Refer to Guidelines on Processing and Filling of Prescription</p> <p>1.5 Endorse to cashier if with additional payment</p> <p>1.6 Call the name of the client for issuance of their request</p> |  | 20 minutes |   |
| 2. Approach Releasing Window once name was called           | 2. Check the medicines and ask patient/watcher to sign over printed name on the RIV to acknowledge receipt  | None   | 10 minutes | Pharmacist on duty  |
| 3. Sign over printed name on the RIV to acknowledge receipt | 3.1 Receive signed RIV<br>3.2 Issue the items   | None   | 3 minutes  | Pharmacist on duty  |
| 4. Receive the items and other documents presented          | <p>4. Receive signed RIV</p> <p>4.1 Charge transaction and record on Patient's profile and Radish Medication Profile</p> <p>4.2 File RIV, radish prescription and photocopy of authorized claimant's identification card</p>  | None   | 10 minutes | <p>Pharmacist on duty</p> <p>Clerk / Pharmacist on duty</p> <p>Pharmacist on duty</p> |
|   | <b>TOTAL:</b>   | <i>Please refer to the approved schedule of fees</i> | 45 minutes |   |

## 17. Cash Transaction with Discount (Senior Citizen and Persons with Disability)

Provision of available needs of paying Senior Citizen / PWD patients

| <b>Office or Division:</b>  | Pharmacy Department – Oncology Pharmacy  |
|---|--|
| <b>Classification:</b>  | Simple   |
| <b>Type of Transaction:</b>   | G2C  |
| <b>Who may avail:</b>   | UP-PGH Cancer Institute Patient (Out-patient, Pay In-patient on suspended status) aged 60 years old and above (Senior Citizen) or person with disability (PWD) |
| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
| The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing   |  |
| Official PGH prescription form or Personalized prescription of UP-PGH affiliated physicians<br>or<br>Prescription Transposition Form  | Attending Physician<br><br>Pharmacy Satellite where original prescription was submitted  |
| <b>Principal</b>  |  |
| Office of the Senior Citizen's Affair (OSCA) or Persons with disability (PWD) ID of patient (1 original)  | Local Government Unit (LGU) where the patient belongs  |
| OSCA or PWD booklet (1 original)  | LGU where the patient belongs  |
| Blue card of patient (1 original)   | Department of Out-patient services ;<br>Department of In-patient services  |
| <b>Representative</b>   |  |
| Office of the Senior Citizen's Affair (OSCA) or Persons with disability (PWD) ID of patient (1 original and 1 photocopy)  | Local Government Unit (LGU) where the patient belongs  |
| OSCA or PWD booklet (1 original)  | LGU where the patient belongs  |
| Blue card of patient (1 original)   | Department of Out-patient services ;<br>Department of In-patient services  |
| Valid ID of the representative (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) (1 original and 1 photocopy)  | Respective government agency, Company, School, Barangay  |
| Authorization Letter of patient with present date and must indicate that authorization is to claim patient's medicines (1 original)<br>Or<br>Special Authorization letter with present date<br>Birth Certificate for minors (for parent / child | Person being represented<br><br>Philippine Statistics Authority(PSA)   |

| relationship) (1 original)<br><br>Doctor's certification (for psychiatric, stroke patients and other special case) (1 original)   |   | Attending Physician |                 |                             |
|---|---|---------------------|-----------------|-----------------------------|
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID     | PROCESSING TIME | PERSON RESPONSIBLE          |
| 1. Line up at designated OSCA/PWD lane (Actual Senior Citizen or PWD only) if with authorized representative that are not Senior Citizen or PWD, line up at the regular lane<br>Operating hours :<br>7am – 3pm only | Arrange the line according to the arrival   | None                |                 | Guard-on-duty               |
| 2. Present the prescription at the OSCA/PWD window  | Validation of the prescription  | None                | 30 minutes      | Lab Aide/ Clerk/ Pharmacist |
| 3. Inform the pharmacy personnel of the items and quantity to be purchased and submit necessary requirements  | Process the prescription using *OERP and inform the patient of the total amount to be paid. Inform the patient or authorized representative to wait for the patient's name to be called (Please note that only 1 month supply are entitled to discount) | None                | 1 hour          | Lab Aide/ Clerk/ Pharmacist |
| 4. Wait for the patients name to be called  | Fill the prescription   | None                | 1 hour          | Lab Aide/ Clerk/ Pharmacist |
| 5. Once the patient name was called, proceed to window 2 to get the prescription and the computation of the amount to be paid   | Call the patient's name and instruct to proceed to cashier for payment. Instruct client to return to the pharmacy after payment.  | None                | 10 minutes      | Lab Aide/ Clerk/ Pharmacist |
| 6. Proceed to window 2, present prescription and receipt  | Validate the prescription and the payment   | None                | 1 hour          | Pharmacist                  |

|   |  |      |                        |            |
|---|--|------|------------------------|------------|
| 7. Claim the items paid for and sign on the receiving portion of the prescription | Dispense items requested and paid for by the patient/ authorized representative and ask to sign on the receiving portion of the prescription. Log at the SC/PWD booklet the items purchased with discount. Log at the SC/PWD logbook the transactions with discount. | None | 1 hour                 | Pharmacist |
| <b>TOTAL:</b>   |  | None | 5 hours and 40 minutes |            |

## 18. Donor Transactions – UP-PGH Outpatients with Guarantee Letter

|   |   |  |                        |                           |
|---|---|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | Pharmacy Department – Oncology Pharmacy       |  |                        |                           |
| <b>Classification:</b>  | Simple  |  |                        |                           |
| <b>Type of Transaction:</b>   | G2C   |  |                        |                           |
| <b>Who may avail:</b>   | UP-PGH Cancer Institute Patient (Out-patient) |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |                           |
| The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing   |   |  |                        |                           |
| Official PGH prescription form (with 3 months validity)   |   | Attending Physician  |                        |                           |
| - Signed and approved with fund   |   | - Deputy Director for Fiscal Services and Accounting Services        |                        |                           |
| Approved guarantee letter with verification from accounting services and MAP Stub (1 original)  |   | Deputy Director for Fiscal Services and Accounting Services          |                        |                           |
| <b>Principal</b>  |   |  |                        |                           |
| Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal), Birth certificate (1 Original and 1 photocopy)   |   | Respective government agency, Company, School, Barangay              |                        |                           |
| Blue card and white card of patient (1 original and 1 photocopy)  |   | Department of Out-patient services                                   |                        |                           |
| <b>Representative</b>   |   |  |                        |                           |
| Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) (1 original and 1 photocopy)  |   | Respective government agency, Company, School, Barangay              |                        |                           |
| Authorization Letter of patient with present date and must indicate that authorization is to claim patient's medicines (1 original)<br>Or<br>Special Authorization letter with present date Birth Certificate for minors (for parent / child relationship) (1 original) |   | Person being represented<br><br>Philippine Statistics Authority(PSA) |                        |                           |
| Doctor's certification (for psychiatric, stroke patients and other special case) (1 original)   |   | Attending Physician  |                        |                           |
| Blue card and white card of patient (1 Original and 1 photocopy)  |   | Department of Out-patient services                                   |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                          | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Present the blue   | 1. Retrieve the funded                        | None   | 20 minutes             | Lab Aide/ Clerk/          |



|   |  |      |                              |                             |
|---|--|------|------------------------------|-----------------------------|
| card of the patient with claim stub from "Malasakit Center" and the necessary requirements at the designated lane | prescription with approved guarantee letter/claim stub issued by "Malasakit Center" and endorse to the Lab Aide/ Clerk in charge. Inform the patient/authorized representative to wait for the patient's name to be called<br><br>Note: Receiving time: 9 am – 12nn only |      |                              | Pharmacist                  |
| 2. Wait for the patient's name to be called   | 2. Validation of the prescription  | None | 10 minutes                   | Lab Aide/ Clerk/ Pharmacist |
|   | 2.1. Process the prescription using the *OERP  | None | 60 minutes                   | Lab Aide/ Clerk/ Pharmacist |
|   | 2.3. If *insufficient fund – inform the patient/authorized representative that an additional payment in excess of the approved fund has to be paid (OSCA and PWD discounts are not applicable in claiming items with donor) or   | None | 30 minutes                   | Lab Aide/ Clerk/ Pharmacist |
|   | If the patient has additional donor, it can be used in conjunction with the other donor provided it has been approved by accounting services and separate charge slip were made  | None | 30 minutes                   | Lab Aide/ Clerk/ Pharmacist |
|   | 2.4. If the fund exceeds the cost of items requested, adjustment has to be made with accounting  | None | 60 minutes<br>(paused-clock) | Lab Aide/ Clerk/ Pharmacist |

|  |   |  |                                       |                             |
|--|---|--|---------------------------------------|-----------------------------|
|  | services (after issuance to the patient/authorized representative)<br><br>2.5 Fill the prescription                             | None   | 60 minutes                            | Lab Aide/ Clerk/ Pharmacist |
| 3. Once the patient name was called, proceed to window 2                             | 3. Call the patient's name  | None   | 10 minutes<br>( <i>paused-clock</i> ) | Lab Aide/ Clerk/ Pharmacist |
| If insufficient fund and agreed to pay the amount in excess of approved fund:        | If insufficient fund and the patient/ representative agreed to pay the amount in excess of approved fund:                       | None   | 30 minutes                            | Lab Aide/ Clerk/ Pharmacist |
| 3.1 Get the prescription and the computation of the amount to be paid                | 3.1 Instruct the patient/authorized representative to proceed to cashier for payment  |  |                                       |                             |
| 4. If insufficient fund - Proceed to cashier for payment otherwise proceed to step 5 | 4. Receive payment and issue receipt, advise patient to go back to window 2   | <i>Amount in excess of the approved fund</i> | 30 minutes                            | Cashier                     |
| 5. Proceed to window 2   | 5. Validate the prescription  | None   | 1 hour                                | Pharmacist                  |
| If insufficient fund - present prescription and receipt                              | If insufficient fund - Validate the prescription and the payment  |  |                                       |                             |
| 6. Claim the items and sign on the receiving portion of the prescription             | 6. Dispense items requested and ask the patient/authorized representative to sign on the receiving portion of the prescription. | None   | 1 hour                                | Pharmacist                  |
| <b>TOTAL:</b>  |   | <i>Amount in excess of the approved fund</i> | 6 hours, 30 minutes                   |                             |

## 19. Donor Transactions – UP-PGH Outpatients with Private Ledger

| <b>Office or Division:</b>  | Pharmacy Department – Oncology Pharmacy   |   |                 |                    |
|---|---|---|-----------------|--------------------|
| <b>Classification:</b>  | Simple  |   |                 |                    |
| <b>Type of Transaction:</b>   | G2C   |   |                 |                    |
| <b>Who may avail:</b>   | UP-PGH Cancer Institute Patient (Out-patient)   |   |                 |                    |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE   |                 |                    |
| The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing   |   | Attending Physician   |                 |                    |
| Official PGH prescription form (with 3 months validity) (1 original)  |   | - Accounting Services   |                 |                    |
| - Signed and approved with fund   |   |   |                 |                    |
| Patient's ledger (1 original)   |   | Accounting Services   |                 |                    |
| <b>Principal</b>  |   |   |                 |                    |
| Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) Birth certificate (1 original)  |   | Respective government agency, Company, School, Barangay   |                 |                    |
| Blue card and white card of patient (1 Original and 1 photocopy)  |   | Department of Out-patient services  |                 |                    |
| <b>Representative</b>   |   |   |                 |                    |
| Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) (1 Original and 1 photocopy)  |   | Respective government agency, Company, School, Barangay   |                 |                    |
| Authorization Letter of patient with present date and must indicate that authorization is to claim patient's medicines (1 original) Or<br>Special Authorization letter with present date Birth Certificate for minors (for parent / child relationship) (1 original)<br>Doctor's certification (for psychiatric, stroke patients and other special case) (1 original) |   | Person being represented<br><br>Philippine Statistics Authority(PSA)<br><br>Attending Physician |                 |                    |
| Blue card and white card of patient (1 Original and 1 photocopy)  |   | Department of Out-patient services  |                 |                    |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Give the prescription, patient's ledger, original and photocopy of blue card of the patient and the necessary  | 1. Gather the necessary documents and endorse to the Lab Aide/ Clerk in charge. Inform the patient/authorized | None  | 10 minutes      | Guard-on-duty      |

|   |   |      |                                   |                             |
|---|---|------|-----------------------------------|-----------------------------|
| requirements to guard-on-duty               | representative to wait for the patient's name to be called<br><br>Note: Receiving time: 9 am – 12nn only  |      |                                   |                             |
| 2. Wait for the patient's name to be called | 2. Validation of the prescription   | None | 10 minutes                        | Lab Aide/ Clerk/ Pharmacist |
|   | 2.1. Process the prescription using the *OERP   | None | 1 hour                            | Lab Aide/ Clerk/ Pharmacist |
|   | 2.2. If *insufficient fund<br>– inform the patient/authorized representative that an additional payment in excess of the approved fund has to be paid (OSCA and PWD discounts are not applicable in claiming items with donor) or | None | 30 minutes                        | Lab Aide/ Clerk/ Pharmacist |
|   | If the patient has additional donor, it can be used in conjunction with the other donor provided it has been approved by accounting services and separate charge slip were made   | None | 30 minutes                        | Lab Aide/ Clerk/ Pharmacist |
|   | If the fund exceeds the cost of items requested, adjustment has to be made with accounting services (after issuance to the patient/authorized representative)   | None | 1 hour<br>( <i>paused-clock</i> ) | Lab Aide/ Clerk/ Pharmacist |
|   |   | None | 1 hour                            | Lab Aide/ Clerk/            |

|  |   |  |            |                             |
|--|---|--|------------|-----------------------------|
|  | 2.3 Fill the prescription   |  |            | Pharmacist                  |
| 3. Once the patient name was called, proceed to window 2                             | 3. Call the patient's name  | None   | 1 hour     | Lab Aide/ Clerk/ Pharmacist |
| If insufficient fund and agreed to pay the amount in excess of approved fund:        | If insufficient fund and the patient/representative agreed to pay the amount in excess of approved fund:                        | None   |            | Lab Aide/ Clerk/ Pharmacist |
| 3.1 Get the prescription and the computation of the amount to be paid                | 3.1 Instruct the patient/authorized representative to proceed to cashier for payment  |  |            |                             |
| 4. If insufficient fund - Proceed to cashier for payment otherwise proceed to step 5 | 4. Receive payment and issue receipt, advise patient to go back to window 2   | <i>Amount in excess of the approved fund</i><br><br><i>Please refer to the approved schedule of fees (subject to change)</i> | 30 minutes | Cashier                     |
| 5. Proceed to window 2   | 5. Validate the prescription  | None   | 1 hour     | Pharmacist                  |
| If insufficient fund - present prescription and receipt                              | If insufficient fund - Validate the prescription and the payment  |  |            |                             |
| 6. Claim the items and sign on the receiving portion of the prescription             | 6. Dispense items requested and ask the patient/authorized representative to sign on the receiving portion of the prescription. | None   | 1 hour     | Pharmacist                  |

|                      |   |                               |  |
|----------------------|---|-------------------------------|--|
| <p><b>TOTAL:</b></p> | <p><i>Amount in excess of the approved fund</i></p> <p><i>Please refer to the approved schedule of fees</i></p> | <p>6 hours and 30 minutes</p> |  |
|----------------------|---|-------------------------------|--|

## 20. Cash Transaction – Regular Transaction

Provision of available needs of paying patients

|   |  |   |                                       |                             |
|---|--|---|---------------------------------------|-----------------------------|
| <b>Office or Division:</b>  | Pharmacy Department – Oncology Pharmacy  |   |                                       |                             |
| <b>Classification:</b>  | Simple   |   |                                       |                             |
| <b>Type of Transaction:</b>   | G2C  |   |                                       |                             |
| <b>Who may avail:</b>   | UP-PGH Cancer Institute Patient (Out-patient, Pay In-patient on suspended status)  |   |                                       |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                                       |                             |
| The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing<br><br>Official PGH prescription form or Personalized prescription of UP-PGH affiliated physicians (1 original) or Prescription Transposition Form (1 original) |  | Attending Physician<br><br>Pharmacy Satellite where original prescription was submitted |                                       |                             |
| Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) Birth certificate (1 original)  |  | Respective government agency, Company, School, Barangay                                 |                                       |                             |
| Blue card of patient (1 original)   |  | Department of Out-patient services ;<br>Department of In-patient services               |                                       |                             |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b>                | <b>PERSON RESPONSIBLE</b>   |
| 1. Present the prescription window 1  | 1. Validation of the prescription  | None  | 30 minutes                            | Lab Aide/ Clerk/ Pharmacist |
| 2. Inform the pharmacy personnel of the items and quantity to be purchased and submit necessary requirements  | 2. Process the prescription using *OERP and inform the patient of the total amount to be paid. Inform the client to wait for the patient’s name to be called<br><br>(Note: 2 months supply can be issued depending on the availability of stocks ) | None  | 60 minutes                            | Lab Aide/ Clerk/ Pharmacist |
| 3. Wait for the patients name to be called  | 3. Fill the prescription   | None  | 60 minutes                            | Lab Aide/ Clerk/ Pharmacist |
| 4. Once the patient name was called,  | 4. Call the patient’s name and instruct to   | None  | 10 minutes<br>( <i>paused-clock</i> ) | Lab Aide/ Clerk/ Pharmacist |

|  |  |  |                        |            |
|--|--|--|------------------------|------------|
| proceed to window 2 to get the prescription and the computation of the amount to be paid | proceed to cashier for payment   |  |                        |            |
| 5. Proceed to cashier for payment  | 5. Receive payment and issue receipt, advise patient to go back to window 2  | <i>Please refer to the approved schedule of fees (subject to change)</i> | 60 minutes             | Cashier    |
| 6. Proceed to window 2, present prescription and receipt                                 | 6. Validate the prescription and the payment   | None   | 60 minutes             | Pharmacist |
| 7. Claim the items paid for and sign on the receiving portion of the prescription        | 7. Dispense items requested and paid for by the client and ask to sign on the receiving portion of the prescription. | None   | 60 minutes             | Pharmacist |
| <b>TOTAL:</b>  |  | <i>Please refer to the approved schedule of fees</i>                     | 5 hours and 40 minutes |            |



## 21. Outpatients with PhilHealth Coverage

UP-PGH Cancer Institute Out-Patients with PhilHealth coverage

|  |   |   |                        |                           |
|--|---|---|------------------------|---------------------------|
| <b>Office or Division:</b>   | Pharmacy Department – Oncology Pharmacy   |   |                        |                           |
| <b>Classification:</b>   | Simple  |   |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |   |                        |                           |
| <b>Who may avail:</b>  | UP-PGH Cancer Institute Out-patients with PhilHealth Coverage   |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |                           |
| The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing  |   |   |                        |                           |
| Official PGH prescription form with chemotherapy protocol(for initial chemo) (1 original)<br>and<br>PhilHealth stub (1 original)   |   | Attending Physician<br><br>PhilHealth office                              |                        |                           |
| Blue card of patient (1 original)  |   | Department of Out-patient services ;<br>Department of In-patient services |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. If with scheduled chemo - line up at the receiving lane, affix the case number of patient and wait for the number to be called<br><br>1.1 If without chemo but has procedures or maintenance medications go directly to the guard-on-duty, affix the case number of the patient and acknowledge the request by signing on the received by portion of the prescription | 1. Arrange the line according to the arrival and affix number on the prescription<br><br>1.1 Ask the patient to wait at their corresponding clinics and the UP-PGH Cancer Institute personnel will claim and deliver their needs to their corresponding clinics. Endorse the prescription to the charging clerk<br><br>Note: Requests will be accepted from 6am – 12nn only | None  | 30 minutes             | Guard-on-duty             |
| 2. Present the prescription with   | Validation of the prescription  | None  | 1 hour                 | Pharmacist                |

|   |  |                         |                             |   |
|---|--|-------------------------|-----------------------------|---|
| PhilHealth stub and acknowledge the request by signing on the received by portion of the prescription | <p>2.1 Check for the validity and completeness of the prescription</p> <p>2.2 Check if the patient has a schedule for chemo</p> <p>2.3 Search for patient's profile at OERP to determine if the patient's PhilHealth coverage</p> <p>2.4 If the fund is insufficient, Inform the client that an additional payment is needed in excess of the approved PhilHealth coverage and if the client agreed to pay, instruct to wait for the patient's name to be called at the dispensing area</p> <p>2.5 If the fund is sufficient, instruct the patient to wait for the patient's name to be called at the dispensing area</p> <p>2.6 Endorse the prescription to the charging clerk for processing</p> |                         |                             |   |
| 3. Wait for the patients name to be called  | <p>3. Process the prescription at OERP</p> <p>3.1 Fill the prescription</p> <p>3.2 Call the patient's name</p>   | <p>None</p> <p>None</p> | <p>1 hour</p> <p>1 hour</p> | <p>Lab Aide/ Clerk/ Pharmacist</p> <p>Lab Aide/ Clerk/ Pharmacist</p> |

|  |  |  |                     |                             |
|--|--|--|---------------------|-----------------------------|
| 4. Proceed to window 2.<br><br>If insufficient fund, get the prescription and the computation of the amount to be paid | 4. If fund is sufficient, proceed to step 7. Otherwise, instruct client to proceed to cashier for payment            | None   | 10 minutes          | Lab Aide/ Clerk/ Pharmacist |
| 5. Proceed to cashier for payment  | 5. Receive payment and issue receipt, advise patient to go back to window 2  | <i>Please refer to the approved schedule of fees</i> | 1 hour              | Cashier                     |
| 6. Proceed to window 2, present prescription and receipt   | 6. Validate the prescription and the payment   | None   | 1 hour              | Pharmacist                  |
| 7. Claim the items paid for and sign on the receiving portion of the prescription                                      | 7. Dispense items requested and paid for by the client and ask to sign on the receiving portion of the prescription. | None   | 1 hour              | Pharmacist                  |
| <b>TOTAL:</b>  |  | <i>Please refer to the approved schedule of fees</i> | 6 hours, 40 minutes |                             |

## 22. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

| <b>Office or Division:</b>  | OR Pharmacy – UP-PGH Pharmacy Department  |   |                 |                            |
|---|---|---|-----------------|----------------------------|
| <b>Classification:</b>  | Simple  |   |                 |                            |
| <b>Type of Transaction:</b>   | G2C   |   |                 |                            |
| <b>Who may avail:</b>   | PGH In-Patients needing drugs/medicines/medical supplies and other pharmaceuticals in the operating room  |   |                 |                            |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE   |                 |                            |
| The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.   |   |   |                 |                            |
| Patient's Charge Slip(PCS) (1 original with pink and yellow copy)<br>or<br>PGH Prescription/Personalized Physicians Prescription with affiliation to PGH (1original)<br>or<br>Pharmacy Requisition and Issue Voucher for Individual patients (1original)<br>Or<br>Prescription Transposition Form (1original) |   | Physician and Nurse in charge in the Operating Room   |                 |                            |
| Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance)  |   | Physician of clinic where the patient seek consultation   |                 |                            |
| Official Receipt (1 original)   |   | Ward where the patient is currently confined  |                 |                            |
|   |   | Pharmacy satellite where the original prescription was submitted  |                 |                            |
|   |   | Anesthesiologist in charge of the patient in the operating room with S2 License (a copy of which was submitted to the pharmacy) |                 |                            |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE         |
| 1. Present PCS to Receiving Window for validation   | 1. Accept PCS and check validity, completeness of required information<br><br>1.1 Instruct client to stay in the waiting area and wait to be called | None  | 15 minutes      | Clerk / Pharmacist on duty |
| 2. Proceed to waiting area and wait to be called  | 2. Process, fill, and compute the total amount of the requested items   | None  | 1 hour          | Clerk / Pharmacist on duty |

|   |  |  |            |                            |
|---|--|--|------------|----------------------------|
|   | <p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p> <p>2.1 Call the client from the waiting area and request to go back to Receiving Window</p>   |  |            |                            |
| 3. Approach Receiving Window once name was called   | <p>3. Inform client of the amount to be paid</p> <p>3.1 Request the client to bring the PCS to the Central Block Cash Services Division for payment</p> <p>3.2 Advise the client to bring back the PCS if payment has been done</p>    | <i>Please refer to the approved schedule of fees (subject to change)</i> | 15 minutes | Clerk / Pharmacist on duty |
| 4. Approach Receiving Window and present the original and triplicate PCS stamped paid by the cashier and Official Receipt | <p>4. Check if payment corresponds to the costing</p> <p>4.1 Record Official Receipt Number and the amount paid in the PCS</p> <p>4.2 Ask client to sign over printed name on the space provided in the PCS to acknowledge receipt</p> | None   | 15 minutes | Clerk / Pharmacist on duty |
| 5. Sign over printed name on the space provided in the PCS to acknowledge receipt   | 5. Issue the items, Official Receipt and triplicate PCS to the client  | None   | 30 minutes | Pharmacist on duty         |
| 6. Receive purchased items, Official Receipt and triplicate PCS   | <p>6. Receive signed original PCS</p> <p>6.1 Endorse PCS to clerk for encoding</p>   | None   | 15 minutes | Pharmacist on duty         |

|               |   |  |                    |               |
|---------------|---|--|--------------------|---------------|
|               | 6.2 Encode issued items in the OERP, print and file the PCS |  | 1 hour, 30 minutes | Clerk on duty |
| <b>TOTAL:</b> |   | <i>Please refer to the approved schedule of fees</i> | 4 hours            |               |

## 23. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

| <b>Office or Division:</b>  | OR Pharmacy – UP-PGH Pharmacy Department   |
|---|--|
| <b>Classification:</b>  | Simple   |
| <b>Type of Transaction:</b>   | G2C  |
| <b>Who may avail:</b>   | PGH In-Patients aged 60 years old and above (Senior Citizen) or with disability (PWD) needing drugs/medicines/medical supplies and other pharmaceuticals in the operating room   |
| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
| The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.   |  |
| Patient's Charge Slip(PCS) (1 original with pink and yellow copy)<br>or<br>PGH Prescription/Personalized Physicians Prescription with affiliation to PGH (1original)<br>or<br>Pharmacy Requisition and Issue Voucher for Individual patients (1original)<br>Or<br>Prescription Transposition Form (1original) | Physician and Nurse in charge in the Operating Room<br><br>Physician of clinic where the patient seek consultation<br><br>Ward where the patient is currently confined<br><br>Pharmacy satellite where the original prescription was submitted |
| Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance)  | Anesthesiologist in charge of the patient in the operating room with S2 License (a copy of which was submitted to the pharmacy)  |
| <b>Principal</b>  |  |
| ID of Senior Citizen or PWD (1 original ID 1 photocopy)   | Local Government Unit  |
| <b>Representative</b>   |  |
| ID of Senior Citizen or PWD (1 original ID 1 photocopy)   | Local Government Unit  |
| Authorization Letter with present date (1original)<br>or<br>Special Authorization letter with present date (1original)  | Person being represented<br><br>PSA  |
| Birth Certificate for minors (for parent / child relationship) (1 original ID 1 photocopy)  | Physician of clinic where patient seek consultation  |

| Doctor's certification (for psychiatric, stroke patients and other special case) (1original)<br>or<br>Operating Room Schedule (1 photocopy)<br>or<br>Endorsement from Operating Room (1 original) |  | Office of the OR Chief Nurse or Physician in charge of the schedule<br><br>Physician and Nurse in charge in the Operating Room |                    |                            |
|---|--|--|--------------------|----------------------------|
| Government Issued Identification Card of the representative (1 original and 1 photocopy)  |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PRC  |                    |                            |
| Official Receipt (1 original)   |  | Cash Services Division   |                    |                            |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME    | PERSON RESPONSIBLE         |
| 1. Present PCS and other pertinent documents to avail discount for validation to Receiving Window   | 1. Accept PCS and check completeness of required information, validity and requirements<br><br>1.1 Instruct client to stay in the waiting area and wait to be called   | None   | 15 minutes         | Clerk / Pharmacist on duty |
| 2. Proceed to waiting area and wait to be called  | 2. Process, fill and compute the total amount of the requested items<br><br>(Note: Refer to Guidelines on Processing and Filling of Prescription)<br><br>2.1 Deduct the 20% discount from the total amount<br><br>2.2 Call the client from the waiting area and request to go back to Receiving Window | None   | 1 hour, 15 minutes | Clerk / Pharmacist on duty |



|   |   |  |            |                            |
|---|---|--|------------|----------------------------|
| 3. Approach Receiving Window once name was called   | <p>3. Inform client of the amount to be paid</p> <p>3.1 Ask client to bring the PCS and proceed to the Central Block Cash Services Division for payment</p> <p>(Note: Total amount of the purchased items after deduction of 20% discount)</p> <p>3.2 Advise client to bring back the PCS after payment</p> | <i>Please refer to the approved schedule of fees (subject to change)</i> | 15 minutes | Clerk / Pharmacist on duty |
| 4. Approach Receiving Window and present the original and triplicate PCS stamped paid by the cashier, Official Receipt and photocopied ID of Senior Citizen/PWD | <p>4. Check if payment corresponds to the costing</p> <p>4.1 Record Official Receipt Number and the amount paid in the PCS</p> <p>4.2 Ask client to sign over printed name on the space provided in the PCS to acknowledge receipt</p> <p>4.3 Attach photocopied ID of Senior Citizen/PWD</p>               | None   | 15 minutes | Clerk/ Pharmacist on duty  |
| 5. Sign over printed name on the space provided in the PCS to acknowledge receipt   | 5. Issue the items, Official Receipt and triplicate PCS to the client   | None   | 30 minutes | Pharmacist on duty         |

|  |  |  |                     |                    |
|--|--|--|---------------------|--------------------|
| 6.Receive purchased items, Official Receipt and triplicate PCS | 6. Receive signed original PCS   | None   | 15 minutes          | Pharmacist on duty |
|  | 6.1 Endorse PCS and photocopied ID of Senior Citizen/PWD to clerk for encoding in the OERP           |  |                     |                    |
|  | 6.2 Encode issued items in the OERP, print and file the PCS and photocopied ID of Senior Citizen/PWD | None   | 1 hour, 30 minutes  | Clerk on duty      |
| <b>TOTAL:</b>  |  | <i>Please refer to the approved schedule of fees</i> | 4 hours, 15 minutes |                    |

## 24. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (PhilHealth Outpatients)

Provision of available needs of Out-patients charged to PhilHealth

|   |   |   |                        |                            |
|---|---|---|------------------------|----------------------------|
| <b>Office or Division:</b>  | OR Pharmacy – UP-PGH Pharmacy Department  |   |                        |                            |
| <b>Classification:</b>  | Simple  |   |                        |                            |
| <b>Type of Transaction:</b>   | G2C, G2G  |   |                        |                            |
| <b>Who may avail:</b>   | PGH Out-patients with PhilHealth needing drugs/medicines/medical supplies and other pharmaceuticals in the operating room                           |   |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |                            |
| With complete information and valid up to the day of the patient's operation. Invalid prescription will not be accepted for processing. |   |   |                        |                            |
| Patient's Charge Slip(PCS) (1 original with pink and yellow copy)   |   | Physician and Nurse in charge in the Operating Room   |                        |                            |
| Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance                             |   | Anesthesiologist in charge of the patient in the operating room with S2 License (a copy of which was submitted to the pharmacy) |                        |                            |
| PhilHealth Identification Card (PIC)  |   | PhilHealth, Main or Regional office   |                        |                            |
| PhilHealth Payment Slip   |   | PGH-OPD PhilHealth Office (for Charity Patients) or Billing Section (for Pay Patients)  |                        |                            |
| Official Receipt  |   | Cash Services Division  |                        |                            |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present PCS to Receiving Window for validation   | 1. Accept PCS and check validity, completeness of required information<br><br>1.1 Instruct client to stay in the waiting area and wait to be called | None  | 15 minutes             | Clerk / Pharmacist on duty |
| 2. Proceed to waiting area and wait to be called  | 2. Process, fill, and compute the total amount of the requested items.<br><br>(Note: Refer to Guidelines on Processing and Filling of Prescription) | None  | 1 hour, 30 minutes     | Clerk / Pharmacist on duty |

|  |   |   |            |                            |
|--|---|---|------------|----------------------------|
|  | <p>(Note: Awaiting for client to approach the Receiving Window)</p> <p>2.1 Call the client from the waiting area and request to go back to Receiving Window</p>   |   |            |                            |
| 3. Approach Receiving Window once name was called  | <p>3. Inform client of the amount of the transaction</p> <p>3.1 Instruct client to bring PCS and proceed to PGH-OPD PhilHealth Office (for charity patients) or Billing Section (for pay patients)</p> <p>3.2 Advise client to bring back the original and triplicate PCS, PhilHealth Payment Slip and Official Receipt, if any, once transaction with PhilHealth has been done</p> | <p><i>Amount not subsidized by PhilHealth</i></p> <p><i>Please refer to the approved schedule of fees (subject to change)</i></p> | 15 minutes | Clerk / Pharmacist on duty |
| 4. Approach Receiving Window and present original and triplicate PCS, PhilHealth Payment Slip and Official Receipt, if any | <p>4. Check if PhilHealth subsidy and payment, if any, corresponds to the costing</p> <p>4.1 Record Official Receipt Number and amount paid in the PhilHealth Payment Slip, if any</p> <p>4.2 Issue the Official Receipt and triplicate PCS to the client</p>   | None  | 15 minutes | Clerk / Pharmacist on duty |

|   |  |  |                    |                              |
|---|--|--|--------------------|------------------------------|
|   | <p>4.3 Inform client that items will be released to OR Nurse</p> <p>4.4 Instruct client to submit triplicate PCS and Official Receipt, if any, to OR Nurse</p>   |  |                    |                              |
| 5. OR Nurse to pick up the items  | 5. Ask the OR Nurse to sign on the space provided in the original PCS to acknowledge receipt   | None   | 15 minutes         | Clerk/<br>Pharmacist on duty |
| 6. Sign over printed name on the space provided in the PCS to acknowledge receipt | 6. Issue the items to the OR Nurse   | None   | 30 minutes         | Pharmacist on duty           |
| 7. OR nurse receive the items   | 7. Receive signed original PCS   | None   | 15 minutes         | Pharmacist on duty           |
|   | <p>7.1 Endorse PCS and PhilHealth Payment Slip to clerk for encoding in the OERP system</p> <p>7.2 Encode issued items in the OERP system, print and file the original PCS and PhilHealth Payment Slip</p> | None   | 1 hour 30 minutes  | Clerk on duty                |
|   | <b>TOTAL</b>   | <i>Please refer to the approved schedule of fees</i> | 4 hours, 45minutes |                              |



| Operating Room (OR) schedule (1 photocopy)  |   | Office of the OR Chief Nurse or Physician in charge of the schedule |                 |                              |
|---|---|---|-----------------|------------------------------|
| Return Slip for Drugs and Medical Supplies (1 original)   |   | OR Pharmacy   |                 |                              |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE           |
| 1. Submit OR schedule at the Receiving Window or Dispensing Area Counter  | 1. Accept copy of OR Schedule and check for the completeness of needed information  | None  | 30 mins         | Pharmacist on duty           |
| 2. Return to respective area  | 2. Validate name of patient in the OR Schedule in OERP  | None  | 30 mins         | Clerk/<br>Pharmacist on duty |
|   | 2.1 Prepare and fill the OR kit needed for the patient  | None  | 1 hour          | Clerk on duty                |
|   | 2.2 Prepare Anesthesia Drug Tray A (High Alert Drugs) and Drug Tray B (Refrigerated Drugs) and provide Anesthesia Forms 1, 2 and 3<br><br>(Note: Awaiting for OR Nurse to pick up the OR kit and Anesthesia Drug Trays) |   |                 | Pharmacist on duty           |
| 3. Approach Receiving Window or Dispensing Area counter and ask for the prepared OR kit and Anesthesia Drug Trays | 3. Request to accomplish the forms  | None  | 30 mins         | Pharmacist on duty           |
| 4. Accomplish OR Kit Form and Anesthesia Forms 1, 2 and 3 completely  | 4. Accept forms and check for the completeness and accuracy of the required information<br><br>4.1 Indicate the Anesthesia Drug Tray number on the Anesthesia Forms 1, 2 and 3  | None  | 30 mins         | Pharmacist on duty           |

|  |  |      |            |                    |
|--|--|------|------------|--------------------|
|  | 4.2 Request to sign on the space provided in the OR kit Form and Anesthesia Form 1 to acknowledge receipt  |      |            |                    |
| 5. Sign over printed name on the space provided in the OR Kit form and Anesthesia Form 1 to acknowledge receipt  | 5. Issue OR kit, Anesthesia Drug Trays and Anesthesia Forms 2 and 3<br><br>(Note: Awaiting for the OR Nurse to check the issued items)   | None | 1 hour     | Pharmacist on duty |
| 6. Receive OR kit, Anesthesia Drug Trays and Anesthesia Forms 2 and 3  | 6. Accept signed forms of OR Kit and Anesthesia Form 1<br><br>6.1 Endorse OR kit form and Anesthesia Form 1 to Clerk on duty for processing of transaction                     | None | 30 minutes | Pharmacist on duty |
|  | 6.2 Process the transaction<br><br>(Note: Refer to Guidelines on Processing and Filling of Transaction)<br><br>(Note: Awaiting for the return of Anesthesia Drug Trays)        | None | 15 minutes | Clerk on duty      |
| 7. Return Anesthesia Drug Trays, unused items, if any, empty containers for used drugs and fully accomplished Anesthesia Forms 2 and 3 to Receiving Window/Dispensing area Counter | 7. Accept returned Anesthesia Trays, unused items, if any, empty containers, and fully accomplished Anesthesia Forms 2 and 3<br><br>7.1 Check Anesthesia Forms 2 and 3 for the | None | 1 hour     | Pharmacist on duty |



|                                     |   |      |                     |                    |
|-------------------------------------|---|------|---------------------|--------------------|
|                                     | <p>completeness of the required information</p> <p>7.2 Account for the used and unused items in the Anesthesia Trays</p> <p>7.3 Request OR Nurse to accomplish PGH Form No. Q-550184 for used Dangerous Drugs</p> |      |                     |                    |
| 8. Accomplish PGH Form No. Q-550184 | <p>8. Check for the completeness of the required information</p> <p>8.1 Process the returned anesthesia needs and endorse to Clerk on duty for encoding (Refer to Guidelines on Processing of Returns)</p>        | None | 30 mins             | Pharmacist on duty |
|                                     | <p>8.2 Encode the issued items in OERP, print and file</p>  | None | 1 hour, 30 mins     | Clerk on duty      |
| <b>TOTAL:</b>                       |   | None | 7 hours, 45 minutes |                    |



| In-Patients (Through Floor Stock) (PGH Form No. Q-550184) (1 original)                     |  |   |                 |                            |
|--|--|---|-----------------|----------------------------|
| Operating Room (OR) schedule (1 photocopy)   |  | Office of the OR Chief Nurse or Physician in charge of the schedule |                 |                            |
| Return Slip for Drugs and Medical Supplies (1 original)                                    |  | OR Pharmacy   |                 |                            |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE         |
| 1. Submit OR schedule at the Receiving Window or Dispensing Area Counter                   | 1. Accept copy of OR Schedule and check for the completeness of needed information   | None  | 30 mins         | Clerk / Pharmacist on duty |
| 2. Present ORMAT PCS or PCS to the Receiving Window/Dispensing Area Counter for Validation | 2. Check name of patient in the OR Schedule and in OERP  | None  | 30 mins         | Clerk/ Pharmacist on duty  |
|  | 2.1 Check ORMAT Form or PCS for the completeness of the required information   |   |                 |                            |
|  | 2.2 Fill the request (Please refer to Guidelines on Processing and Filling of Transaction)   | None  | 1 hour, 30 mins | Clerk on duty              |
|  | 2.3 Prepare Anesthesia Drug Tray A (High Alert Drugs) and Drug Tray B (Refrigerated Drugs) and provide Anesthesia Forms 1, 2 and 3 |   |                 | Pharmacist on duty         |
|  | 2.4 Request to accomplish the forms  |   |                 |                            |
|  |  |   |                 |                            |
| 3. Accomplish Anesthesia Forms 1, 2 and 3 completely                                       | 3. Accept forms and check for the completeness and accuracy of the required information  | None  | 30 minutes      | Pharmacist on duty         |
|  | 3.1 Indicate the Anesthesia Drug Tray number on the  |   |                 |                            |

|  |  |      |                                  |                    |
|--|--|------|----------------------------------|--------------------|
|  | <p>Anesthesia Forms 1, 2 and 3</p> <p>3.2 Request to sign on the space provided in the Anesthesia Form 1 and in ORMAT PCS or PCS to acknowledge receipt</p>  |      |                                  |                    |
| 4. Sign over printed name on the space provided in the ORMAT PCS or PCS and Anesthesia Form 1 to acknowledge receipt   | <p>4. Issue the items, Anesthesia Drug Trays and Anesthesia Forms 2 and 3</p> <p>(Note: Awaiting for the OR Nurse to check the issued items)</p>   | None | 1 hour                           | Pharmacist on duty |
| 5. Receive the items, Anesthesia Drug Trays and Anesthesia Forms 2 and 3   | <p>5. Accept signed forms of ORMAT PCS or PCS and Anesthesia Form 1</p> <p>5.1 Process the transaction</p> <p>(Note: Refer to Guidelines on Processing and Filling of Transaction)</p> <p>(Note: Awaiting for the return of Anesthesia Drug Trays)</p> | None | <p>30 mins</p> <p>15 minutes</p> | Pharmacist on duty |
| 6. Return Anesthesia Drug Trays, unused items, if any, empty containers for used drugs and fully accomplished Anesthesia Forms 2 and 3 to Receiving Window/Dispensing area Counter | <p>6. Accept returned Anesthesia Trays, unused items, if any, empty containers, and fully accomplished Anesthesia Forms 2 and 3</p> <p>6.1 Check Anesthesia Forms 2 and 3 for the completeness of the required information</p>                         | None | 1 hour                           | Pharmacist on duty |

|                                     |  |                         |                                       |  |
|-------------------------------------|--|-------------------------|---------------------------------------|--|
|                                     | <p>6.2 Account for the used and unused items in the Anesthesia Trays</p> <p>6.3 Request OR Nurse to accomplish PGH Form No. Q-550184 for used Dangerous Drugs.</p>   |                         |                                       |  |
| 7. Accomplish PGH Form No. Q-550184 | <p>7. Check for the completeness of the required information</p> <p>7.1 Process the returned anesthesia needs and endorse to Clerk on duty for encoding</p> <p>(Note: Refer to Guidelines on Processing of Returns)</p> <p>7.2 Encode the issued items in OERP, print and file</p> | <p>None</p> <p>None</p> | <p>30 mins</p> <p>1 hour. 30 mins</p> | <p>Pharmacist on duty</p> <p>Clerk on duty</p> |
| <b>TOTAL:</b>                       |  | None                    | 7 hours, 45 minutes                   |  |

## 27. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

|  |   |  |                           |                            |
|--|---|--|---------------------------|----------------------------|
| <b>Office or Division:</b>   | Payward Pharmacy – UP-PGH Pharmacy Department   |  |                           |                            |
| <b>Classification:</b>   | Simple  |  |                           |                            |
| <b>Type of Transaction:</b>  | G2C   |  |                           |                            |
| <b>Who may avail:</b>  | PGH Suspended Pay In-patients/ Outpatients Undergoing Dialysis  |  |                           |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                           |                            |
| <p>The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing</p> <p>Official PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original)<br/>or<br/>Patients Charge Slip (1 original)<br/>or<br/>Prescription Transposition Form (1 original)<br/>or<br/>Dangerous Prescription Form ( 1 original 1 patient's copy with two (2) months validity from date of issuance )</p> |   | <p>Physician of clinic where patient seek consultation</p> <p>Ward/Unit where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> <p>Physician with S2 license (a copy of which was submitted to the Pharmacy)ward where patient seek consultation or presently confined</p> |                           |                            |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>    | <b>PERSON RESPONSIBLE</b>  |
| 1.Present prescriptions/PCS/ transposition forms   | 1.Record the time received<br><br>1.1 Forward the requests to RPh-on-duty/Clerks on duty  | None   | 15 minutes                | Guard on-duty              |
| 2. Sit in front of Releasing window and wait for the name to be called   | 2.Accept prescription and check validity ,completeness of required information  | None   | 30 minutes                | Clerk / Pharmacist on duty |
| 3. Inform which of the listed items will be bought and the quantity to be purchased  | 3. Process transaction by writing the total cost of the items to be purchased with transaction codes based on the price encoded in the OERP | None   | 30 minutes (Paused clock) | Clerk / Pharmacist on duty |

|   |   |      |            |                            |
|---|---|------|------------|----------------------------|
|   | <p>3.1 Encode and generate price based on the items to be purchased</p> <p>3.2 Inform the patients/relatives to pay the total cost at the Cash Division (ground floor)</p>  |      |            |                            |
| 4. Present proof of payment (Official Receipt) with prescriptions/PCS/transposition forms | <p>4. Accept prescriptions/PCS/transposition forms and Dangerous Prescription Form with Official Receipt</p> <p>4.1 Instruct client to seat in front of the Releasing window and wait for their name to be called</p> <p>4.2 Endorse prescriptions/PCS/transposition forms and Dangerous Drug Prescription to Clerk-on-duty or Pharmacist-on-duty</p> | None | 30 minutes | Guard-on-duty              |
| 5. Seat in front of Releasing window and wait for the name to be called                   | <p>5. Process and fills transaction of client. (Refer to Guidelines on Processing and Filling of Prescription)</p> <p>5. Generate computer print outs of the items purchased</p> <p>5.1 Calls the name of the client for issuance of their request</p>  | None | 60 minutes | Clerk / Pharmacist on duty |
| 6. Approach Releasing Window  | 6. Checks the medicines, receipt and prescriptions/PCS/transposition forms and  | None | 30 minutes | Pharmacist on duty         |

|  |  |      |                    |                    |
|--|--|------|--------------------|--------------------|
|  | <p>Dangerous Drug Prescription over computer print outs.</p> <p>6.1 Dispensing Pharmacist affix trodat with signature on the space (Dispensed by)</p> <p>6.2 Ask patient/watcher to sign over printed name at the back of the prescriptions/PCS/transposition forms and Dangerous Drug Prescription to acknowledge receipt</p> |      |                    |                    |
| 7. Sign over printed name at the back of the prescription or order slip to acknowledge receipt | 7. Issues the items, receipt and yellow copy (PCS) to the client.  | None | 15 minutes         | Pharmacist on duty |
| 8. Client receives purchased items, receipt and yellow copy (PCS)                              | <p>8. Receives signed original copy of prescriptions/PCS/transposition forms and Dangerous Drug Prescription</p> <p>8.1 Files prescription/PCS/transposition forms and Dangerous Drug Prescription.</p>  | None | 20 minutes         | Pharmacist on duty |
| <b>TOTAL:</b>  |  | None | 3hours, 50 minutes |                    |



## 28. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

|   |  |   |  |
|---|--|---|--|
| Office or Division:   | Payward Pharmacy – UP-PGH Pharmacy Department  |   |  |
| Classification:   | Simple   |   |  |
| Type of Transaction:  | G2C, G2G   |   |  |
| Who may avail:  | PGH Suspended Pay Inpatients/ Patients of Physicians with affiliation to UP-PGH aged 60 years old and above (Senior Citizen ) or with disability (PWD)<br>UP-PGH Dialysis Outpatient Undergoing Dialysis aged 60 years old and above (Senior Citizen) or with disability (PWD) |   |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE   |  |
| The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing<br><br>Official PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original)<br>or<br>Patients Charge Slip (1 original)<br>or<br>Prescription Transposition Form (1 original)<br>or<br><br>Dangerous Prescription Form ( 1 original 1 patient's copy with two (2) months validity from date of issuance ) |  | Physician of clinic where patient seek consultation<br><br>Ward/Unit where patient is presently confined<br><br>Pharmacy satellite where original prescription was submitted<br><br>Physician with S2 license (a copy of which was submitted to the Pharmacy)ward where patient seek consultation or presently confined |  |
| Principal   |  |   |  |
| ID of Senior Citizen or PWD<br>OSCA or PWD Medicine Booklet (1 original)  |  | Local Government Unit   |  |
| Representative  |  |   |  |
| ID of Senior Citizen or PWD<br>OSCA / PWD Medicine Booklet (1 original)   |  | Local Government Unit   |  |
| Government Issued Identification Card of the representative (1 original and 1 photocopy) for Dangerous Drug Prescription  |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC   |  |

| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME                       | PERSON RESPONSIBLE         |
|--|---|-----------------|---------------------------------------|----------------------------|
| 1.Present prescriptions/PCS/transposition forms with Senior Citizen/PWD ID               | 1.Record the time received<br>1.1 Forward the requests with IDs to RPh-on-duty/Clerks on duty   | None            | 15 minutes<br>( <i>paused-clock</i> ) | Guard on-duty              |
| 2. Seat in front of Releasing window and wait for the name to be called                  | 2.Accept prescription with ID (Senior Citizen/PWD) and check validity ,completeness of required information   | None            | 30 minutes                            | Clerk / Pharmacist on duty |
| 3. Inform which of the listed items will be bought and the quantity to be purchased      | 3. Process transaction by writing the total cost with discounts of the items to be purchased with transaction codes based on the price encoded in the OERP<br><br>3.1 Encode and generate price based on the items to be purchased<br><br>3.2 Inform the patients/relatives to pay the total cost at the Cash Division (ground floor) | None            | 30 minutes<br>( <i>paused-clock</i> ) | Clerk / Pharmacist on duty |
| 4.Present proof of payment (Official Receipt) with prescriptions/PCS/transposition forms | 4. Accept prescriptions/PCS/transposition forms and Dangerous Prescription Form with Official Receipt<br><br>4.1 Instruct client to seat in front of the Releasing window and wait for their name to be called<br><br>4.2 Endorse prescriptions/PCS/transposition forms and   | None            | 30 minutes                            | Guard-on-duty              |

|  |  |      |            |                            |
|--|--|------|------------|----------------------------|
|  | Dangerous Drug Prescription to Clerk-on-duty or Pharmacist-on-duty   |      |            |                            |
| 5. Seat in front of Releasing window and wait for the name to be called                                  | <p>5. Process and fills transaction of client. (Refer to Guidelines on Processing and Filling of Prescription)</p> <p>5.1. Generate computer print outs of the items purchased</p> <p>5.2 Calls the name of the client for issuance of their request</p>   | None | 60 minutes | Clerk / Pharmacist on duty |
| 6. Approach Releasing Window   | <p>6. Checks the medicines, receipt and prescriptions/PCS/transposition forms and Dangerous Drug Prescription over computer print outs.</p> <p>6.1 Dispensing Pharmacist affix trodat with signature on the space (Dispensed by)</p> <p>6.2 Ask patient/watcher to present patient's ID and sign over printed name at the back of the prescriptions/PCS/transposition forms and Dangerous Drug Prescription to acknowledge receipt</p> | None | 30 minutes | Pharmacist on duty         |
| 7. Sign over printed name at the back of the prescription PCS, Transposition Form to acknowledge receipt | 7. Issues the items, receipt and yellow copy (PCS) to the client.  | None | 15 minutes | Pharmacist on duty         |

|   |   |      |                     |                    |
|---|---|------|---------------------|--------------------|
| 8. Client receives purchased items, receipt and yellow copy (PCS) | 8. Receives signed original copy of prescriptions/PCS/transposition forms/ Dangerous Drug Prescription<br>8.1 Files prescription/PCS/transposition forms and Dangerous Drug Prescription. | None | 20 minutes          | Pharmacist on duty |
| <b>TOTAL:</b>   |   | None | 3 hours, 50 minutes |                    |

## 29. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Donor with Government Funds)

Provision of available needs of patients charge to donor with government funds

|  |   |                              |                        |                           |
|--|---|------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Payward Pharmacy – UP-PGH Pharmacy Department   |                              |                        |                           |
| <b>Classification:</b>   | Simple  |                              |                        |                           |
| <b>Type of Transaction:</b>  | G2C   |                              |                        |                           |
| <b>Who may avail:</b>  | PGH Charity In-patients for Emergency OR with donor from government funds (OP funds and PhilHealth)   |                              |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>       |                        |                           |
| <b>Principal</b>   |   |                              |                        |                           |
| Blue card and white card of patient (1 original)   |   | MSS (Medical Social Service) |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Present ORMAT Pharmacy Charge Slips/prescriptions/PCS/Dangerous Prescription Form with Blue Card of patient | 1. Record the time received<br>1.1 Forward the requests with Blue Card of patient to RPh-on-duty  | None                         | 5 minutes              | Guard on-duty             |
| 2. Sit in front of Releasing window and wait for the name to be called   | 2. Accept ORMAT PCS/Patient Charge Slips/prescriptions/Dangerous Prescription Form and check completeness of required information with OERP account, validity and requirements<br><br>2.1 Call the name of the client and inform that the items will be issued to OR personnel only<br><br>2.3 Fill items based on the requested quantity<br><br>2.4 Assign control number from the Office of the President and | None                         | 8 hours                | Pharmacist on duty        |

|   |   |      |                     |                    |
|---|---|------|---------------------|--------------------|
|   | PhilHealth Logbook<br><br>2.5 Encode requests in the OERP system<br><br>(Note: Refer to Guidelines on Processing and Filling of Prescription)   |      |                     |                    |
| 3. Approach Releasing Window once OR personnel arrives to claim the items | 3. Check the medicines and medical supplies over ORMAT Pharmacy Charge Slips/prescriptions/P CS and printout charges<br><br>3.1 Issue the items to OR Personnel; for Dangerous Prescriptions, only nurses are required to claim the items   | None | 2 hours             | Pharmacist on duty |
| 4. Affix trodat with signature on the "Received by"                       | 4. Receive signed ORMAT PCS/Patient Charge Slips/prescriptions and Prescription form for Dangerous Drugs<br><br>4.1 Record line items issued with total cost (Regular and Consignment)<br><br>4.2 Record narcotics in the Dangerous Drugs Register<br><br>4.3 File ORMATPCS/prescriptions /Patient Charge Slips and Prescription form for Dangerous Drugs | None | 1 hour              | Pharmacist on duty |
| <b>TOTAL:</b>   |   | None | 11 hours, 5 minutes |                    |

### 30. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Pay Inpatients - STAT Request)

Provision of available needs of pay inpatients

|   |  |  |                                      |                           |
|---|--|--|--------------------------------------|---------------------------|
| <b>Office or Division:</b>  | Payward Pharmacy – UP-PGH Pharmacy Department  |  |                                      |                           |
| <b>Classification:</b>  | Simple   |  |                                      |                           |
| <b>Type of Transaction:</b>   | G2C  |  |                                      |                           |
| <b>Who may avail:</b>   | PGH Pay In-patients  |  |                                      |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                                      |                           |
| <p>The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid computer generated patients charge slip will not be accepted for processing</p> <p>Dangerous Prescription Form ( 1 original 1 patient's copy with two (2) months validity from date of issuance )</p> |  | <p>Physician of clinic where patient seek consultation</p> <p>Ward/Unit where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> <p>Physician with S2 license (a copy of which was submitted to the Pharmacy)ward where patient seek consultation or presently confined</p> |                                      |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>               | <b>PERSON RESPONSIBLE</b> |
| 1. Encode STAT requests in the OERP<br>Send Prescription form for Dangerous Drug  | 1. Access and print request of STAT computerized PCS<br><br>1.1 For request of Dangerous Drugs. RPh on Duty shall receive/check and validates Special Prescription Form for Dangerous Drug | None   | 5 minutes<br>( <i>paused-clock</i> ) | RPh/Clerk on Duty         |
| 2. Nursing Attendant/Porter inform RPh on Duty of their stat requests   | 2. Process requests<br><br>2.1 Check OERP system for newly admitted patients<br><br>2.2 Record requests on patient's profile and affix trodat with signature on the Recorder space         | None   | 1 hour                               | Pharmacist on duty        |

|   |  |      |            |  |
|---|--|------|------------|--|
|   | <p>2.3 Assign control number from the Numbering Logbook</p> <p>2.4 Fill the items from the shelves based on the quantity and place it on a tray. Affix trodat with signature on the filler space</p> <p>2.5 Encode requests in the OERP system Affix trodat on the Encoder space (Note: Refer to Guidelines on Processing and Filling of Prescription)</p> |      |            | Clerks on duty                           |
| 3. Approach Releasing Window                        | <p>3. Check the medicines and medical supplies over PCS Dangerous Drug Prescriptions and computer printouts</p> <p>3.1 Affix trodat with signature on the Checking/dispensing space and computer printouts for validation.</p> <p>3.1 Issue the items to NA (Nursing Attendant) or nurses and Porter</p>   | None | 30 minutes | Pharmacist on duty                       |
| 4. Affix trodat with signature on the "Received by" | <p>4. Receive signed PCS and Dangerous Drug Prescription</p> <p>4.1 Record narcotics in the Dangerous Drugs Register</p> <p>4.2. File PCS in the pigeon hall per patient</p>   | None | 4hours     | Pharmacist on duty<br><br>Clerks-on-duty |



|               |  |      |                        |  |
|---------------|--|------|------------------------|--|
|               | and room number  |      |                        |  |
|               | 4.3 File the Special Prescription Form for Dangerous Drugs in their respective folders |      |                        |  |
| <b>TOTAL:</b> |  | None | 5 hours and 35 minutes |  |

### 31. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Pay Inpatients - Pending Request)

Provision of available needs of pay inpatients

|  |  |  |                                   |                              |
|--|--|--|-----------------------------------|------------------------------|
| <b>Office or Division:</b>   | Payward Pharmacy – UP-PGH Pharmacy Department  |  |                                   |                              |
| <b>Classification:</b>   | Simple   |  |                                   |                              |
| <b>Type of Transaction:</b>  | G2C  |  |                                   |                              |
| <b>Who may avail:</b>  | PGH Pay In-patients  |  |                                   |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                                   |                              |
| <p>The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid computer generated PCS will not be accepted for processing</p> <p>Dangerous Prescription Form ( 1 original 1 patient's copy with two (2) months validity from date of issuance )</p> |  | <p>Physician of clinic where patient seek consultation</p> <p>Ward/Unit where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> <p>Physician with S2 license (a copy of which was submitted to the Pharmacy)ward where patient seek consultation or presently confined</p> |                                   |                              |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>            | <b>PERSON RESPONSIBLE</b>    |
| <p>1. Encode requests in the OERP</p> <p>Send Prescription form for Dangerous Drug</p>   | <p>1. Access and print computerized PCS</p> <p>1.1 For request of Dangerous Drugs. RPh on Duty shall receive/check and validates Special Prescription Form for Dangerous Drug</p> <p>1.2 Check OERP system for newly admitted patients</p> <p>1.3 Record requests on patient's profile and affix trodat with signature on the Recorder space</p> <p>1.4 Assign control number from the Numbering Logbook</p> | None   | 1 hour<br>( <i>paused-clock</i> ) | Pharmacist/<br>Clerk on duty |

|  |   |      |            |                    |
|--|---|------|------------|--------------------|
|  | <p>1.5 Fill the items from the shelves based on the quantity and place it on a tray and put it on the designated pending shelves.<br/>Affix trodat with signature on the filler space</p> <p>1.6 Encode requests in the OERP system<br/>Affix trodat on the Encoder space<br/>Put the Computer generated PCS and the computer printouts in the tray with the items in the designated shelves</p> <p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p> |      |            |                    |
| 2. Approach Releasing Window once personnel from the wards arrives to claim the pending requests | <p>2. Check the medicines and medical supplies over PCS Dangerous Drug Prescriptions and computer printouts</p> <p>2.1 Affix trodat with signature on the Checking/dispensing space and computer printouts for validation.</p> <p>2.2 Issue the items to NA (Nursing Attendant) or nurses and Porter</p>  | None | 30 minutes | Pharmacist on duty |

|   |  |      |                        |   |
|---|--|------|------------------------|---|
| 3. Affix trodat with signature on the "Received by" | <p>3. Receive signed PCS and Dangerous Drug Prescription</p> <p>3.1 Record narcotics in the Dangerous Drugs Register</p> <p>3.2. File PCS in the pigeon hall per patient and room number</p> <p>3.3 File the Special Prescription Form for Dangerous Drugs in their respective folders</p> | None | 4 hours                | <p>Pharmacist on duty</p> <p>Pharmacist on Duty</p> <p>Clerks-on-duty</p> <p>Pharmacist on Duty</p> |
| <b>TOTAL:</b>                                       |  | None | 5 hours and 30 minutes |   |



|               |   |      |         |  |
|---------------|---|------|---------|--|
|               | <p>patient</p> <p>4.2 If still needed, charge pending request immediately or cancel pending requests</p> <p>4.3 Send manual charges using the the proper forms to the Billing Section</p> <p>4.4 For returned items, notify clerk in charge and prioritize processing of returns</p> <p>5 Update patients status in the OERP by clicking the word "Pharmacy Cleared"</p> <p>6 Type on the space "Notes" the following:</p> <p>6.1 PC (Pharmacy Cleared)</p> <p>6.2 Date</p> <p>6.3 Time</p> <p>6.4 Name of the Clerk</p> <p>7. Click the heart emoji through the UPPGH Chat</p> |      |         |  |
| <b>TOTAL:</b> |   | None | 8 hours |  |

### 33. Provision of Returned Medicines and Medical Supplies (Returned Medicines and Medical Supplies of Pay Inpatients and Charity Inpatients for Emergency OR)

Provision of return slip for Drugs and Medical Supplies for Pay Inpatients and Charity Inpatients for Emergency OR

|   |  |   |                 |                       |
|---|--|---|-----------------|-----------------------|
| Office or Division:   | Payward Pharmacy – UP-PGH Pharmacy Department  |   |                 |                       |
| Classification:   | Simple   |   |                 |                       |
| Type of Transaction:  | G2C  |   |                 |                       |
| Who may avail:  | PGH Pay In-patients  |   |                 |                       |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                               |                 |                       |
| Return Slip for Drugs and Medical Supplies with completeness of required information (1 original) (1 duplicate) |  | Ward/Unit where patient is presently confined |                 |                       |
| Items for Return  |  |   |                 |                       |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                               | PROCESSING TIME | PERSON RESPONSIBLE    |
| 1. Present return slip with receiving logbook   | 1. Record the time received  | None  | 8 hours         | Guard on duty         |
|   | 2. Check the completeness of information as required in the form                                       |   |                 | Return Clerks on duty |
|   | 3. Check the quality and quantity of the items being returned and written in the logbook               |   |                 | Return Clerks on duty |
|   | 4. Acknowledge slip by signing on the Receiving space of return slip and the receiving logbook of ward |   |                 | Return Clerks on duty |
|   | 5. Sign on the space “Approved by”   |   |                 | Pharmacist on Duty    |
|   | 6.Assign Control Number in the Logbook   |   |                 | Return Clerks on duty |
|   | 7. Return items in the OERP system based on the lists written in the return slip.                      |   |                 |                       |

|               |   |      |         |   |
|---------------|---|------|---------|---|
|               | <p>For Not Charged Items, record on the Not Taken Logbook for returned to respective wards</p> <p>For late return items, wards should provide letter of explanation approved by the Chief Nurse</p> <p>8. Attach computer printouts in the return slip</p> <p>9. Check for the correctness of the returned items</p> <p>10. File return slip with printouts in the pigeon hall based on the name and room provided</p> <p>11. Endorse the items to the incoming clerks on duty for correctness in returning to the respective shelves</p> |      |         | <p>Return Clerks on duty</p> <p>Return Clerks on duty</p> <p>Return Clerks on duty</p> <p>Return Clerks on duty</p> |
| <b>TOTAL:</b> |   | None | 8 hours |   |



### 34. Provision of Extemporaneous Preparations of Pharmaceutical Products

Open 7:00 am – 3:30 pm, Monday to Friday except Saturday, Sunday and Holidays

Cut- off time in receiving extemporaneous preparation is on or before 2:00 pm except for Potassium Iodide Solution (24 hours)

| <b>Office or Division:</b>  | Pharmacy Laboratory – UP-PGH Pharmacy Department   |
|---|--|
| <b>Classification:</b>  | Simple   |
| <b>Type of Transaction:</b>   | G2C  |
| <b>Who may avail:</b>   | PGH Out-patients/ In-patients, Patients of Physician with affiliation to UP-PGH  |
| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
| <p>The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.</p> <p><b>Out-Patient</b><br/>           PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original with 3 months validity)<br/>           Or<br/>           Prescription Transposition Form(1 original)<br/>           Blue card / white card of patient (1 original)<br/>           1L Amber bottle (applicable only for Potassium Citrate preparation )</p> <p><b>Principal</b><br/>           ID of Senior Citizen or PWD(1 original)<br/>           OSCA or PWD Medicine Booklet(1 original)</p> <p><b>Representative</b><br/>           ID of Senior Citizen or PWD(1 original and 1 photocopy)<br/>           OSCA / PWD Medicine Booklet(1 original)<br/>           Authorization Letter with present date(1 original)</p> <p><b>In-Patient</b><br/>           Blue card / white card of patient (1 original)<br/>           Go-Live / Open ERP request<br/>           Pharmacy Requisition and Issue Voucher (RIV) for Individual patients(1 original)</p> | <p>Physician of clinic where patient seek consultation</p> <p>Pharmacy satellite where original prescription was submitted<br/>           OPD Palistahan / Medical Social Service (MSS)</p> <p>Charged before (for reuse)</p> <p>Local Government Unit</p> <p>Local Government Unit</p> <p>Person being represented</p> <p>OPD Palistahan / MSS</p> <p>Admitting unit (Palistahan) / MSS</p> <p>Ward where patient is presently confined</p> |

| Remarks: Provide preparation needs/consumable if needed |               |                 |                 |                    |
|---|---------------|-----------------|-----------------|--------------------|
| CLIENT STEPS  | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |

|  |  |  |            |   |
|--|--|--|------------|---|
| 1. If Out-patient, present prescription and other pertinent documents (senior ID, PWD) to avail discount for validation windows 1 or 2 | 1. Accept prescription/RIV and check validity and completeness of required information, then endorse to the Pharmacy Laboratory  | None   | 15 minutes | Clerk/<br>Pharmacist<br>(Dispensing Area/DA)                    |
| In-patient, present RIV to Charity In-patient pharmacy windows 1 or 2  | (Note: Receiving time for requests until 2:00pm only)<br><br>1.1 Endorse the prescription/RIV to the Compounding Pharmacist<br><br>1.2 Process and compute then the consumables(if needed) and handling fee for extemporaneous preparation<br><br>1.3 For in-patients, encode the charges in the system and instruct client to return to the ward and wait for the nurse's instruction if the request is ready for pick up.<br><br>For out-patients, write the charges on the order of payment form and instruct the client to go to the cashier to settle the charges, and then go back to the pharmacy and present official receipt. Sit and wait for the patient's name to be called. | <i>Please refer to the approved schedule of fees (subject to change)</i> | 2 hours    | Pharmacist (DA)<br><br>Pharmacist (DA) / Compounding Pharmacist |
| 2. For in-patients,  | 2. For in-patients,  | None   | 2 hours    | Compounding   |

|  |   |   |                            |                 |
|--|---|---|----------------------------|-----------------|
| <p>wait at the respective wards for the instruction of the nurse on duty.</p> <p>For out-patients, go to the cashier and pay the amount on the order of payment form. Return to the pharmacy and present the official receipt at the releasing window.</p> | <p>proceed with the preparation of extemporaneous product, then call the nurse on duty once finished.</p> <p>For out-patients, receive the official receipt and record the OR number on the RIV/prescription. Instruct the client to be seated and wait for the name of the patient to be called. Proceed with the preparation.<br/>(Note: Refer to Guidelines on the Preparation of Extemporaneous Preparations)</p> <p>2.1 Once finished, call the nurse on duty for pick-up of the extemporaneous preparation.<br/>2.2 Endorse the prepared request to the pharmacist (DA)</p> |   |                            | Pharmacist      |
| <p>3. For in-patients, go back to the pharmacy releasing window once instructed by the nurse on duty.<br/>* For out-patients, go to the releasing window and present the official receipt.</p>   | <p>3. Ask the client to sign over printed name at the back of the prescription to acknowledge receipt.<br/>3.1 .Issue the request and return the official receipt once copied.</p>  | <p>None</p> <p>None</p>                                     | <p>30 minutes</p>          | Pharmacist (DA) |
| <b>TOTAL:</b>  |   | <p><i>Please refer to the approved schedule of fees</i></p> | <p>4 hours, 45 minutes</p> |                 |

### 35. Preparation of IV Antidote (25% Sodium Thiosulfate / 3% Sodium Nitrite)

Provision of antidotes for in and out-patients endorsed from the National Poison Control and Management Center. 24/7 acceptance of request.

| <b>Office or Division:</b>  | Pharmacy Laboratory – UP-PGH Pharmacy Department   |  |                 |                                       |
|---|--|--|-----------------|---------------------------------------|
| <b>Classification:</b>  | Simple   |  |                 |                                       |
| <b>Type of Transaction:</b>   | G2C,G2G  |  |                 |                                       |
| <b>Who may avail:</b>   | PGH In-patients/Out-patients, Patients of Physician with affiliation to UP-PGH, Patients of Physician coordinated to Toxicology Department   |  |                 |                                       |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE  |                 |                                       |
| The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing. |  |  |                 |                                       |
| PGH Prescription / Personalized Physicians Prescription with affiliation to PGH / (1 original)  |  | Physician of clinic where patient seek consultation                      |                 |                                       |
| or<br>Personalized Physician Prescription coordinated/transposed by the Toxicology Department(1 original)   |  | Toxicology Department  |                 |                                       |
| or<br>Blue card / white card of patient (1) original  |  | OPD Palistahan / Medical Social Service(MSS)                             |                 |                                       |
| Pharmacy Requisition and Issue Voucher for Individual patients(1 original)  |  | Ward where patient is presently confined                                 |                 |                                       |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                    |
| 1.Present prescription (Out-patient) / RIV (In-patient) to Charity In-patient pharmacy windows 1 or 2   | 1.Accept prescription/ RIV and check completeness of required information  | None   | 15 minutes      | Clerk/ Pharmacist Dispensing area(DA) |
|   | 1.2 Endorse prescription to the TPN pharmacist for processing and computation of charges including handling fees.<br><br>Note: In the absence of TPN pharmacist, the pharmacist (DA) | <i>Please refer to the approved schedule of fees (subject to change)</i> | 30 minutes      | Pharmacist (DA)                       |

|  |  |      |            |  |
|--|--|------|------------|--|
|  | <p>prepares antidote</p> <p>1.3 For in-patients, encode the charges in the system and instruct client to return to the ward and wait for the nurse's instruction if the antidote is ready for pick up.</p> <p>For out-patients, write the charges on the order of payment form and instruct the client to go to the cashier to settle the charges, and then go back to the pharmacy and present official receipt. Sit and wait for the patient's name to be called</p> |      | 30 minutes | Clerk/<br>Pharmacist<br>(DA) /<br>TPN Pharmacist |
| <p>2. For in-patients, wait at the respective wards for the instruction of the nurse on duty.</p> <p>For out-patients, go to the cashier and pay the amount on the order of payment form. Return to the pharmacy and present the official receipt at the releasing window.</p> | <p>2. For in-patients, proceed with the preparation of antidote, then call the nurse on duty once finished.</p> <p>For out-patients, receive the official receipt and record the OR number on the RIV/prescription. Instruct the client to be seated and wait for the name of the patient to be called. Proceed with the preparation.</p> <p>(Note: Refer to Guidelines on the Preparation of Antidote)</p>  | None | 2 hours    | TPN<br>Pharmacist/<br>Pharmacist<br>(DA)         |

|   |   |  |                     |                 |
|---|---|--|---------------------|-----------------|
|   | <p>2.1 Pack and label the prepared antidote.</p> <p>2.2 Once finished, call the nurse on duty for pick up of the extemporaneous preparation.</p> <p>2.3 Endorse the prepared request to the pharmacist (DA)</p> |  |                     |                 |
| <p>3. For in-patients, go back to the pharmacy releasing window once instructed by the nurse on duty.</p> <p>For out-patients, go to the releasing window and present the official receipt.</p> | <p>3. Ask the client to sign over printed name at the back of the prescription to acknowledge receipt.</p> <p>3.1 Issue the antidote and return the official receipt once copied.</p>                           | None   | 15 minutes          | Pharmacist (DA) |
| <b>TOTAL:</b>   |   | <i>Please refer to the approved schedule of fees</i> | 3 hours, 30 minutes |                 |

### 36. Preparation of Oral Antidote (N-Acetylpenicillamine (NAPA))

Provision of antidote for heavy metal poisoning endorsed by the National Poison Control and Management Center. 24/7 acceptance of request.

| <b>Office or Division:</b>  | Pharmacy Laboratory – UP-PGH Pharmacy Department  |  |                 |                                       |
|---|---|--|-----------------|---------------------------------------|
| <b>Classification:</b>  | Simple  |  |                 |                                       |
| <b>Type of Transaction:</b>   | G2C   |  |                 |                                       |
| <b>Who may avail:</b>   | PGH In-patients/Out-patients, Patients of Physician with affiliation to UP-PGH, Patients of Physician coordinated to Toxicology Department  |  |                 |                                       |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |                                       |
| The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.   |   |  |                 |                                       |
| PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original)<br>or<br>Personalized Physician Prescription coordinated/transposed by the Toxicology Department(1 original)<br>Or<br>Blue card / white card of patient (1) original |   | Physician of clinic where patient seek consultation<br><br>Toxicology Department<br><br>OPD Palistahan / Medical Social Service(MSS) |                 |                                       |
| Pharmacy Requisition and Issue Voucher for Individual patients(1 original)  |   | Ward where patient is presently confined   |                 |                                       |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                    |
| 1.Present prescription (Out-patient) / RIV (In-patient) to Charity In-patient pharmacy windows 1 or 2   | 1.Accept prescription/ RIV and check completeness of required information   | None   | 15 minutes      | Clerk/ Pharmacist Dispensing area(DA) |
|   | 1.1 Endorse prescription to the Compounding pharmacist for processing and computation of the quantity of NAPA papertabs and total charges to be paid including handling fees.<br>Note: In the absence | <i>Refer to the approved schedule of fees(subject to change)</i>   | 30 minutes      | Pharmacist (DA)                       |



|  |  |      |            |   |
|--|--|------|------------|---|
|  | <p>of Compounding pharmacist, the pharmacist on duty (DA) prepares NAPA 1.2 For in-patients, encode the charges in the system and instruct client to return to the ward and wait for the nurse's instruction if the NAPA antidote is ready for pick up.</p> <p>For out-patients, write the charges on the order of payment form and instruct the client to go to the cashier to settle the charges, and then go back to the pharmacy and present official receipt. Sit and wait for the patient's name to be called.</p> |      | 30 minutes | Clerk/<br>Pharmacist (DA) /<br>Compounding Pharmacist |
| <p>2. For in-patients, wait at the respective wards for the instruction of the nurse on duty.</p> <p>For out-patients, go to the cashier and pay the amount on the order of payment form. Return to the pharmacy and present the official receipt at the releasing window.</p> | <p>2. For in-patients, proceed with the preparation of antidote, then call the nurse on duty once finished.</p> <p>For out-patients, receive the official receipt and record the OR number on the RIV/prescription. Instruct the client to be seated and wait for the name of the patient to be called. Proceed with the preparation.</p> <p>(Note: Refer to Guidelines on the Preparation of NAPA Papertabs)</p>  | None | 3 hours    | Compounding Pharmacist/<br>Pharmacist (DA)            |

|   |   |  |   |                        |
|---|---|--|---|------------------------|
|   | <p>2.1 Pack and label the prepared antidote.</p> <p>2.2 Once finished, call the nurse on duty for pick up of the extemporaneous preparation.</p> <p>2.3 Endorse the prepared request to the CBDA pharmacist</p> |  | <p>30 minutes</p> <p>10 minutes</p> <p>10 minutes</p> |                        |
| <p>2. For in-patients, go back to the pharmacy releasing window once instructed by the nurse on duty.</p> <p>For out-patients, go to the releasing window and present the official receipt.</p> | <p>2. Ask the client to sign over printed name at the back of the prescription to acknowledge receipt.</p> <p>2.1 .Issue the NAPA papertabs and return the official receipt once copied.</p>                    | <p>None</p> <p>None</p>                              | <p>20 minutes</p>                                     | <p>Pharmacist (DA)</p> |
| <b>TOTAL:</b>   |   | <i>Please refer to the approved schedule of fees</i> | 5 hours, 25 minutes                                   |                        |

### 37. Preparation of Papertabs

Open 7:00 am – 3:30 pm, Monday to Friday except Saturday, Sunday and holidays.  
Cut- off time in receiving papertabs is on or before 2:00 pm.

| <b>Office or Division:</b>  | Pharmacy Laboratory – UP-PGH Pharmacy Department  |  |                 |   |
|---|---|--|-----------------|---|
| <b>Classification:</b>  | Simple  |  |                 |   |
| <b>Type of Transaction:</b>   | G2C – Government to Client  |  |                 |   |
| <b>Who may avail:</b>   | PGH Out-patients/ In-patients   |  |                 |   |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |   |
| <p>The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing</p> <p><b>Out-Patient</b><br/>PGH Prescription / Personalized Physician's Prescription with affiliation to PGH (1 original)<br/>Or<br/>Prescription Transposition Form (1 original)<br/>Blue card / white card of patient (1 original)<br/>Drugs/Medicine with visible expiration date</p> <p><b>In-Patient</b><br/>Blue card and white card of patient (1 original)<br/>Go-Live / Open ERP request<br/>Pharmacy Requisition and Issue Voucher (RIV) for Individual patients (1 original)<br/>Drugs/Medicine request via Open ERP</p> |   | <p>Physician of clinic where patient seek consultation</p> <p>Pharmacy satellite where original prescription was submitted<br/>OPD Palistahan / MSS</p> <p>Any registered drug retail outlets</p> <p>OPD Palistahan / MSS</p> <p>Admitting unit (Palistahan)</p> <p>Nurse's station at the ward where patient is presently confined</p> <p>Charity In-patient pharmacy – Dispensing area</p> |                 |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                      |
| 1. Present prescription and drugs (Out-patient) / RIV (In-patient) to Charity In-patient pharmacy windows 1 or 2  | 1. Accept prescription/RIV/drugs and check validity, completeness of required information | None   | 15 minutes      | Clerk / Pharmacist Dispensing area (DA) |
|   | 1.1 Endorse to compounding pharmacist to check  | None   | 45 minutes      | Pharmacist (DA)                         |

|   |   |   |                                     |   |
|---|---|---|-------------------------------------|---|
|   | the suitability of the tablet to be compounded into oral divided powders or papertabs<br>(Note: see references)   |   |                                     |   |
|   | <p>1.2. Process and compute the total number of papertabs then charge handling fee for papertabs<br/><br/>(Note: Refer to Guidelines on Preparation of Papertabs)</p> <p>1.3. For in-patients, encode the charges in the system and instruct client to return to the ward and wait for the nurse's instruction if the request is ready for pick up.</p> <p>For out-patients, write the charges on the order of payment form and instruct the client to go to the cashier to settle the charges, and then go back to the pharmacy and present official receipt. Sit and wait for the patient's name to be called</p> | <p><i>Please refer to the approved schedule of fees subject to change</i></p> <p>None</p> | <p>30 minutes</p> <p>30 minutes</p> | <p>Compounding Pharmacist / Pharmacist (CBDA)</p> <p>Clerk /Laboratory Technician/Aide / Pharmacist on duty</p> |
| <p>2. For in-patients, wait at the respective wards for the instruction of the nurse on duty</p> <p>For out-patients, go to the cashier and pay the amount on</p> | <p>2. For in-patients, proceed with the preparation of papertabs, then call the nurse on duty once finished</p> <p>For out-patients, receive the official receipt and record the</p>  | <p><i>Please refer to the approved schedule of fees (subject to change)</i></p>           | <p>5 hours</p>                      | <p>Compounding Pharmacist</p>   |

|   |   |  |            |                 |
|---|---|--|------------|-----------------|
| the order of payment form. Return to the pharmacy and present the official receipt at the releasing window.   | <p>OR number on the RIV/prescription. Instruct the client to be seated and wait for the name of the patient to be called. Proceed with the preparation.</p> <p>(Note: Refer to Guidelines on the Preparation of Papertabs)<br/>(Note: Depends of the number of papertabs)</p> <p>2.1 Once finished, call the nurse on duty for pick up of papertabs.</p> <p>2.2 Endorse the prepared request to the CBDA pharmacist</p> |  |            |                 |
| <p>3. For in-patients, go back to the pharmacy releasing window once instructed by the nurse on duty.</p> <p>For out-patients, go to the releasing window and present the official receipt.</p> | <p>3. Ask the client to sign over printed name at the back of the prescription to acknowledge receipt.</p> <p>3.1 .Issue the request and return the official receipt once copied.</p>   | None   | 30 minutes | Pharmacist (DA) |
| <b>TOTAL:</b>   |   | <i>Please refer to the approved schedule of fees</i> | 4 hours    |                 |

### 38. Preparation of Total Parenteral Nutrition (Charity In-Patient)

Provision of total parenteral nutrition for special patients to meet their nutritional needs. Open 7:00 am – 3:30 pm, Monday to Sunday and holidays. Acceptance of TPN protocol is on or before 2:00pm at Central Block Pharmacy.

Prepares the preparation the following day.

| <b>Office or Division:</b>   | Pharmacy Laboratory – UP-PGH Pharmacy Department  |   |                 |   |
|--|---|---|-----------------|---|
| <b>Classification:</b>   | Simple  |   |                 |   |
| <b>Type of Transaction:</b>  | G2C – Government to Client  |   |                 |   |
| <b>Who may avail:</b>  | PGH In-patients   |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                 |   |
| The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing |   |   |                 |   |
| <b>Charity In-Patient</b>  |   |   |                 |   |
| Blue card / white card of patient(1 original)  |   | OPD Palistahan / Medical Social Service(MSS)                    |                 |   |
| Go-live / Open ERP request   |   | Admitting unit (Palistahan) / MSS                               |                 |   |
| Pharmacy Requisition and Issue Voucher (RIV) for Individual patients (1 original) send via telegram  |   | Nurse's station at the ward where patient is presently confined |                 |   |
| Total Parenteral Nutrition (TPN) Protocol (1 original) send via telegram   |   | Nurse's station at the ward where patient is presently confined |                 |   |
| Other needs as the pharmacy deemed necessary for the preparation of TPN  |   | Charity In-patient pharmacy – Dispensing area                   |                 |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                                |
| 1.Submit RIV and TPN protocol via telegram, and process and fill required needs to Charity In-patient pharmacy windows 1 or 2                              | 1. Print RIV and TPN protocol, check completeness of required information, entries and total volume of the preparation.<br><br>1.1 Review TPN protocol, make necessary computation and adjustment and | None  | 1 hour          | Laboratory Technicia/Aide/ TPN Pharmacist on duty |

|   |   |   |   |   |
|---|---|---|---|---|
|   | <p>prepare label</p> <p>1.2 Process, fills RIV/TPN needs for Nutritional Intravenous Infusion form and compute the total cost and charge handling fee for TPN solution</p> <p>1.4 Endorse RIV/TPN needs for Nutritional Intravenous Infusion form to clerk (DA) for encoding<br/>(Note: for processing on the following day)</p>  | <p><i>Please refer to the approved schedule of fees (subject to change)</i></p>     |   |   |
| 2. Client waits at their respective ward until 3:30pm<br>(Note: Proceed to the central block pharmacy at the advice of the nurse) | <p>Following day:</p> <p>2. Receive encoded RIV TPN needs for Nutritional Intravenous Infusion form</p> <p>2.1 Call ward nurses for confirmation of the TPN preparation</p> <p>2.2 Record all TPN protocol in the logbook</p> <p>2.3 Prepare all TPN request (by batch) aseptically<br/>(Note: Depends of the number of TPN preparation)</p> <p>2.4 Check prepared TPN solution</p> <p>2.5 Pack and label finished product</p> <p>2.6 Call ward and inform nurse for pick</p> | <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> | <p>15 minutes</p> <p>15 minutes</p> <p>30 minutes</p> <p>5 hours</p> <p>1 hour</p> <p>1hour</p> <p>15 minutes</p> | <p>Laboratory Technician/Aide / TPN Pharmacist on duty</p> <p>TPN Pharmacist</p> <p>TPN Pharmacist</p> <p>TPN Pharmacist</p> <p>Senior Pharmacist on duty<br/>Laboratory Technicia/Aide/ TPN Pharmacist</p> <p>Laboratory Technicia/Aide/</p> |

|   |  |      |            |   |
|---|--|------|------------|---|
|   | up   |      |            | TPN Pharmacist<br>Laboratory                |
|   | 2.7 Endorse prepared TPN solution to CB-DA for issuance  | None | 15 minutes | Laboratory Technician/Aide / TPN Pharmacist |
| 3. Approach Releasing Window 4 or 5 and present the blue card by 4pm. | 3. Ask the client to sign over printed name on the RIV and TPN needs for Nutritional Intravenous Infusion form to acknowledge receipt.<br><br>3.1 Hand over the TPN solution and advise client for special instructions if there is any. | None | 30 minutes | Pharmacist (DA)                             |
| 4. Receive the TPN solution and return to the ward.                   | 4. File the RIV and TPN needs for Nutritional Intravenous Infusion form.   | None | 10 minutes | Pharmacist (DA) / TPN Pharmacist            |
| <b>TOTAL:</b>   |  | None | 9 hours    |   |



### 39. Preparation of Total Parenteral Nutrition (Pay In-Patient)

Provision of total parenteral nutrition for special patients to meet their nutritional needs. Open 7:00 am – 3:30 pm, Monday to Sunday and holidays. Acceptance of TPN protocol is on or before 2:00pm at Payward Pharmacy and to be submitted on or before 3:00pm at the Pharmacy Laboratory.

| <b>Office or Division:</b>   | Pharmacy Laboratory – UP-PGH Pharmacy Department  |   |                 |   |
|--|---|---|-----------------|---|
| <b>Classification:</b>   | Simple  |   |                 |   |
| <b>Type of Transaction:</b>  | G2C,G2G   |   |                 |   |
| <b>Who may avail:</b>  | PGH In-patients   |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                 |   |
| With complete information<br><b>Pay-Patient</b><br>Total Parenteral Nutrition (TPN) Protocol (1 original)<br><br>TPN needs (items) |   | Ward where patient is presently confined<br><br>Payward Pharmacy  |                 |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                          |
| 1.Submit TPN protocol to Payward Pharmacy before 2:00pm  | 1.1 Accept TPN protocol, check completeness of required information, entries and total volume of the preparation then endorse to Pharmacy Laboratory. | None  | 30 minutes      | Pharmacist (Payward)                        |
|  | 1.2 Receive TPN protocol,TPN needs and charged handling fee from Payward Pharmacy   | <i>Refer to the approved schedule of fees (subject to change)</i> | 30 minutes      | Laboratory Technician/Aide / TPN Pharmacist |
|  | 1.3 Review TPN protocol, make necessary computation and adjustment and prepare label (Note: for processing on the following day)                      |   | 30 minutes      | TPN Pharmacist                              |
|  | Following day:<br>1.4 Call ward nurses  | None  | 15 minutes      | TPN Pharmacist                              |

|  |  |   |            |   |
|--|--|---|------------|---|
|  | for confirmation of the TPN preparation                                    |   |            |   |
|  | 1.5 Process, record all TPN protocol in the logbook                        | None  | 15 minutes | TPN Pharmacist                              |
|  | 1.6 Prepare all TPN request (by batch) aseptically                         | None  | 5 hours    | TPN Pharmacist                              |
|  | (Note: depends on the number of TPN preparation)                           | None  |            |   |
|  | 1.7 Check prepared TPN solution  |   | 1 hour     | TPN Pharmacist                              |
|  | 1.8 Pack and label finished product then call Payward Pharmacy for pick up |   | 1 hour     | Laboratory Technician/Aide / TPN Pharmacist |
| 2. Go to Charity In-patient pharmacy to pick up the TPN solution | 2. Issue prepared TPN solution to Payward staff                            | None  | 15 minutes | Pharmacist (DA) / TPN Pharmacist            |
| <b>TOTAL:</b>  |  | <i>Refer to the approved schedule of fees</i> | 8 hours    |   |

#### 40. Preparation of Intravenous (IV) Admixture

Open 7:00 am – 2:30 pm, Monday to Sunday and holidays. Acceptance of IV Admixture is on or before 2:00pm

| <b>Office or Division:</b>   | Pharmacy Laboratory – UP-PGH Pharmacy Department   |  |                 |   |
|--|--|--|-----------------|---|
| <b>Classification:</b>   | Simple   |  |                 |   |
| <b>Type of Transaction:</b>  | G2C,G2G  |  |                 |   |
| <b>Who may avail:</b>  | PGH In-patients (Charity) / Pay patients (Payward Pharmacy)  |  |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE  |                 |   |
| <b>Pay In-Patients</b><br>PGH Prescription (1 original , with complete information)<br><br>IV Admixtures needs (items)<br><br><b>Service In-Patients</b><br>Blue card and white card of patient (1 original)<br><br>Go-Live / Open ERP request<br><br>Pharmacy Requisition and Issue Voucher (RIV) for Individual patients (1 original , with complete information)<br><br>IV admixtures needs (items) request thru Open ERP |  | Physician of clinic where patient seek consultation<br><br>Payward Pharmacy where items is process and fills<br><br>OPD Palistahan / Medical Social Service(MSS)<br><br>Admitting unit (Palistahan) / MSS<br><br>Ward where patient is presently confined<br><br>Charity In-patient pharmacy – Dispensing area |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                                  |
| 1.Present the following:<br><br>If In-patient (charity), RIV to Charity In-patient pharmacy windows 1 or 2<br><br>If Pay-patients, Prescription and IV admixture (items) to Pharmacy Laboratory  | 1. Accept RIV/ prescription and items and check completeness of required information   | None   | 30 minutes      | Clerk /Laboratory Technician/ Aide/ Pharmacist (DA) |
|  | 1.1 Receive RIV from Dispensing area (DA) if In-patient and prescription and items from Payward Pharmacy if Pay patient and check the completeness of items received | None   | 30 minutes      | Laboratory Technician/Aide / Pharmacist on duty     |

|  |   |   |            |   |
|--|---|---|------------|---|
|  | 1.2 Process, record and charge handling fee for IV admixture<br>1.3 Instruct client to return to the ward and wait for the nurse's instruction if the request is ready for pick up.   | <i>Refer to the approved schedule of fees (subject to change)</i> | 1 hour     | Clerk/<br>Laboratory Technician/Aide / Pharmacist on duty |
| 2. Wait at the respective wards for the instruction of the nurse on duty | 2. Prepare IV Admixture aseptically in the cleanroom under the laminar flowhood<br><br>(Note: depends on the number of bottles)<br><br>2.1 Pack and label IV admixture<br><br>2.2 For service patients, call the nurse of the respective ward and inform them that the IV admixture is ready for pick up. For Pay In-patients, call the Pay Pharmacy<br><br>2.3 Endorse prepared IV admixtures for issuance:<br><br>2.3.1 If In-patient (Charity): to DA<br><br>2.3.2 If Pay-patient: to Payward Pharmacy | None  | 3 hours    | TPN Pharmacist  |
|  |   | None  | 15 minutes | Laboratory Technician/Aide / TPNPharmacist                |
| 3.Approach Releasing Window 4 or 5 and present the blue card             | 3. Issue IV admixtures  | None  | 30 minutes | Pharmacist (DA)   |
| <b>TOTAL:</b>  |   | <i>Refer to the approved</i>                                      | 7 hours    |   |

|  |                             |  |  |
|--|-----------------------------|--|--|
|  | <i>schedule of<br/>fees</i> |  |  |
|--|-----------------------------|--|--|

#### 41. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   | SOJR Pharmacy – UP-PGH Pharmacy Department  |  |                        |   |
| <b>Classification:</b>   | Simple  |  |                        |   |
| <b>Type of Transaction:</b>  | G2C,G2G   |  |                        |   |
| <b>Who may avail:</b>  | PGH patients/ Patients of Physicians with affiliation to UP-PGH<br>UP-PGH employees and students  |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |   |
| <p>The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.</p> <p>PGH Prescription / Personalized Physician's Prescription with affiliation to PGH (1 original with 3 months validity)<br/>or<br/>Electronic Prescription<br/>or<br/>Patients Charge Slip(1 original)<br/>or<br/>Prescription Transposition Form(1 original)</p> |   | <p>Physician's clinic where patient seek consultation</p> <p>Ward/Unit where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1.Present prescription at the receiving counter/window for validation once called  | 1. Accept prescription and check validity, completeness of required information   | None   | 5 minutes              | Clerk / Pharmacist on duty  |
| 2. Coordinate with the pharmacy staff assigned at the counter/window which of the prescribed items will be bought and quantity to be purchased   | <p>2. Process and compute for the amount to be paid and provide order of payment slip for the items to be purchased</p> <p>(Note: Maximum two-month supply except for refrigerated items )</p> <p>2.1 Instruct the client to pay at the</p> | <p>None</p> <p><i>Please refer to the approvedsc</i></p>   | 15 minutes             | <p>Clerk / Pharmacist on duty<br/>Clerk / Pharmacist on duty</p> <p>Cashier on duty</p> |

|  |  |  |            |                            |
|--|--|--|------------|----------------------------|
|  | cashier then return to SOJR Pharmacy once paid   | <i>chedule of fees (subject to change)</i> |            |                            |
| 3. Approach releasing counter/window and present the client's prescription together with the Official Receipt (OR) | 3. Advise client to sit in front of the releasing counter/window and wait for their name to be called.   | None                                       | 10 minutes | Clerk / Pharmacist on duty |
| 4. Take a sit and wait for name to be called   | 4. Fill the Prescription<br><br>(Note: Refer to Guidelines on Processing and Filling of Prescription)<br><br>3.1 Copy the Official Receipt (OR) Number of the amount paid on the order of payment slip |  | 15 minutes | Clerk / Pharmacist on duty |
| 5. Approach the releasing counter/window once called   | 5. Call the name of the patient and ask patient/watcher to sign over printed name at the back of the prescription (received by) or order slip to acknowledge receipt                                   | None                                       | 5 minutes  | Pharmacist on duty         |
| 6. Sign over printed name at the back of the prescription (received by) or order slip to acknowledge receipt       | 6. Receive signed prescription or order slip.<br><br>6.1 Sign over printed name at the   | None                                       | 15 minutes | Pharmacist on duty         |

|   |   |  |                    |                    |
|---|---|--|--------------------|--------------------|
|   | back of the prescription (issued by) or order slip<br><br>6.2 Issue the items and official receipt (OR) to the client |  |                    |                    |
| 7. Receive purchased items and official receipt at the releasing counter/window | 7. File prescription or order slip  | None   | 5 minutes          | Pharmacist on duty |
| <b>TOTAL:</b>   |   | <i>Please refer to the approved schedule of fees</i> | 1 hour, 10 minutes |                    |



## 42. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

|  |  |   |  |
|--|--|---|--|
| Office or Division:  | SOJR Pharmacy – UP-PGH Pharmacy Department   |   |  |
| Classification:  | Simple   |   |  |
| Type of Transaction:   | G2C  |   |  |
| Who may avail:   | PGH patients/ Patients of Physicians with affiliation to UP-PGH aged 60 years old and above (Senior Citizen ) or with disability (PWD)<br>UP-PGH employees and students aged 60 years old and above (Senior Citizen ) or with disability (PWD) |   |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |  |
| The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.<br><br>PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original with 3 months validity)<br>or<br>Electronic Prescription<br>or<br>Patients Charge Slip(1 original)<br>or<br>Prescription Transposition Form(1 original) |  | Physician’s clinic where patient seek consultation<br><br><br><br><br><br>Ward/Unit where patient is presently confined<br><br><br>Pharmacy satellite where original prescription was submitted |  |
| Principal  |  |   |  |
| ID of Senior Citizen or PWD<br>OSCA or PWD Medicine Booklet  |  | Local Government Unit   |  |
| Representative   |  |   |  |
| ID of Senior Citizen or PWD<br>OSCA / PWD Medicine Booklet   |  | Local Government Unit   |  |
| Authorization Letter with present date<br>or<br>Special Authorization letter with present date<br>Birth Certificate for minors (for parent / child relationship)<br>Doctor’s certification (for psychiatric, stroke patients and other special case)   |  | Person being represented<br><br><br>Philippine Statistics Authority (PSA)<br>Physician’s clinic where patient seek consultation   |  |
| Government Issued Identification Card of the representative (1 original and 1 photocopy)   |  | BIR, Post Office, DFA, PSA, SSS, GSIS, PAG-IBIG,LTO,PRC   |  |

| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE  |
|---|--|---|-----------------|---|
| 1. Present prescription at the receiving counter/window for validation once called  | 1. Accept prescription and check validity, completeness of required information  | None  | 5 minutes       | Clerk / Pharmacist on duty  |
| 2. Coordinate with the pharmacy staff assigned at the counter/window which of the prescribed items will be bought and quantity to be purchased. | <p>2. Process and compute for the amount to be paid and provide order of payment slip for the items to be purchased</p> <p>(Note: Maximum two-month supply except for refrigerated items)</p> <p>2.1. Instruct the client to pay at the cashier then return to SOJR Pharmacy once paid</p> | <p>None</p> <p><i>Please refer to the approved schedule of fees (subject to change)</i></p> | 15 minutes      | <p>Clerk / Pharmacist on duty</p> <p>Clerk / Pharmacist on duty<br/>Cashier on duty</p> |
| 3. Approach releasing counter/window and present the client's prescription together with the official receipt                                   | 3. Advise client to sit in front of the releasing window and wait for their name to be called  | None  | 10 minutes      | Clerk / Pharmacist on duty  |
| 4. Take a sit and wait for name to be called  | <p>4. Fill the Prescription</p> <p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p> <p>4.1 Copy the Official Receipt (OR) Number of the amount paid on the</p>  | None  | 15 minutes      | Clerk / Pharmacist on duty  |

|   |   |  |                    |                    |
|---|---|--|--------------------|--------------------|
|   | order of payment slip   |  |                    |                    |
| 5. Approach releasing counter/window and present the client's prescription together with the official receipt once called | 5. Call the name of the patient and ask patient/watcher to sign over printed name at the back of the prescription (received by) or order slip to acknowledge receipt  | None   | 5 minutes          | Pharmacist on duty |
| 6. Sign over printed name at the back of the prescription (received by) or order slip to acknowledge receipt              | 6. Receive signed prescription or order slip<br><br>6.1 Record transaction on the medicine booklet<br><br>6.2 Sign over printed name at the back of the prescription (issued by) or order slip<br><br>6.3 Issue the items and official receipt (OR) to the client | None   | 15 minutes         | Pharmacist on duty |
| 7. Receive purchased items and official receipt at the releasing counter/window   | 7. Receive signed prescription<br><br>7.1 File prescription with the authorization letter and photocopy of authorized representative identification card attached (if applicable)   | None   | 5 minutes          | Pharmacist on duty |
| <b>TOTAL:</b>   |   | <i>Please refer to the approved schedule of fees</i> | 1 hour, 10 minutes |                    |

### 43. Provision of all Available Drugs/Medicines/Medical Supplies and other pharmaceuticals (Charge to Donor with Government Funds)

Provision of available needs of patients charge to donor with government funds

|  |  |   |                        |                            |
|--|--|---|------------------------|----------------------------|
| <b>Office or Division:</b>   | SOJR Pharmacy – UP-PGH Pharmacy Department   |   |                        |                            |
| <b>Classification:</b>   | Simple   |   |                        |                            |
| <b>Type of Transaction:</b>  | G2C  |   |                        |                            |
| <b>Who may avail:</b>  | PGH Out-patients with donor from government funds<br>UP-PGH employees and students with donor from government funds  |   |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |                            |
| <b>Principal</b>   |  |   |                        |                            |
| Blue card and white card of patient (Original)   |  | OPD Palistahan / Medical Social Service (MSS)   |                        |                            |
| Government Issued Identification Card (Original)   |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC                                     |                        |                            |
| MAP Stub (Original)  |  | PGH Malasakit Center  |                        |                            |
| <b>Representative</b>  |  |   |                        |                            |
| Blue card and white card of patient  |  | OPD Palistahan / Medical Social Service (MSS)   |                        |                            |
| Government Issued Identification Card of patient (1 Original & 1 Photocopy)  |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC                                     |                        |                            |
| MAP Stub (1 Original)  |  | PGH Malasakit Center  |                        |                            |
| Authorization Letter with present date and must indicate that <u>authorization is to claim patient's medicines</u> .   |  | Person being represented  |                        |                            |
| Special Authorization letter<br>Birth Certificate for minors (for parent / child relation)<br>Doctor's certification (for psychiatric, stroke patients and other special case) |  | Philippine Statistics Authority (PSA)<br>Physician's clinic where patient seek consultation |                        |                            |
| Government Issued Identification Card of the representative (1 original and 1 photocopy)   |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC                                     |                        |                            |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Present and submit the complete requirements at the receiving counter/ window for checking and validation once called  | 1. Accept and check completeness of required information, validity and requirements<br><br>1.1 Inform client for the additional payment if total amount of items | None  | 15 minutes             | Clerk / Pharmacist on duty |

|   |   |      |            |                            |
|---|---|------|------------|----------------------------|
|   | exceeds the approved fund   |      |            |                            |
| 2. Take a sit and wait for name to be called  | <p>2 Instruct client to sit in front of releasing counter/ window and wait for their name to be called</p> <p>2.1 Process transaction on point of sale to produce order slip</p> <p>2.2 Fill and record transaction of client to Donor's Logbook, Patient's profile. (Refer to Guidelines on Processing and Filling of Prescription)</p> <p>2.3 Endorse to cashier to produce charge slip and official receipt if with additional payment.</p> <p>2.4 Call the name of the client for issuance of their request</p> | None | 1 hour     | Clerk / Pharmacist on duty |
| 5. Approach releasing counter/window once name was called   | 5. Check the medicines and ask patient/watcher to sign over printed name on the charge slip and at the back of the prescription (received by) to acknowledge receipt  | None | 15 minutes | Pharmacist on duty         |
| 6. Sign over printed name on the charge slip and at the back of the prescription (received by) to acknowledge receipt | <p>6. Sign over printed name on the charge slip and at the back of the prescription (issued by)</p> <p>6.1 Issue the items</p>  | None | 15 minutes | Pharmacist on duty         |

|  |   |      |                    |                    |
|--|---|------|--------------------|--------------------|
|  |   |      |                    |                    |
| 7. Receive the items and other documents presented | <p>7. Receive signed prescription and charged slip</p> <p>6.1 File prescription, MAP Stub, Charge slip with the authorization letter and photocopy of authorized representative identification card attached (if applicable).</p> | None | 5 minutes          | Pharmacist on duty |
| <b>TOTAL:</b>                                      |   | None | 1 hour, 50 minutes |                    |

#### 44. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Private Donors)

Provision of available needs of patients charge to Private Donors

|   |  |   |
|---|--|---|
| <b>Office or Division:</b>  | SOJR Pharmacy – UP-PGH Pharmacy Department   |   |
| <b>Classification:</b>  | Simple   |   |
| <b>Type of Transaction:</b>   | G2C,G2G  |   |
| <b>Who may avail:</b>   | PGH Out-patients with private donor<br>UP-PGH employees and students with donor from private donor |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |
| With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing   |  |   |
| PGH Prescription / Personalized Physicians Prescription with affiliation to PGH<br>Or   |  | Physician's clinic where patient seek consultation                                    |
| Pharmacy Requisition and Issue Voucher for Individual patients<br>or  |  | Ward where patient is presently confined  |
| Prescription Transposition Form   |  | Pharmacy satellite where original prescription was submitted                          |
| <b>Principal</b>  |  |   |
| Blue card and white card of patient   |  | OPD Palistahan / Medical Social Service (MMS)   |
| Government Issued Identification Card   |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC                               |
| Patient's Ledger (with updated record of transaction – 1 original and 1 photocopy)  |  | Accounting Department   |
| <b>Representative</b>   |  |   |
| Blue card and white card of patient   |  | OPD Palistahan / MSS  |
| Government Issued Identification Card of patient  |  | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC                               |
| Authorization Letter with present date and must indicate that <u>authorization is to claim patient's medicines.</u>   |  | Person being represented  |
| Special Authorization letter<br>Birth Certificate of minors ( for parent / child relation )<br>Doctor's certification ( for psychiatric, stroke patients and other special case |  | Philippine Statistics Authority<br>Physician's clinic where patient seek consultation |
| Government Issued Identification Card of  |  | BIR, Post Office, DFA, PSA, SSS, GSIS,  |

| the representative (1 original and 1 photocopy)  |   | Pag-IBIG,LTO,PRC  |                 |  |
|--|---|---|-----------------|--|
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1.Submit the complete requirements at the receiving counter/window for checking and validation | <p>1. Accept prescription and check completeness of required information, validity and requirements</p> <p>2.1 Instruct client to sit in front of the releasing counter/window and wait for their name to be called</p> <p>2.2 Process the transaction, assign control number and record in the Donor's logbook and produce charge slip (Point of Sale)</p> | None  | 45 minutes      | Clerk / Pharmacist on duty   |
| 2.Approach receiving counter/window once name was called                                       | <p>2. Ask patient/watcher to sign over printed name on the charge slip to acknowledge receipt for funding</p> <p>2.1 Instruct patient to proceed at the Malasakit Center for funding of their request</p> <p>2.2 For patient's with Las Pinas Funds proceed at the Billing section</p> <p>2.3 Endorse to cashier if with additional payment</p>             | <p>None</p> <p>None</p> <p><i>Total amount in excess of approved fund</i></p> <p><i>Please refer to the approved schedule of fees</i></p> | 45 minutes      | <p>Clerk / Pharmacist on duty</p> <p>Malasakit Center/Billing Section</p> <p>Cashier on duty</p> |



|  |   |                     |            |                            |
|--|---|---------------------|------------|----------------------------|
|  | <p>2.4 After funding, instruct the client to return at the SOJR Pharmacy the following:</p> <p>photocopy of funded ledger, patient's blue card, patient's identification card and/or authorized identification card of representative</p> | (subject to change) |            |                            |
| 3. Approach releasing counter/window and submit Funded Prescription, Charge slip and Patient's Ledger for processing | <p>3. Accept funded prescription and charge slip and checks if transaction was recorded on the Patient's Ledger</p> <p>3.1 Advise client to sit in front of the releasing window and wait for their name to be called</p>                 | None                | 15 minutes | Clerk / Pharmacist on duty |
| 4. Sit in front of releasing counter/window and wait for name to be called   | <p>4. Fill transaction</p> <p>4.1 Check the medicines and checks if transaction was recorded on the Patient's Ledger</p>  | None                | 15 minutes |                            |
| 5. Approach releasing counter/window once name was called  | 5. Ask patient/watcher to sign over printed name on the charge slip and at the back of the prescription (received by) to acknowledge receipt  | None                | 5 minutes  |                            |

|  |  |  |                     |  |
|--|--|--|---------------------|--|
| 6. Sign over printed name at the back of the prescription (received by) to acknowledge receipt | 6. Receive signed prescription and charge slip<br><br>6.1 Sign over printed name on the charge slip and at the back of the prescription (issued by)<br><br>6.2 Issue the items   | None   | 20 minutes          |  |
| 7. Receive the items and other documents presented   | 7. File prescription, Charge slip, photocopy of patient's blue card, patient's identification card, Patient's Ledger with the authorization letter and photocopy of authorized representative identification card attached (if applicable) | None   | 5 minutes           |  |
| <b>TOTAL:</b>  |  | <i>Total amount in excess of approved fund<br/>+<br/>Please refer to the approved schedule of fees<br/>(subject to change)</i> | 2 hours, 30 minutes |  |

## 45. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to PhilHealth Fund)

Provision of available needs of patients charge to PhilHealth Fund

| <b>Office or Division:</b>   | SOJR Pharmacy – UP-PGH Pharmacy Department  |   |                 |                    |
|--|---|---|-----------------|--------------------|
| <b>Classification:</b>   | Simple  |   |                 |                    |
| <b>Type of Transaction:</b>  | G2C,G2G   |   |                 |                    |
| <b>Who may avail:</b>  | PGH Out-patients with PhilHealth funds<br>UP-PGH employees and students with PhilHealth funds |   |                 |                    |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                 |                    |
| SOJR Ophthalmology OR kit form (Ophtha kit – 1 original)   |   | SOJR Pharmacy   |                 |                    |
| SOJR Ophthalmology OR kit form (Ophtha kit – duplicate)  |   | SOJR-OR Complex   |                 |                    |
| Completely filled up PGH Prescription(1 original, for additional requests)   |   | Physician's clinic/ward where patient seek consultation                     |                 |                    |
| OR Schedule (1 photocopy)  |   | RADISH (Registry of Admissions and Discharges)<br>Department Chief Resident |                 |                    |
| PhilHealth outright form ( 1 original)<br>PhilHealth endorsement form/letter (1 original)  |   | PhilHealth office<br>PhilHealth office                                      |                 |                    |
| Senior Citizen/PWD ID  |   | Local Government Unit (LGU)   |                 |                    |
| <b>Principal</b>   |   |   |                 |                    |
| Blue card and white card of patient ( 1 original)  |   | OPD Palistahan / Medical Social Service (MSS)                               |                 |                    |
| Government Issued Identification Card ( 1 original)  |   | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PRC,OSCA              |                 |                    |
| <b>Representative</b>  |   |   |                 |                    |
| Blue card of patient ( 1 original)   |   | OPD Palistahan / MSS  |                 |                    |
| Government Issued Identification Card of patient ( 1 original) or Government Issued Identification Card of the representative (1 original) |   | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC                     |                 |                    |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. After the   | 1. Accept Prescription  | None  | 1 hour          | Clerk /            |

|   |   |      |            |                            |
|---|---|------|------------|----------------------------|
| Operation/Procedure:<br>Present and submit the Prescription/the duplicate copy of the OR Kit form (issued every morning to OR-Complex staff) and unused items | <p>and check validity, completeness of required information/look for the original copy of the OR kit form vs the duplicate copy surrendered by the patient/watcher</p> <p>1.1 Ask patient for Senior Citizen/PWD ID</p> <p>1.2 Instruct the patient/watcher to sit in front of the releasing counter/window and wait for their name to be called.</p> <p>1.3 Process and encode the transaction</p> <p>1.4 Print charges through Point of Sale (POS) printer</p> <p>1.5 Prepare the order of payment slip</p> |      |            | Pharmacist on duty         |
| 2. Approach receiving counter/window once name was called   | <p>2. Give to the patient/watcher and instruct to submit the following documents at the Philhealth office for outright deduction:</p> <ul style="list-style-type: none"> <li>-order of payment slip,</li> <li>-prescription/ ophthalmology OR kit form,</li> <li>-printed charges through Point of Sale (POS)</li> </ul> <p>2.1 Inform the patient/watcher to return to Pharmacy for clearance.</p>   | None | 10 minutes | Clerk / Pharmacist on duty |

|   |   |      |                    |                            |
|---|---|------|--------------------|----------------------------|
|   |   |      |                    |                            |
| 3. Submit the documents from Philhealth office at the Pharmacy receiving counter/window   | <p>3. Check submitted documents and copy the Official Receipt number of the amount paid on the order of payment slip if with additional payment</p> <p>3.1 Fill if with Prescription</p>  | None | 15 minutes         | Clerk / Pharmacist on duty |
| 4. Receive official receipt and purchased item/s (sign over printed name at the of the prescription – received by- or order slip to acknowledge receipt | <p>4. Receive signed prescription or order slip</p> <p>4.1 Sign over printed name at the of the prescription (issued by) or order slip</p> <p>Issue the items and official receipt to the client</p> <p>Stamp “cleared by” on the Post-Operative Instructions form of the patient</p> <p>Write the date, name of the patient, time, and discharged by in the Clearance Logbook.</p> | None | 15 minutes         | Pharmacist on duty         |
| <b>TOTAL:</b>   |   | None | 1 hour, 40 minutes |                            |

#### 46. Provision of Pharmacy Clearance

Provision of Pharmacy Clearance to Charity In-Patients and Pay In-Patients

|   |   |                        |                        |                              |
|---|---|------------------------|------------------------|------------------------------|
| <b>Office or Division:</b>  | SOJR Pharmacy – UP-PGH Pharmacy Department  |                        |                        |                              |
| <b>Classification:</b>  | Simple  |                        |                        |                              |
| <b>Type of Transaction:</b>   | G2C,G2G   |                        |                        |                              |
| <b>Who may avail:</b>   | PGH Charity In-Patients and Pay In-Patients   |                        |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |                              |
| Request for Clearance through Telegram  |   | SOJR-Ward              |                        |                              |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. SOJR-Ward send request for clearance through telegram (SOJR Pharmacy group chat) | 1. Check for pending charges of the patient<br><br>1.1 Encode pending charges through OPEN ERP<br><br>1.2 Print charges through Point of Sale (POS) printer | None                   | 30 minutes             | Clerk/<br>Pharmacist on duty |
| 2. Receive and confirm clearance through telegram (SOJR Pharmacy group chat)        | 2. Confirm clearance through Telegram (SOJR Pharmacy group chat)  | None                   | 5 minutes              | Clerk/<br>Pharmacist on duty |
| <b>TOTAL:</b>   |   | None                   | 35 minutes             |                              |

## 47. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charity and Pay In-patients)

Provision of available needs of Charity and Pay In-patients

| <b>Office or Division:</b>  | SOJR Pharmacy – UP-PGH Pharmacy Department  |   |                 |                            |
|---|---|---|-----------------|----------------------------|
| <b>Classification:</b>  | Simple  |   |                 |                            |
| <b>Type of Transaction:</b>   | G2C,G2G   |   |                 |                            |
| <b>Who may avail:</b>   | PGH Charity and Pay In-patients   |   |                 |                            |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE                             |                 |                            |
| Pharmacy Requisition and Issue Voucher (RIV) for Individual patients (1 Original)<br>or<br>Patient Charge Slip (PCS)<br>or<br>PGH Prescription Form |   | SOJR Ward<br><br>SOJR Ward<br><br>SOJR Ward |                 |                            |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID                             | PROCESSING TIME | PERSON RESPONSIBLE         |
| 1. Submit RIV/PCS/Prescription at the receiving counter/window for checking and validation  | 1. Accept the request and check validity, completeness of required information<br><br>1.1 Instruct the client to sit and wait in front of the releasing window<br><br>1.2 Process the request and write the control number from Charge to patient logbook<br><br>1.3 Charge/encode the request in the OPEN ERP thru Charge to patient as the creditor<br><br>1.4 Fill the request | None  | 2 hours         | Clerk / Pharmacist on duty |
| 2. Approach releasing counter/window once name was called   | 2. Ask the client to sign over printed name in the space provided (received by) to acknowledge receipt  | None  | 5 minutes       | Pharmacist on duty         |

|  |  |      |                     |                    |
|--|--|------|---------------------|--------------------|
| 3. Sign over printed name at the back of the prescription (received by) to acknowledge receipt | 3. Receive signed prescription and charge slip<br><br>6.1 Sign over printed name on the charge slip and at the back of the prescription (issued by)<br><br>6.1 Issue the items | None | 30 minutes          | Pharmacist on duty |
| <b>TOTAL:</b>  |  | None | 2 hours, 35 minutes |                    |



#### 48. Acceptance of Request for 6 months Clinical Pharmacy Training Program from Pharmacists.

This program is designed for practitioners or postgraduates with a degree in Pharmacy or Industrial Pharmacy who wish to acquire knowledge, skills and attitudes integral in the practice of Clinical Pharmacy.

| <b>Office or Division:</b>   | Training and Research Section, UP-PGH Pharmacy Department  |   |                 |   |
|--|--|---|-----------------|---|
| <b>Classification:</b>   | Complex  |   |                 |   |
| <b>Type of Transaction:</b>  | G2C, G2G   |   |                 |   |
| <b>Who may avail:</b>  | All Registered Pharmacists   |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |   |
| Letter of intent and/or recommendation addressed to the Hospital Director through the Chief Pharmacist for MOA preparation               |  | trainee/ employer<br>Note: indicate two (2) signatories for the MOA |                 |   |
| Curriculum vitae with picture (2x2 or passport size, white background)   |  |   |                 |   |
| One 1x1 ID picture (white background)  |  |   |                 |   |
| Two 2x2 ID picture (white background)  |  |   |                 |   |
| Medical certificate indicating trainee is fit to undergo training  |  | Physician of choice or hospital where applicant is employed         |                 |   |
| Accomplished medical history/vaccination/antibody titers   |  | TRS Pharmacy Department (to be emailed to trainee)                  |                 |   |
| Membership to the Philippine Pharmacists Association (PPhA)  |  | Philippine Pharmacists Association (PPhA)                           |                 |   |
| Official Receipt   |  | Cashier   |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the letter of intent or recommendation by the Chief Pharmacist and Chief/Director of the hospital personally or through email. | 1. Accept or download the letter from the email.   | None  | 1 hour          | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|  | 1.1. Coordinate with trainee for available schedule of training through email<br><br>(Note: Await response from trainee) | None  | 1 hour          | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 2. Confirm through email the agreed schedule of training   | 2. Acknowledge confirmation of agreed schedule and send the list of other  | None  | 1 hour          | Clinical Pharmacy Training Coordinator,                                 |

|   |   |                                 |  |   |
|---|---|---------------------------------|--|---|
|   | training requirements.  |                                 |  | Training Research Section (TRS)   |
|   | 2.1 Indicate the schedule of the training period and forward the letter of intent/ recommendation to the Office of the Chief/OIC for endorsement to the Director.   | None                            | 2 Days upon receipt                                | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|   | 2.2 Receive from Legal office the signed MOA (PGH signatories)<br><br>2.3 Coordinate with trainees the name of receiver and address to which the MOA will be forwarded to.<br><br>(Note: Await response from trainee) | None                            | 2 days upon receipt of receiver's name and address | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 3. Inform PGH Pharmacy the name of receiver and address to which the MOA will be forwarded to.  | 3. Send through courier the signed MOA by PGH (1 <sup>st</sup> Party) for signature of the second party.  | Amount subject to Courier's fee | 2 days   | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|   | 3.1 Prepare letter to HRDD for preparation of IDs   | None                            | 1 hour   | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 4. Receive from courier the MOA sent by PGH Pharmacy.<br>4.1 Have it signed by the signatories (trainee/ or employer if employed) then have it notarized. | 4. Receive and check the submitted 1 original copy and 5 photocopies of MOA then send to Legal Office for filing.   | None                            | 30 minutes   | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |

|   |  |   |                               |   |
|---|--|---|-------------------------------|---|
| 4.2 Photocopy<br>(5 copies for 1 <sup>st</sup> party)<br>(1 copy for 2 <sup>nd</sup> party)<br>4.3 Send back to<br>PGH on or before the<br>start of the training<br>personally or through<br>courier. |  |   |                               |   |
| 5. Payment of fees  | 5. Instruct trainees to<br>pick up ID in HRDD<br>and settle payment in<br>Cash Division. | ID- Php<br>50.00<br><br>Php<br>5665.00<br>per month   | 1 hour                        | Clinical<br>Pharmacy<br>Training<br>Coordinator,<br>Training<br>Research<br>Section (TRS) |
| 6. Present OR as<br>proof of payment to<br>TRS office   | 6. Receive OR and<br>secure 1 photocopy<br>for filing                                    | None  | 15 minutes                    | Clinical<br>Pharmacy<br>Training<br>Coordinator,<br>Training<br>Research<br>Section (TRS) |
| <b>TOTAL:</b>   |  | ID Fee –<br>Php 50.00<br>+<br>Php<br>5,665.00<br>+ Amount<br>subject to<br>Courier's<br>Fee | 5 days, 5 hours<br>45 minutes |   |

#### 49. Acceptance of Request for 3 months Clinical Pharmacy Training Program from Pharmacy Students

This program is designed for Pharmacy students who wish to acquire knowledge, skills and attitudes integral in the practice of Clinical Pharmacy.

| <b>Office or Division:</b>   | Training and Research Section, UP-PGH Pharmacy Department  |   |                 |   |
|--|--|---|-----------------|---|
| <b>Classification:</b>   | Complex  |   |                 |   |
| <b>Type of Transaction:</b>  | G2C  |   |                 |   |
| <b>Who may avail:</b>  | 5 <sup>th</sup> year Clinical Pharmacy students  |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |   |
| Letter of recommendation addressed to the Hospital Director thru the Chief Pharmacist for MOA preparation  |  | Dean of College of Pharmacy<br>Note: indicate two (2) signatories for the MOA |                 |   |
| Curriculum vitae with picture (2x2 or passport size, white background)                                     |  |   |                 |   |
| One 1x1 ID picture (white background)  |  |   |                 |   |
| Two 2x2 ID picture (white background)  |  |   |                 |   |
| Medical certificate  |  | Physician of choice   |                 |   |
| Accomplished medical history/vaccination/antibody titers   |  | TRS Pharmacy Department (to be emailed to trainee)                            |                 |   |
| CHED certificate of accreditation  |  | CHED, Department of Education   |                 |   |
| Official Receipt   |  | Cashier   |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the letter of recommendation by the Dean of the College of Pharmacy personally or through email. | 1. Accept or download the letter.  | None  | 1 hour          | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|  | 1.1. Coordinate with the college for available schedule of training through email.<br><br>(Note: Awaits response from trainee) | None  | 1 hour          | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 2. Confirm through email the agreed schedule of training   | 2. Acknowledge confirmation of agreed schedule and send the list of other training requirements.                               | None  | 1 hour          | Clinical Pharmacy Training Coordinator, Training Research               |

|   |  |                                 |  | Section (TRS)   |
|---|--|---------------------------------|--|---|
|   | 2.1 Indicate the schedule of the training period and forward the letter of recommendation to the Office of the Chief/OIC for endorsement to the Director.  | None                            | 2 Days upon receipt                                | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|   | 2.2 Receive from Legal office the signed MOA (PGH signatories) and coordinate with trainees the name of receiver and address to which the MOA will be forwarded to<br><br>(Note: Await response from student/school) | None                            | 2 days upon receipt of receiver's name and address | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 3. Inform PGH Pharmacy the name of receiver and address to which the MOA will be forwarded to.  | 3. Send through courier the signed MOA by PGH (1 <sup>st</sup> Party) for signature of the second party.   | Amount subject to Courier's fee | 1 day  | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|   | 3.1 Prepare letter to HRDD for preparation of ID   | None                            | 1 hour   | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 4. Receive from courier the MOA sent by PGH Pharmacy<br>4.1 Have it signed by the signatories (trainee/ or employer if employed) then have it notarized.<br>4.2 Photocopy (5 copies for 1 <sup>st</sup> party) (1 copy for 2 <sup>nd</sup> party) | 4. Receive and check the submitted 1 original copy and 5 photocopies of MOA then send to Legal Office for filing.  | None                            | 30 minutes   | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |

|  |   |   |                                |   |
|--|---|---|--------------------------------|---|
| 4.3 Send back to PGH on or before the start of the training personally or through courier. |   |   |                                |   |
| 5. Payment of fees   | 5. Instruct trainees to pick up ID in HRDD and settle payment in Cash Division. | ID- P50.00<br>P5665.00 per month  | 1 hour                         | Clinical Pharmacy Training Coordinator, Training Research Section (TRS)           |
| 6. Present OR as proof of payment to TRS office  | 6. Receive OR and secure 1 photocopy for filing                                 | None  | 15 minutes                     | Clinical Pharmacy Training Coordinator, Training Research Section (TRS)/TRS clerk |
| <b>TOTAL:</b>  |   | ID Fee –<br>Php 50.00<br>+<br>Php<br>5,665.00<br>+ Amount<br>subject to<br>Courier's<br>Fee | 5 days, 5 hours,<br>45 minutes |   |

## 50. Acceptance of Request for Clinical Pharmacy Observership Program from Hospital Pharmacists

This program is designed for licensed pharmacists to provide an overview of Clinical Pharmacy activities in the hospital. Orientation, lectures and limited rotation in the wards and pharmacy areas will be provided.

| <b>Office or Division:</b>   | Training and Research Section, UP-PGH Pharmacy Department   |  |                 |   |
|--|---|--|-----------------|---|
| <b>Classification:</b>   | Complex   |  |                 |   |
| <b>Type of Transaction:</b>  | G2G, G2B  |  |                 |   |
| <b>Who may avail:</b>  | Hospital Pharmacists  |  |                 |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE  |                 |   |
| Letter of intent and/or recommendation addressed to the Hospital Director through the Chief Pharmacist for MOA preparation             |   | Trainee/Employer<br>Note: indicate two (2) signatories for the MOA |                 |   |
| Curriculum vitae with picture (2x2 or passport size, white background)   |   |  |                 |   |
| One 1x1 ID picture (white background)  |   |  |                 |   |
| Two 2x2 ID picture (white background)  |   |  |                 |   |
| Medical certificate  |   | Physician of choice or hospital where applicant is employed        |                 |   |
| Accomplished medical history/vaccination/antibody titers   |   | TRS Pharmacy Department (to be emailed to trainee)                 |                 |   |
| Membership to the Philippine Pharmacists Association (PPhA)  |   | Philippine Pharmacists Association (PPhA)                          |                 |   |
| Official Receipt   |   | Cashier  |                 |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the letter of intent/ recommendation by the Chief Pharmacist and Chief/Director of the hospital personally or through email. | 1. Accept or download the letter from the email.  | None   | 1 hour          | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|  | 1.1. Coordinate with trainee for available schedule of training through email.<br><br>(Note: Await response from trainee) | None   | 1 hour          | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 2. Confirm through email the agreed schedule of training   | 2. Acknowledge confirmation of agreed schedule and send the list of other   | None   | 1 hour          | Clinical Pharmacy Training Coordinator,                                 |

|  |   |                                 |  |   |
|--|---|---------------------------------|--|---|
|  | training requirements.  |                                 |  | Training Research Section (TRS)   |
|  | 2.1 Indicate the schedule of the training period and forward the letter of intent/ recommendation to the Office of the Chief/OIC for endorsement to the Director.   | None                            | 2 days upon receipt                                | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|  | 2.2 Receive from Legal office the signed MOA (PGH signatories) and coordinate with trainees the name of receiver and address to which the MOA will be forwarded to<br><br>(Note: Await response from trainee) | None                            | 2 days upon receipt of receiver's name and address | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 3. Inform PGH Pharmacy the name of receiver and address to which the MOA will be forwarded to.   | 3. Send through courier the signed MOA by PGH (1 <sup>st</sup> Party) for signature of the second party.  | Amount subject to Courier's fee | 1 day  | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
|  | 3.1 Prepare letter to HRDD for preparation of ID  | None                            | 1 hour   | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |
| 4. Receive from courier the MOA sent by PGH Pharmacy.<br>4.1 Have it signed by the signatories (trainee/ or employer if employed) then | 4. Receive and check the submitted 1 original copy and 5 photocopies of MOA then send to Legal Office for filing.   | None                            | 30 minutes   | Clinical Pharmacy Training Coordinator, Training Research Section (TRS) |



|   |  |   |                       |   |
|---|--|---|-----------------------|---|
| have it notarized.<br>4.2 Photocopy<br>(5 copies for 1 <sup>st</sup> party)<br>(1 copy for 2 <sup>nd</sup> party)<br>4.3 Send back to<br>PGH on or before the<br>start of the training<br>personally or through<br>courier. |  |   |                       |   |
| 5. Payment of fees  | 5. Instruct trainees to<br>pick up ID in HRDD<br>and settle payment in<br>Cash Division. | ID- Php<br>50.00<br><br>Php<br>5665.00<br>per month                                       | 1 hour                | Clinical<br>Pharmacy<br>Training<br>Coordinator,<br>Training<br>Research<br>Section (TRS)                 |
| 6. Present OR as<br>proof of payment to<br>TRS office   | 6. Receive OR and<br>secure 1 photocopy<br>for filing                                    | None  | 15 minutes            | Clinical<br>Pharmacy<br>Training<br>Coordinator,<br>Training<br>Research<br>Section<br>(TRS)/TRS<br>Clerk |
|   | <b>TOTAL:</b>  | ID- P50.00<br><br>P5665.00<br>per month<br><br>+ Amount<br>subject to<br>Courier's<br>fee | 6 days,<br>45 minutes |   |

## 51. Conduct of Training Programs

The training programs are conducted from 8:00 to 4:00pm, Mondays to Friday at the TRS office or at the Pharmacy Conference Room by the assigned Training coordinators.

| <b>Office or Division:</b>   | Training and Research Section, UP-PGH Pharmacy Department   |                 |                                |   |
|--|---|-----------------|--------------------------------|---|
| <b>Classification:</b>   | Highly Technical  |                 |                                |   |
| <b>Type of Transaction:</b>  | G2B, G2G  |                 |                                |   |
| <b>Who may avail:</b>  | Pharmacists/Pharmacy students   |                 |                                |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE |                                |   |
| 1 original copy of MOA between PGH and trainee/Hospital and 5 photocopies.   |   |                 |                                |   |
| Temporary PGH ID (1 original)  |   | HRDD            |                                |   |
| Official receipt (1 original copy)   |   | Cashier         |                                |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME                | PERSON RESPONSIBLE                                  |
| 1. Present proof of payment  | 1. Receive proof of payment and secure photocopy for filing   | None            | 30 minutes                     | CPTP training Coordinator, TRS/TRS clerk            |
| 2. Attend the orientation lecture on the 1 <sup>st</sup> day of training     | 2. Provide orientation lecture.   | None            | 1 day                          | CPTP training Coordinator, TRS                      |
| 3. Attend lectures/ exams and participate in activities as per schedule      | 3. Provide lectures, exams and other activities as per training module. (note: refer to PGH Training Manual for the duration of the training) | None            | (paused-clock)                 | CPTP training Coordinator, TRS                      |
|  | 3.1 Prepare and print Certificate of Training to be awarded on the last day of training   | None            | 1 day                          | CPTP training Coordinator, TRS                      |
|  | 3.2 Forward certificates for signature of signatories   | None            | 1 day (paused-clock)           | CPTP training Coordinator, TRS                      |
| 4. Attend awarding of certificate to trainee at the Pharmacy Conference Room | 4. Award certificate  | None            | 1 day                          | CPTP training Coordinator, TRS/TRS Supervisor/Chief |
|  | 4.1 Submit final grade to the office of the Chief for Approval  | None            | 7 days after the last activity | CPTP training Coordinator, TRS                      |

|   |   |      |                     |                                |
|---|---|------|---------------------|--------------------------------|
|   |   |      |                     |                                |
| 5. Check the final grade at the TRS office. | 5. Present the final grade to the trainee | None | 15 minutes          | CPTP training Coordinator, TRS |
| <b>TOTAL:</b>                               |   | None | 10 days, 45 minutes |                                |

## 52. Acceptance of Pharmacy Students for Minor (200 hours) and Major (360 hours) Hospital Pharmacy Internship Program

This program is offered to Pharmacy students who have completed their minor community pharmacy internship and Pharmacy students who have completed their minor hospital pharmacy internship as well as the Clinical Pharmacy subject in their schools/universities/colleges, respectively.

|   |   |  |  |
|---|---|--|--|
| <b>Office or Division:</b>  | Training and Research Section, UP-PGH Pharmacy Department   |  |  |
| <b>Classification:</b>  | Complex   |  |  |
| <b>Type of Transaction:</b>   | G2B, G2G  |  |  |
| <b>Who may avail:</b>   | Pharmacy students who have completed their minor community pharmacy internship ( <b>Minor Hospital Pharmacy Internship</b> ); Pharmacy students who have completed their minor hospital pharmacy internship and have taken and passed Clinical Pharmacy subject in their respective schools/universities/colleges ( <b>Major Hospital Pharmacy Internship</b> ) |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |  |
| Letter of intent and/or recommendation addressed to the Hospital Director through the Chief Pharmacist for MOA preparation  |   | Letter from the Dean or endorsed by the Dean, College of Pharmacy<br>Note: indicate the names of students and the names of two (2) signatories for the MOA |  |
| Certificate of minor community pharmacy internship (original and photocopy) for <b>Minor Hospital Pharmacy Internship Program</b>   |   |  |  |
| Certificate of minor hospital pharmacy internship (original and photocopy) for <b>Major Hospital Pharmacy Internship Program</b>  |   |  |  |
| Curriculum vitae with picture (2x2 or passport size, white background)  |   |  |  |
| Accomplished Hospital Pharmacy Internship Waiver and Consent Form   |   | Secure forms from Training and Research Section office   |  |
| Accomplished Hospital Pharmacy Internship Waiver and Permission Form  |   | Secure forms from Training and Research Section office   |  |
| Accomplished Hospital Pharmacy Internship Waiver and Consent Form for Rotation in the Oncology Pharmacy   |   | Secure forms from Training and Research Section office   |  |
| Accomplished Personnel Directory Form   |   | Secure forms from Training and Research Section office   |  |
| Long brown envelope in a plastic envelope with the following information written at the back upper left corner<br>a. complete name (surname first)<br>b. school<br>c. contact no. (cellphone)<br>d. email address |   |  |  |
| Three 1x1 ID picture (white background)(name & school written at the  |   |  |  |

| back)   |  |                                     |                                    |   |
|---|--|-------------------------------------|------------------------------------|---|
| One 2x2 ID picture (white background)(name & school written at the back)  |  |                                     |                                    |   |
| One notebook filler (7inches x10inches)   |  |                                     |                                    |   |
| CHED certificate of Accreditation   |  | CHED, Department of Education       |                                    |   |
| Photocopy of government-issued ID (with signature) of parents/guardians who will sign the waiver forms                    |  |                                     |                                    |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                     | PROCESSING TIME                    | PERSON RESPONSIBLE  |
| 1. Submit the letter of intent from the dean or endorsed by the dean of College of Pharmacy, personally or through email. | 1. Accept or download the letter   | None                                | 1 hour                             | Internship Coordinator, Training and Research Section (TRS) |
|   | 1.1 Coordinate with internship coordinator of the school for schedule confirmation through acknowledgement email   | None                                | 2 hours<br>( <i>paused-clock</i> ) | Internship Coordinator, Training and Research Section (TRS) |
|   | 1.2. Indicate the schedule of the training period and forward the letter of intent to the director's office through channels   | None                                | 4 days                             | Internship Coordinator, Training and Research Section (TRS) |
|   | 1.3 Receive from Legal office the signed MOA (PGH signatories) and coordinate with the school internship coordinator where and how to send the MOA or when to pick-up the MOA.<br><br>(Note: Await response of school) | None                                | 1 day upon receipt                 | Internship Coordinator, Training and Research Section (TRS) |
| 2. Coordinate with Training and Research Section (TRS) as to when to  | 2. Endorse the MOA signed by PGH (1 <sup>st</sup> Party) to the school/college/univer  | None or Amount subject to courier's | 1 day<br>( <i>paused-clock</i> )   | Internship Coordinator, Training and Research               |

|  |  |  |         |   |
|--|--|--|---------|---|
| pick up the MOA or where to send the MOA if it is to be sent through courier.  | sity for signature of the second party upon pick-up or send through courier.   | fee  |         | Section (TRS)   |
|  | 2.1 Prepare letter to director for preparation of ID by HRDD.  | None   | 1 hour  |   |
| <p>3. Receive the MOA and have it signed by the signatories and notarized.</p> <p>3.1. Prepare 6 photocopies of the MOA:<br/>(5 copies for 1<sup>st</sup> party)<br/>(1 copy for 2<sup>nd</sup> party)</p> <p>3.2. Submit the MOA and photocopies and the rest of the requirements 1 month before the start of internship.</p> | 3. Receive and check submitted 1 original copy and 5 photocopies of the MOA and requirements for completeness. then send to Legal Office for filing. | None   | 2 hours | Internship Coordinator, Training and Research Section (TRS) |
| 4. Payment of fees   | <p>4. Instruct the students or internship coordinator to settle payment at the Cash Division</p> <p>(Note: Await OR from student/school)</p>         | <p><b>Minor Hospital Pharmacy Internship Program:</b>Php 1,740.00 (non-UP students) or Php 615.00 (UP students)</p> <p><b>Major Hospital Pharmacy Internship Program:</b> Php 4,260.00 (non-UP students) or Php 1,425.00 (UP students)</p> | 1 hour  | Internship Coordinator, Training and Research Section (TRS) |

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|  |  |  |        |   |
| 5. Present OR as proof of payment to TRS office. | 5. Receive OR and secure 1 photocopy for filing. | None   | 1 hour | Internship Coordinator, Training and Research Section (TRS)/TRS clerk |
| <b>TOTAL:</b>                                    |  | <b>Minor Hospital Pharmacy Internship Program:</b><br>Php 1,740.00 (non-UP students)<br>or Php 615.00 (UP students)<br><b>Major Hospital Pharmacy Internship Program:</b><br>Php 4,260.00 (non-UP students)<br>or Php 1,425.00 (UP students) | 6 days |   |

### 53. Acceptance of Request for 1 month Aseptic Dispensing Program (TPN & Oncology)

This program is designed for practitioners or postgraduates with a degree in Pharmacy or Industrial Pharmacy who wish to acquire knowledge and skill in preparing Total Parenteral Nutrition (TPN) and Oncology products.

| <b>Office or Division:</b>   | Training and Research Section, UP-PGH Pharmacy Department  |   |                 |   |
|--|--|---|-----------------|---|
| <b>Classification:</b>   | Complex  |   |                 |   |
| <b>Type of Transaction:</b>  | G2C, G2G   |   |                 |   |
| <b>Who may avail:</b>  | All Registered Pharmacists   |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |   |
| Letter of intent and/or recommendation addressed to the Hospital Director through the Chief Pharmacist for MOA preparation               |  | trainee/ employer<br>Note: indicate two (2) signatories for the MOA |                 |   |
| Curriculum vitae with picture (2x2 or passport size, white background)   |  |   |                 |   |
| One 1x1 ID picture (white background)  |  |   |                 |   |
| Two 2x2 ID picture (white background)  |  |   |                 |   |
| Medical certificate indicating trainee is fit to undergo training  |  | Physician of choice or hospital where applicant is employed         |                 |   |
| Accomplished medical history/vaccination/antibody titers   |  | TRS Pharmacy Department (to be emailed to trainee)                  |                 |   |
| Membership to the Philippine Pharmacists Association (PPhA)  |  | Philippine Pharmacists Association (PPhA)                           |                 |   |
| Official Receipt   |  | Cashier   |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the letter of intent or recommendation by the Chief Pharmacist and Chief/Director of the hospital personally or through email. | 1. Accept or download the letter from the email.   | None  | 1 hour          | TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS) |
|  | 1.1. Coordinate with trainee for available schedule of training through email<br><br>(Note: Await response from trainee) | None  | 1 hour          | TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS) |
| 2. Confirm through email the agreed schedule of training   | 2. Acknowledge confirmation of agreed schedule and send the list of other  | None  | 1 hour          | TPN/Oncology Pharmacy Training Coordinator,                                 |



|   |   |                                 |  |   |
|---|---|---------------------------------|--|---|
|   | training requirements.  |                                 |  | Training Research Section (TRS)   |
|   | 2.1 Indicate the schedule of the training period and forward the letter of intent/ recommendation to the Office of the Chief/OIC for endorsement to the Director.   | None                            | 2 Days upon receipt                                | TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS) |
|   | 2.2 Receive from Legal office the signed MOA (PGH signatories)<br><br>2.3 Coordinate with trainees the name of receiver and address to which the MOA will be forwarded to.<br><br>(Note: Await response from trainee) | None                            | 2 days upon receipt of receiver's name and address | TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS) |
| 3. Inform PGH Pharmacy the name of receiver and address to which the MOA will be forwarded to.  | 3. Send through courier the signed MOA by PGH (1 <sup>st</sup> Party) for signature of the second party.  | Amount subject to Courier's fee | 2 days   | TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS) |
|   | 3.1 Prepare letter to HRDD for preparation of IDs   | None                            | 1 hour   | TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS) |
| 4. Receive from courier the MOA sent by PGH Pharmacy.<br>4.1 Have it signed by the signatories (trainee/ or employer if employed) then have it notarized. | 4. Receive and check the submitted 1 original copy and 5 photocopies of MOA then send to Legal Office for filing.   | None                            | 30 minutes   | TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS) |

|   |  |  |            |   |
|---|--|--|------------|---|
| 4.2 Photocopy<br>(5 copies for 1 <sup>st</sup> party)<br>(1 copy for 2 <sup>nd</sup> party)<br>4.3 Send back to<br>PGH on or before the<br>start of the training<br>personally or through<br>courier. |  |  |            |   |
| 5. Payment of fees  | 5. Instruct trainees to<br>pick up ID in HRDD<br>and settle payment in<br>Cash Division. | ID- Php<br>50.00<br><br>Php<br>9,070.00<br>per month | 1 hour     | TPN/Oncology<br>Pharmacy<br>Training<br>Coordinator,<br>Training<br>Research<br>Section (TRS) |
| 6. Present OR as<br>proof of payment to<br>TRS office   | 6. Receive OR and<br>secure 1 photocopy<br>for filing                                    | None   | 15 minutes | TPN/Oncology<br>Pharmacy<br>Training<br>Coordinator,<br>Training<br>Research<br>Section (TRS) |

# Pharmacy Department

## Internal Services

## 1. FLOOR STOCK (Fluphenazine decanoate ampule)

Provision of available needs of UP-PGH Department

|  |   |                        |                        |                               |
|--|---|------------------------|------------------------|-------------------------------|
| <b>Office or Division:</b>   | OPD – UP-PGH Pharmacy Department  |                        |                        |                               |
| <b>Classification:</b>   | Simple  |                        |                        |                               |
| <b>Type of Transaction:</b>  | G2G   |                        |                        |                               |
| <b>Who may avail:</b>  | UP-PGH Departments  |                        |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |                               |
| Requisition and Issue Slip (RIS) of request  |   | Department's Chair     |                        |                               |
| Disposition Sheet  |   | Pharmacy Department    |                        |                               |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Submit RIS and Disposition sheet at Receiving Window                                  | 1.1.Accept request, filled disposition sheet<br>1.2 Inform client that they will receive a call if request is ready for pick-up   | None                   | 2 minutes              | Clerk/<br>Pharmacist on duty  |
| 2. Return to clinic and wait for the notice of Pharmacy if request is ready for pick up  | 2.1 Check for the completeness of the disposition sheet<br>2. 2Assigns control number on the RIS<br>2.3 Process and fill RIS<br>(Refer to Guidelines on Processing and filling of RIS<br>2.4 Call the clinic that disposition sheet and item is ready for pick up | None                   | 30 minutes             | Pharmacist on duty            |
| 3. Proceed to Pharmacy and receive the item, disposition sheet and duplicate copy of RIS | 3.1 Issue processed item, disposition sheet and duplicate copy of the RIS<br>3.2 Request to sign over printed name on the space provided for in the RIS.  | None                   | 2 minutes              | Pharmacist on duty            |
| 4. Sign over printed name on the space provided in the RIS.                              | 4.1 Accepts the signed original RIS.  | None                   | 1 minute               | Pharmacist on duty            |
|  | 4.2 Encode requested item to Open ERP<br>4.3 File the   | None                   | 5 minutes              | Clerk /<br>Pharmacist on duty |

|               |                   |  |            |  |
|---------------|-------------------|--|------------|--|
|               | disposition sheet |  |            |  |
| <b>TOTAL:</b> |                   |  | 40 minutes |  |

## 2. Clinical Pharmacy Services, UP-PGH Department of Pharmacy

### Provision of Drug Information

|   |  |                                   |                        |                           |
|---|--|-----------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>                | Clinical Pharmacy Services   |                                   |                        |                           |
| <b>Classification:</b>                    | Highly Technical   |                                   |                        |                           |
| <b>Type of Transaction:</b>               | G2G  |                                   |                        |                           |
| <b>Who may avail:</b>                     | Doctors, nurses, pharmacists, other members of the healthcare team   |                                   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>          |  | <b>WHERE TO SECURE</b>            |                        |                           |
| Drug Information Worksheet (Form)         |  | Clinical Pharmacy Services Office |                        |                           |
| Electronic medical record                 |  | RADISH                            |                        |                           |
| <b>CLIENT STEPS</b>                       | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Inquiry pertaining to drug information | 1. Clarify the needed information. Probe/Ask for additional necessary information regarding the concern, if needed     | None                              | 10 minutes             | Pharmacist                |
|   | 1.1 Research on the answer to the drug information inquiry   | None                              | 1 hour                 | Pharmacist                |
|   | 1.2 Relay answer to the drug information inquiry   | None                              | 30 minutes             | Pharmacist                |
|   | 1.3 Document drug information using the Drug Information Worksheet or via an entry in RADISH electronic medical record | None                              | 30 minutes             | Pharmacist                |
| <b>TOTAL:</b>                             |  | None                              | 2 hours, 10 minutes    |                           |

### 3. Clinical Pharmacy Services, UP-PGH Department of Pharmacy

Provision of Pharmacist's Interventions in Unit Dose Drug Distribution Services/ Clinical Pharmacy Areas

|   |  |                                   |                        |                           |
|---|--|-----------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>                      | Clinical Pharmacy Services   |                                   |                        |                           |
| <b>Classification:</b>                          | Highly Technical   |                                   |                        |                           |
| <b>Type of Transaction:</b>                     | G2G  |                                   |                        |                           |
| <b>Who may avail:</b>                           | Doctors, nurses, pharmacists, other members of the healthcare team   |                                   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                |  | <b>WHERE TO SECURE</b>            |                        |                           |
| Electronic medical chart                        |  | RADISH                            |                        |                           |
| Patient Medication Profile (PMP)                |  | Clinical Pharmacy Services Office |                        |                           |
| Pharmacist's Notes (form)                       |  | Clinical Pharmacy Services Office |                        |                           |
| <b>CLIENT STEPS</b>                             | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Prepare entries in the patient medical chart | 1. Review the patient's electronic medical chart via RADISH  | None                              | 30 minutes             | Pharmacist                |
|   | 1.1 Take note of drug orders using a Patient Medication Profile  | None                              | 30 minutes             | Pharmacist                |
|   | 1.2 Take note of pertinent data in the chart including laboratory test results, etc.   | None                              | 30 minutes             | Pharmacist                |
|   | 1.3 Countercheck drug orders with the therapeutic sheet  | None                              | 30 minutes             | Pharmacist                |
|   | 1.4 Interview concerned healthcare personnel for any questions, concerns   | None                              | 30 minutes             | Pharmacist                |
|   | 1.5 Evaluate patient drug therapy for actual and/or potential drug therapy problems  | None                              | 1 hour 30 minutes      | Pharmacist                |
|   | 1.6 Prepare Pharmacist's Intervention. Document using Pharmacist's Notes Form or through an entry in the electronic medical chart. | None                              | 30 minutes             | Pharmacist                |
|   | 1.7 Coordinate with concerned healthcare personnel to resolve the drug therapy problem   | None                              | 30 minutes             | Pharmacist                |

|        |      |         |  |
|--------|------|---------|--|
| TOTAL: | None | 5 hours |  |
|--------|------|---------|--|



#### 4. Provision of all Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to UP System's Fund)

Provision of available needs of Pharmacy UPHS Diliman / Pharmacy UPHS Los Baños

|   |  |                                      |                 |  |
|---|--|--------------------------------------|-----------------|--|
| Office or Division:   | Main Pharmacy – UP-PGH Pharmacy Department   |                                      |                 |  |
| Classification:   | Complex  |                                      |                 |  |
| Type of Transaction:  | G2G  |                                      |                 |  |
| Who may avail:  | Pharmacy UPHS Diliman / Pharmacy UPHS Los Baños  |                                      |                 |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                      |                 |  |
| Letter of request (scanned advance copy sent to email)                                  |  | Director of respective system        |                 |  |
| List of requests (scanned advance copy sent to email)                                   |  | Pharmacy Department (UPHS Diliman)   |                 |  |
| Or  |  |                                      |                 |  |
| Request for Quotation (scanned advance copy sent to email)                              |  | Pharmacy Department (UPHS Los Baños) |                 |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                      | PROCESSING TIME | PERSON RESPONSIBLE                     |
| 1. Provide email letter of request and list of requested items or request for quotation | 1.1 Download and print letter and list of requests or request for quotation                                  | None                                 | 15 minutes      | Senior Pharmacist / Pharmacist on duty |
|   | 1.2 Inform client through email that they will receive an email notification if request is ready for pick-up |                                      |                 |  |
|   | 1.3. Forward letter to the Office of the Chief for endorsement for approval of the Director                  |                                      |                 |  |
|   | 1.4 Request to PSD via OERP requested items, print RIS and endorse to the Office of the Chief for Approval   |                                      | 2 hours         |  |
|   | 1.5 Endorse approved RIS to PSD CS unit  |                                      |                 |  |

|   |  |      |  |  |
|---|--|------|--|--|
|   | <p>1.6 Receive deliveries of requested items from PSD CS unit</p> <p>(Note: Refer to Guidelines on Receiving Deliveries)</p> <p>1.7. Request ITO for enrollment of requested items to UP System Pricelist</p> <p>1.8 Process and fill requested items</p> <p>(Note: Refer to Guidelines on Processing and filling of RIS)</p> <p>1.9 Prepare and print the quotation</p> <p>1.10 Endorse to accounting clerk for billing</p> <p>1.11Submits the billing statement and quotation to the Office of the Chief for approval and endorsement to the Director's Office for approval</p> <p>1.12 E-mail the requesting system that request is ready for pick up</p> | None | <p>1 day</p> <p>2 days</p> <p>4 hours</p> <p>1 day</p> <p>2 days</p> | Senior Pharmacist / Pharmacist on duty |
| 2. Proceed to Pharmacy to receive requested items | <p>2.1 Checks the items listed on the quotation</p> <p>2.2. Request to sign over printed name on the space provided on the quotation</p>   | None | 1 hour   | Senior Pharmacist / Pharmacist on duty |

|   |   |   |            |   |
|---|---|---|------------|---|
| 3. Sign over printed name on the quotation to acknowledge receipt | 3.1 Accept copy of signed quotation<br><br>3.2 Issues the items, original quotation and billing statement   |   | 30 minutes | Senior Pharmacist / Pharmacist on duty  |
| 4.. Receive the item, quotation and billing statement             | 4.1 Present to guard on duty the copy of signed quotation as gate pass<br><br>4.2 Record quotation number, system's name and number of boxes released and return quotation to Senior Pharmacist<br><br>4.3 File quotation, copy of billing statement and wait for the system to return to pay their bill. | <i>Please refer to the schedule of fees (subject to change)</i><br><br>None<br><br><br><br><br><br><br>None | 15 minutes | Senior Pharmacist / Pharmacist on duty<br><br>Guard on-duty<br><br><br><br><br><br><br>Senior Pharmacist / Pharmacist on duty |
| <b>TOTAL:</b>   |   | <i>Please refer to the schedule of fees</i>   | 7 days     |   |

## 5. Provision of all Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Department's Fund)

Provision of available needs of UP-PGH Department

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>                              | Main Pharmacy – UP-PGH Pharmacy Department  |                        |                        |  |
| <b>Classification:</b>                                  | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>                             | G2G   |                        |                        |  |
| <b>Who may avail:</b>                                   | UP-PGH Departments  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                        |   | <b>WHERE TO SECURE</b> |                        |  |
| Requisition and Issue Slip (RIS) of request ( Original) |   | Department's Chair     |                        |  |
| <b>CLIENT STEPS</b>                                     | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Submit RIS at Receiving Window                       | 1. Accept request and check the completeness of information   | None                   | 5 minutes              | Senior Pharmacist / Pharmacist on duty |
|   | 1.1 Inform client that they will receive a call if request is ready for pick-up   |                        |                        |  |
|   | 1.2. Encode requested items to OERP, print and endorse to the Office of the Chief for Approval                                  | None                   | 1 hour                 |  |
|   | 1.3 Endorse approved RIS to respective PSD units (CS / PSD DMU / PSD MSU )  |                        |                        | Senior Pharmacist / Pharmacist on duty |
|   | 1.4 Receive deliveries of requested items from respective PSD units.<br><br>(Note: Refer to Guidelines on Receiving Deliveries) | None                   | 1 day                  |  |
|   | 1.5 Request ITO for enrollment of requested items to PGH Dept. Pricelist  | None                   | 2 days                 | Senior Pharmacist / Pharmacist on duty |

|   |   |      |            |  |
|---|---|------|------------|--|
|   | 1.6 Process and fill RIS<br><br>(Note: Refer to Guidelines on processing and filling of RIS)                    | None | 2 hours    | Senior Pharmacist / Pharmacist on duty |
|   | 1.7 Endorse to accounting clerk for billing   | None | 1 day      | Senior Pharmacist / Pharmacist on duty |
|   | 1.8 Attach billing statement to RIS   | None | 15 minutes | Senior Pharmacist / Pharmacist on duty |
|   | 1.9 Call the department that request is ready for pick up   |      |            |  |
| 2. Proceed to Pharmacy to receive requested items           | 2.1 Check items to issue<br><br>2.2 Request to sign over printed name on the space provided for in the RIS      | None | 1 hour     | Senior Pharmacist / Pharmacist on duty |
| 4. Sign over printed name on the RIS to acknowledge receipt | 4.1 Accept the signed original RIS<br><br>4.2 Issue processed items,copy of RIS and billing statement           | None | 15 minutes | Senior Pharmacist / Pharmacist on duty |
| 5. Receive the item,RIS and billing statement               | 5.1. Present to Guard on duty the copy of signed RIS as gate pass.  | None | 5 minutes  | Senior Pharmacist / Pharmacist on duty |
|   | 5.2 Record RIS number, department's name and number of boxes released and then return RIS to Senior Pharmacist. |      | 5 minutes  | Guard on duty                          |

|               |  |  |                  |  |
|---------------|--|--|------------------|--|
|               | 5.3 Provide accounting department with the billing statement |  | 15 minutes       | Senior Pharmacist / Pharmacist on duty |
| <b>TOTAL:</b> |  | <i>Please refer to the approved Schedule of fees</i> | 4 days , 5 hours |  |

## 6. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Department's Fund)

Provision of available needs of UP-PGH Department

|  |   |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>Office or Division:</b>   | OR Pharmacy – UP-PGH Pharmacy Department  |                        |                        |   |
| <b>Classification:</b>   | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>  | G2G   |                        |                        |   |
| <b>Who may avail:</b>  | Central Endoscopy Unit (CENDU)  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |   |
| Requisition and Issue Slip (RIS) of request (1 original)   |   | Department's Chair     |                        |   |
| Requisition for Dangerous Drug Preparation or Drug Preparation Containing Controlled Chemicals for In-Patient Use (For Dangerous Drug request. This can be issued to CENDU Nurses only) (1 original) |   | Physician In Charge    |                        |   |
| Approved and funded Budget Utilization Request (BUR) (1 original)  |   | Budget office          |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Encode request in the OERP, print and submit the approved RIS at Receiving Window   | 1. Accept the RIS and check for the completeness of information<br><br>1.1 Inform client to wait for a call if the RIS is ready for pick-up for budget approval | None                   | 15 minutes             | Senior Pharmacist / Pharmacist on duty                                  |
| 2. Return to respective office and wait for the notice of Pharmacy if request is ready for pick up   | 2. Process and fill the RIS<br><br>(Note: Refer to guidelines on Processing and Filling of RIS)   | None                   | 1 hour                 | Utility Worker/Clerk on duty/<br>Senior Pharmacist / Pharmacist on duty |
|  | 2.1 In the OERP, confirm and transfer the requested items and print at the back of the same RIS received from the client  | None                   | 45 mins                | Clerk on duty/<br>Senior Pharmacist / Pharmacist on duty                |
|  | 2.2 Call the department that RIS  | None                   | 15 minutes             | Senior Pharmacist /   |

|   |  |                                     |                     |  |
|---|--|-------------------------------------|---------------------|--|
|   | (with costing) is ready for pick up  |                                     |                     | Pharmacist on duty                     |
| 3. Proceed to Pharmacy and receive the duplicate copy of RIS with costing | 3. Instruct to proceed to Budget Services Division to process the funding of the RIS   | None                                | 15 minutes          | Senior Pharmacist / Pharmacist on duty |
| 4. Present RIS and approved BUR to receiving window                       | 4. Accept RIS and check if approved BUR funds corresponds to the costing.<br><br>4.1 Request to sign over printed name on the space provided in the RIS. | <i>Charged to Department's fund</i> | 30 minutes          | Senior Pharmacist / Pharmacist on duty |
| 5. Sign over printed name on the space provided in the RIS.               | 5. Issue processed items   | None                                | 1 hour, 30 minutes  | Senior Pharmacist / Pharmacist on duty |
| 6. Receive items and duplicate copy of RIS                                | 6. Accept signed original RIS and attach the approved BUR<br><br>6.1 Endorse to clerical section for preparation of report and filing.                   | None                                | 15 minutes          | Senior Pharmacist / Pharmacist on duty |
| <b>TOTAL:</b>   |  | <i>Charged to Department's fund</i> | 4 hours, 45 minutes |  |



## 7. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction - Ugnayan ng Pahinungod)

Provision of available needs of Ugnayan ng Pahinungod

| <b>Office or Division:</b>  | OR Pharmacy – UP-PGH Pharmacy Department   |                        |                 |  |
|---|--|------------------------|-----------------|--|
| <b>Classification:</b>  | Simple   |                        |                 |  |
| <b>Type of Transaction:</b>   | G2G  |                        |                 |  |
| <b>Who may avail:</b>   | Central Endoscopy Unit (CENDU)   |                        |                 |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE        |                 |  |
| Requisition and Issue Slip (RIS) of request   |  | Department's Chair     |                 |  |
| Official Receipt  |  | Cash Services Division |                 |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID        | PROCESSING TIME | PERSON RESPONSIBLE                           |
| 1. Submit RIS at Receiving Window for pricing   | 1. Accept request and check completeness of information<br><br>1.1 Inform client to wait for a call if request is ready for pick-up for budget approval                              | None                   | 15 minutes      | Senior Pharmacist / Pharmacist on duty       |
| 2. Return to respective office and wait for the notice of Pharmacy if request is ready for pick up                      | 2. Indicate price of each item in the RIS.<br><br>2.1 Call the department that RIS (with costing) is ready for pick up<br><br>(Note: Awaiting for representative to pick-up the RIS) | None                   | 4 hours         | Senior Pharmacist/ Clerk/ Pharmacist on duty |
| 3. Proceed to Pharmacy and receive RIS with costing   | 3. Issue RIS with costing<br><br>(Note: Awaiting for the return of RIS for processing)   | None                   | 15 minutes      | Senior Pharmacist / Pharmacist on duty       |
| 4. Present RIS to Receiving Window and inform which of the listed items will be bought and the quantity to be purchased | 4. Accept RIS and inform client to wait for a call if the request is ready for pick-up for payment   | None                   | 30 minutes      | Senior Pharmacist / Pharmacist on duty       |

|   |   |  |                    |   |
|---|---|--|--------------------|---|
| 5. Return to respective office and wait for the notice of Pharmacy if payment slip is ready for pick up | 5. Encode requested items to OERP, print and endorse to the Office of the Chief for Approval.   | None   | 4 hours            | Senior Pharmacist / Pharmacist on duty        |
|   | 5.1 Forward approved RIS to respective PSD units (CS / PSD DMU / PSD MSU )<br><br>(Note: Awaiting deliveries of stock)  | None   | 2 hours 30 minutes | Senior Pharmacist / Pharmacist on duty        |
|   | 5.2 Receive deliveries of requested items from respective PSD units. (Refer to Guidelines on Receiving Deliveries)  | None   | 1 day              | Senior Pharmacist / Pharmacist/ Clerk on duty |
|   | 5.3 Process and fill RIS<br>(Refer to Guidelines on Processing and filling of RIS)<br><br>5.4 Prepare payment slip (PCS)<br><br>5.5 Call the department that payment slip is ready for pick up<br><br>(Note: Awaiting for the representative to pick-up the payment slip) |  |                    |   |
| Approach the Receiving Window and ask for the payment slip (PCS)  | 6. Issue the PCS and instruct representative to pay at the Cash Services Division<br><br>(Note: Awaiting for the representative to process payment)   | <i>Please refer to the approved schedule of fees (subject to change)</i> | 30 minutes         | Senior Pharmacist / Pharmacist/ Clerk on duty |
| 7. Present to Receiving Window the stamped PCS and the Official Receipt                                 | 7. Accept PCS and Official Receipt<br><br>7.1 Photocopy the   | None   | 30 minutes         | Senior Pharmacist / Pharmacist/ Clerk on duty |

|  |  |  |                             |  |
|--|--|--|-----------------------------|--|
|  | Official Receipt and attach to PCS and RIS<br>7.2 Request the representative to sign on the space provided in the RIS                              |  |                             |  |
| 8. Sign over printed name on the space provided in the RIS.  | 8. Issue processed items, duplicate copy of the RIS and the Official Receipt   | None   | 3 hours                     | Senior Pharmacist / Pharmacist on duty |
| 9. Receive items, duplicate copy of RIS and Official Receipt | 9. Accept signed original RIS and attach the photocopied Official Receipt<br><br>9.1 Endorse to clerk on duty for encoding in OERP, print and file | None   | 15 minutes                  | Senior Pharmacist / Pharmacist on duty |
| <b>TOTAL:</b>  |  | <i>Please refer to the approved schedule of fees</i> | 2 days, 7 hours, 45 minutes |  |

## 8. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Department's Fund)

Provision of available needs of Offices/Areas under UP-PGH Department of Ophthalmology and Visual Sciences (DOVS)

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>   | SOJR Pharmacy – UP-PGH Pharmacy Department   |  |                        |  |
| <b>Classification:</b>   | Simple   |  |                        |  |
| <b>Type of Transaction:</b>  | G2G  |  |                        |  |
| <b>Who may avail:</b>  | Offices/Areas under UP-PGH Department of Ophthalmology and Visual Sciences (DOVS):<br>Eye Instrument Center (EIC)<br>SOJR-DOPS<br>SOJR-OR Complex<br>SOJR-Ward   |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                       |                        |  |
| Requisition and Issue Slip (RIS) (Approved by Department's Chair/Chief Resident/OIC) |  | Requesting Office/Area<br>Department's Chair |                        |  |
| Approved Floorstock Par Level of the Office/Area                                     |  | Requesting Office/Area<br>SOJR Pharmacy      |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Submit RIS at the receiving counter/window for checking                           | <p>1. Accept request and check completeness of information and attachment/s</p> <p>For initial request (attachment):</p> <p>-Prescription Form</p> <p>For Stock Replenishment request (attachment):</p> <p>-Prescription Form<br/>-filled Disposition Sheet</p> <p>1.1 Check the submitted Disposition Sheet (if for Replenishment). Check the entries, if tallied, in the Disposition Sheet versus previously issued quantity</p> | None   | 30 minutes             | Senior Pharmacist / Pharmacist on duty |

|  |  |      |         |  |
|--|--|------|---------|--|
|  | 1.2 Inform client that they will receive a call if request is ready for pick-up  |      |         |  |
| 2. Return to respective office/area and wait for the notice/call of Pharmacy if request is ready for pick up | <p>2. Retrieve previously submitted RIS attached with the Prescription form with the control number same with the control number written on the submitted Disposition Sheet</p> <p>2.1 Check SOJR Floor Stocks logbook versus the control number of the retrieved RIS and Prescription Form and submitted Disposition Sheet. Sign on the column "Disposition Sheet received by/date"</p> <p>2.2 Detach Prescription Form from the RIS and attach the Prescription Form with the submitted Disposition Sheet. File separately the RIS and Prescription Form with the Disposition Sheet</p> <p>2.3 Process the new request/RIS</p> <p>(Note: Refer to Guidelines on Processing and Filling of RIS)</p> <p>Check requested item versus the approved par level of the requesting</p> | None | 2 hours | Senior Pharmacist / Pharmacist on duty |

|   |   |      |            |  |
|---|---|------|------------|--|
|   | <p>Office/area (issue quantity that is within the par level)</p> <p>2.4 Fill out the SOJR Floor Stocks logbook</p> <p>2.5 Write on the RIS and Prescription Form the control number obtained from the SOJR Floor Stocks logbook</p> <p>Fill out a blank/new Disposition Form and write the same control number written on the RIS and Prescription Form</p> <p>2.6 Fill the RIS</p> <p>(Note: Refer to Guidelines on Processing Filling of RIS)</p> <p>2.7 Encode/approve the RIS in the OERP.</p> <p>2.8 Once encoded, print at the back page of the RIS from the requesting office the generated RIS from the OERP.</p> |      |            |  |
| 3. Sign over printed name on the "received by" on the RIS               | <p>3. Sign on the "issued by" on the RIS.</p> <p>Issue the requested item and the duplicate copy of the RIS, and blank disposition sheet</p>  | None | 15 minutes | Senior Pharmacist / Pharmacist on duty |
| 4. Receive the item and the duplicate copy of RIS and blank disposition | 5. Accept the signed original RIS attached with Prescription Form   | None | 15 minutes | Senior Pharmacist / Pharmacist on duty |

|               |   |  |         |  |
|---------------|---|--|---------|--|
| sheet         | 5.1 File the signed RIS attached with Prescription Form |  |         |  |
| <b>TOTAL:</b> |   | <i>Please refer to the approved schedule of fees</i> | 3 hours |  |

# **Central Endoscopy Unit**

## **External Services**



## 1. Scheduling of Service Outpatient Procedures

### Scheduling of endoscopic procedures (Service patients)

|  |  |   |                        |                                |
|--|--|---|------------------------|--------------------------------|
| <b>Office or Division:</b>   | CENDU  |   |                        |                                |
| <b>Classification:</b>   | G2C  |   |                        |                                |
| <b>Type of Transaction:</b>  | Simple   |   |                        |                                |
| <b>Who may avail:</b>  | Patient referred for endoscopic procedure  |   |                        |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>                                     |  | <b>WHERE TO SECURE</b>                    |                        |                                |
| Blue Card  |  | Palistahan (DEM/OPD)                      |                        |                                |
| Accomplished referral form from Resident-in-Charge; Fellow-in-Charge |  | Resident-in-Charge, Fellow-in-Charge      |                        |                                |
| Medical Clearance (if indicated)                                     |  | Department of Internal Medicine           |                        |                                |
| PhilHealth requirements (if applicable)                              |  | PhilHealth Office /Medical Social Service |                        |                                |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |
| 1. Present the blue card and accomplished referral form              | 1. Check for completeness of referral form   | None                                      | 5 minutes              | <i>Nurse/Nursing Attendant</i> |
| 2. Patient awaits for the schedule                                   | 2. Instruct for the following:<br>a. PhilHealth requirements<br>b. Bowel preparation   | None                                      | 10 minutes             | <i>Nurse/Nursing Attendant</i> |
| 3. Receive the schedule of procedure                                 | 3. Schedule the patient for the requested procedure, and document in the electronic scheduler/ blue card<br><br>3.1. File the accomplished referral form | None                                      | 5 minutes              | <i>Nurse/Nursing Attendant</i> |
| <b>TOTAL:</b>  |  |   | 20 minutes             |                                |

## 2. Performance of a Diagnostic Endoscopic Procedure

The PGH Central Endoscopy Unit (CENDU) provides both diagnostic and therapeutic endoscopic procedures to PGH patients.

|  |   |  |                              |  |
|--|---|--|------------------------------|--|
| <b>Office or Division:</b>                                   | CENDU   |  |                              |  |
| <b>Classification:</b>                                       | G2C   |  |                              |  |
| <b>Type of Transaction:</b>                                  | Simple  |  |                              |  |
| <b>Who may avail:</b>  | Patients scheduled for a diagnostic endoscopic procedure                            |  |                              |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |   | <b>WHERE TO SECURE</b>                       |                              |  |
| Blue Card/ Chart   |   | Patient/Dept. of Pay Patient Services (DPPS) |                              |  |
| Procedure scheduled in electronic scheduler                  |   | CENDU  |                              |  |
|  |   |  |                              |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                       | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>                  |
| 1. Present the schedule of procedure                         | 1. Validate the schedule at electronic scheduler                                    | None   | 5 Minutes                    | <i>Nurse/Nursing Attendant/ ActingWard</i> |
| 2. Read and sign the consent for the procedure               | 2. Physician discusses the procedure and secures consent                            | None   | 10Minutes                    | <i>Physician</i>                           |
| 3. Undergo pre-procedure evaluation                          | 3. Physician evaluates the patient pre-procedure                                    | None   | 15Minutes                    | <i>Physician</i>                           |
| 4. Undergo the procedure                                     | 4. Perform the procedure  | None   | 15-45 Minutes                | <i>Physician</i>                           |
| 5. Rest at the Recovery Room (if patient underwent sedation) | 5. Transfer patient to Recovery Room for Monitoring (if patient underwent sedation) | None   | 30-45 Minutes                | <i>Nurse/Nursing Attendant</i>             |
| 6. Receive the results of the procedure                      | 6. Explain the results of the procedure, post procedure discharge and instructions  | None   | 15Minutes                    | <i>Physician</i>                           |
| 7. Pay for the procedure at the Cashier                      | 7. Give instruction on the Philhealth/ payment process                              | Based on the approved hospital charges       | 30 Minutes                   | <i>Nurse/Nursing Attendant</i>             |
| <b>TOTAL:</b>  |   |  | 2 Hours to 2 Hours 45Minutes |  |

### 3. Performance of a Therapeutic Endoscopic Procedure

The PGH Central Endoscopy Unit (CENDU) provides both diagnostic and therapeutic endoscopic procedures to PGH patients.

|  |  |   |   |   |
|--|--|---|---|---|
| <b>Office or Division:</b>                                   | CENDU  |   |   |   |
| <b>Classification:</b>                                       | G2C  |   |   |   |
| <b>Check Type of Transaction:</b>                            | Simple   |   |   |   |
| <b>Who may avail:</b>  | Patients scheduled for a therapeutic endoscopic procedure                          |   |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |  | <b>WHERE TO SECURE</b>                        |   |   |
| Blue Card/Chart  |  | Patient/DPPS                                  |   |   |
| Procedure scheduled in electronic scheduler                  |  | CENDU   |   |   |
|  |  |   |   |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b>                    | <b>PERSON RESPONSIBLE</b>                             |
| 1. Present the schedule of procedure                         | 1. Validate the schedule at electronic scheduler                                   | None  | 5 Minutes                                 | <i>Nurse/Nursing Attendant/ Acting Ward Assistant</i> |
| 2. Read and sign the consent for the procedure               | 2. Physician discusses the procedure and secures consent                           | None  | 10 Minutes                                | <i>Physician</i>                                      |
| 3. Undergo pre-procedure evaluation                          | 3. Physician evaluates the patient pre-procedure                                   | None  | 15 Minutes                                | <i>Physician</i>                                      |
| 4. Undergo the procedure                                     | 4. Physician performs the procedure  | None  | 30-75 Minutes                             | <i>Physician</i>                                      |
| 5. Rest at the recovery room (if patient underwent sedation) | 5. Transfer to Recovery Room for monitoring (if patient underwent sedation)        | None  | 30-45 Minutes                             | <i>Nurse/Nursing Attendant</i>                        |
| 6. Receive the results of the procedure                      | 6. Explain the results of the procedure, post Procedure discharge and instructions | None  | 15 Minutes                                | <i>Physician</i>                                      |
| 7. Pay for the procedure at the Cashier                      | 7. Give instruction on the Philhealth/ payment process                             | <i>Based on the approved hospital charges</i> | 30 Minutes                                | <i>Nurse/Nursing Attendant</i>                        |
| <b>TOTAL:</b>  |  |   | 2 hours, 15 Minutes to 3 hours 15 Minutes |   |

# **Critical Care Unit – Management Action Team**

## **Internal Services**

## 1. Hooking of PGH Acquired Ventilator Equipment

Providing different Intensive Care Units in the hospital Ventilators that they can use to manage critically-ill patients

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Critical Care Unit Management Action Team (CCUMAT)  |                        |                        |  |
| <b>Classification:</b>  | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2G   |                        |                        |  |
| <b>Who may avail:</b>   | All ICUs needing ventilator equipment               |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |  |
| Consumables<br>• Tubings<br>• Expiratory Filter<br>• 2 Set Bacterial filter<br>• Humidifier<br>• Flex connector |   | Pharmacy               |                        |  |
| PGH Acquired Ventilator Equipment   |   | Requesting Area/s      |                        |  |
|   |   |                        |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Make a phone call to the CCU-Mat requesting ventilator for a particular patient                              | 1. Receive the call                                 | None                   | 2 Minutes              | <i>Administrative Staff/<br/>Respiratory Therapist<br/>CCU-MAT</i> |
|   | 1.1 Acknowledge the call                            | None                   | 5 Minutes              | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
| 2. Ensure completeness of the consumables   | 2. Proceed to the requesting area                   | None                   | 15 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 2.1 Check completeness of consumables               | None                   | 5 Minutes              | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 2.2 Ensure equipment calibration                    | None                   | 15 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 2.3 Hook the patient to ventilator                  | None                   | 10 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 2.4 Coordinate with and endorse to the Nurse/Doctor | None                   | 10 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |

|   |                                      |      |                    |   |
|---|--------------------------------------|------|--------------------|---|
| 3. Receive endorsement and sign accordingly | 3. Make the endorsement              | None | 5 Minutes          | <i>Respiratory Therapist</i><br>CCU-MAT |
|   | 3.1 Monitor and manage the equipment | None | 15 Minutes         | <i>Respiratory Therapist</i><br>CCU-MAT |
| <b>TOTAL:</b>                               |                                      | None | 1 Hour, 22 Minutes |   |

## 2. Transport of Critically-ill Patient

Providing different Intensive Care Units in the hospital assistance in transporting critically-ill patients

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Critical Care Unit Management Action Team (CCUMAT)                     |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2G  |                        |                        |   |
| <b>Who may avail:</b>   | All ICUs needing transport ventilator                                  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| <ul style="list-style-type: none"> <li>• Transport tubings</li> <li>• Bacterial filter</li> </ul>   |  | Pharmacy               |                        |   |
| <ul style="list-style-type: none"> <li>• Transport Ventilator</li> <li>• Ambu bag</li> <li>• Oxygen tank</li> <li>• Oxygen gauge</li> <li>• Wrench</li> </ul> |  | Requesting Area/s      |                        |   |
|   |  |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Make a phone call to the CCU-MAT requesting a Respiratory Therapist  | 1. Receive the call  | None                   | 2 Minutes              | <i>Administrative Staff/<br/>Respiratory Therapist<br/>CCUMAT</i> |
|   | 1.1 Confirm the schedule   | None                   | 5 Minutes              | <i>Respiratory Therapist<br/>CCUMAT</i>                           |
| 2. Ensure complete consumables  | 2. Proceed to the requesting area                                      | None                   | 10 Minutes             | <i>Respiratory Therapist<br/>CCUMAT</i>                           |
|   | 2.1 Check completeness of consumables                                  | None                   | 15 Minutes             | <i>Respiratory Therapist<br/>CCUMAT</i>                           |
| 3. Confirm availability of Physician, Nurse or Institutional Worker   | 3. Coordinate availability of Physician, Nurse or Institutional Worker | None                   | 5 Minutes              | <i>Nurse<br/>CCUMAT</i>   |
| 4. Request hooking of ventilator to patient   | 4. Hook the patient to ventilator                                      | None                   | 15 Minutes             | <i>Respiratory Therapist<br/>CCUMAT</i>                           |

|   |   |      |                    |   |
|---|---|------|--------------------|---|
|   | 4.1 Transport patient to designated area  | None | 20 Minutes         | <i>Respiratory Therapist, Medical Officer, Nurse or Utility Worker CCUMAT</i> |
|   | 4.2 Coordinate with and endorse to the Nurse/Doctor                             | None | 10 Minutes         | <i>Respiratory Therapist, Nurse, and Medical Officer CCUMAT</i>               |
| 5. Make a phone call to the CCU-MAT to send Respiratory Therapist back to designated area | 5. Receive the call   | None | 2 Minutes          | <i>Administrative Staff/ Respiratory Therapist CCUMAT</i>                     |
|   | 5.1 Acknowledge the call  | None | 5 Minutes          | <i>Respiratory Therapist CCUMAT</i>   |
|   | 5.2 Proceed to the designated area and hook patient to the transport ventilator | None | 10 Minutes         | <i>Respiratory Therapist CCUMAT</i>   |
|   | 5.3 Transport patient back to requesting area                                   | None | 15 Minutes         | <i>Respiratory Therapist, Medical Officer, Nurse or Utility Worker CCUMAT</i> |
| 6. Receive endorsement and sign accordingly   | 6. Make endorsement   | None | 5 Minutes          | <i>Respiratory Therapist CCUMAT</i>   |
|   | 6.1 Monitor and manage the equipment  | None | 10 Minutes         | <i>Respiratory Therapist CCUMAT</i>   |
| <b>TOTAL:</b>   |   | None | 2 Hours, 9 Minutes |   |



### 3. Hooking of PGH Acquired High Flow Nasal Cannula Machine

Providing different Intensive Care Units in the hospital High Flow Nasal Cannula Machines that they can use to manage critically-ill patients

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Critical Care Unit Management Action Team (CCUMAT)                 |                        |                        |  |
| <b>Classification:</b>  | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>   | G2G  |                        |                        |  |
| <b>Who may avail:</b>   | All ICUs needing high flow nasal cannula machine                   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  |                        | <b>WHERE TO SECURE</b> |  |
| Consumables<br>1. High Flow Tubings                      3. Oxygen Nipple Adaptor<br>2. High Flow Nasal Cannula      4. Sterile Water |  |                        | Pharmacy               |  |
| PGH Acquired High Flow Nasal Cannula Machine  |  |                        | Requesting Area/s      |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Make a phone call to the CCU-Mat requesting high flow nasal cannula machine for a particular patient                               | 1. Receive the call  | None                   | 2 Minutes              | <i>Administrative Staff;</i>                                       |
|   | 1.1 Acknowledge the call   | None                   | 5 Minutes              | <i>Respiratory Therapist<br/>Respiratory Therapist<br/>CCU-MAT</i> |
| 2. Ensure completeness of the consumables   | 2. Proceed to the requesting area where the patient is             | None                   | 15 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 2.1 Check completeness of consumables                              | None                   | 5 Minutes              | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 2.2 Hook the patient to the high flow nasal cannula machine        | None                   | 10 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 2.3 Coordinate with and endorse to the nurse/doctor                | None                   | 10 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
| 3. Receive endorsement and sign accordingly   | 3. Endorse and have the turnaround time signed by the nurse/doctor | None                   | 5 Minutes              | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 3.1 Monitor and manage the equipment                               | None                   | 15 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
|   | 3.2 Disinfect the equipment  | None                   | 15 Minutes             | <i>Respiratory Therapist<br/>CCU-MAT</i>                           |
| <b>TOTAL:</b>   |  | None                   | 1 Hour, 22 Minutes     |  |

# **Hospital Infection Control Unit**

## **Internal Services**

## 1. Management of Needlestick Injury or Splash Incident

HICU provides services to UP-PGH employees and students who incurred sharp or needlestick injury and splashes from contaminated blood and body fluids.

|  |  |                           |                        |   |
|--|--|---------------------------|------------------------|---|
| <b>Office or Division:</b>   | Hospital Infection Control Unit (HICU)   |                           |                        |   |
| <b>Classification:</b>   | Simple   |                           |                        |   |
| <b>Type of Transaction:</b>  | G2G  |                           |                        |   |
| <b>Who may avail:</b>  | UP-PGH Healthcare Workers (Employees and Students)   |                           |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>    |                        |   |
| Narrative Report (1 original)  |  | UP-PGH Healthcare Workers |                        |   |
| Accomplished Blood-borne Exposure among PGH HCWs Interview Form (1 original) |  | HICU                      |                        |   |
|  |  |                           |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Report incident to HICU   | <b>1. Reporting</b><br>Document details about the incident (date and time of incident, place of incident and other relevant information)   | None                      | 5 Minutes              | <i>Nurse VI/<br/>Nurse IV/<br/>Nurse II/<br/>Administrative Assistant II<br/>HICU</i> |
| 2. Fill out Blood-borne Exposure among PGH HCWs Interview Form               | <b>2. Investigation and Formulation of Action Plan</b><br>Refer incident to the IDS Fellow-on-duty for management, if necessary  | None                      | 15 Minutes             | <i>Nurse VI/<br/>Nurse IV/<br/>Nurse II/<br/>Administrative Assistant II<br/>HICU</i> |
| 3. Give Consent for laboratory tests to be done                              | <b>3. Implementation of Plan of Action</b><br>After securing consent, do blood extraction from employee/student, and source patient, if necessary<br>3.1 Do HIV rapid test on blood sample (from employee/student and source patient)<br>3.2 Bring blood samples to the Central Laboratory for Hepatitis Profile | None                      | 25 Minutes             | <i>Nurse VI/<br/>Nurse IV/<br/>Nurse II/<br/>Administrative Assistant II<br/>HICU</i> |

|                                    |  |   |                   |  |
|------------------------------------|--|---|-------------------|--|
|                                    |  |   |                   |  |
| 4. Receive treatment, if necessary | <b>4.Evaluation and Monitoring</b><br>4.1 Get result from Laboratory and interpret. Based on results, give:<br>4.1.1 Anti-retroviral<br>4.1.2 Hepatitis B Immunoglobulin<br>4.1.3 Hepatitis B vaccine<br><br>4.2. Instruct employee/ student to come back after 1 month for follow-up HIV rapid test | None<br>None<br><br>Hepatitis B vaccine will be purchased by the employee/ student either from the PGH Pharmacy or outside pharmacy | 1 Day             | Nurse VI/<br>Nurse IV/<br>Nurse II/<br>Administrative Assistant II<br>HICU |
| <b>TOTAL:</b>                      |  | None except for Hepatitis B Vaccine   | 1 Day, 45 Minutes |  |

# **National Poison Management and Control Center**

## External Services

## 1. Charity In-Patient Consultation

Services concerning consultation of patients admitted in Charity Wards

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>   | National Poison Management and Control Center (NPMCC)            |   |                        |  |
| <b>Classification:</b>   | Simple   |   |                        |  |
| <b>Type of Transaction:</b>  | G2C, G2G   |   |                        |  |
| <b>Who may avail:</b>  | Attending Physicians of Charity Patients referring to Toxicology |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |  |
| Referral Form PGH-Form P-310001<br>(1 Original Copy)<br>(For Ward Patients)  |  | NPMCC Office, Concerned Wards/Department<br>(Referral form to be accomplish by referring physician) |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Provide endorsement of referral through call (emergency patients) or submit completed referral form (ward patients) and officially written on RADISH. | 1. Accept the referral and conduct patient evaluation            | None  | 30 minutes to 1 hour   | <i>Toxicology Fellow or Resident Rotator-on-Duty NPMCC</i><br><br>(Supervised by Consultant) |
| <b>TOTAL:</b>  |  | None  | 1 hour                 |  |

## 2. Charity Outpatient Consultation

Services concerning consultation of patients discharged from Charity Wards for follow-up consultation or new patients referred by specialty services at Outpatient Department

| <b>Office or Division:</b>   | National Poison Management and Control Center (NPMCC)   |   |                 |   |
|--|---|---|-----------------|---|
| <b>Classification:</b>   | Simple  |   |                 |   |
| <b>Type of Transaction:</b>  | G2C, G2G  |   |                 |   |
| <b>Who may avail:</b>  | Attending Physicians of Charity Patients referred to Toxicology and Charity Patients on follow-up after Hospital Admission  |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE   |                 |   |
| Referral Form (PGH-Form P-310001) and orders written at the OPD Chart for Toxicology Referral (Written on RADISH*)   |   | OPD Clinics<br>(Referral Form to be accomplished by referring physician)<br>(For New Cases: Attending physicians must write to patient chart "Refer to Toxicology") |                 |   |
| Discharge Summary and Home Instructions (If Follow-up Cases) (1 Original Copy)   |   | Primary Service<br>(PGH Form P-310009 filled-out from previous admission by primary service)  |                 |   |
| Blue Card (1 Original)   |   | OPD Admitting Section   |                 |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                            |
| 1. Register on Online Consultation Request and Appointment (OCRA) System (For New patients)<br><a href="https://pghopd.up.edu.ph/">https://pghopd.up.edu.ph/</a> | 1. Confirm follow up through RADISH schedule<br><br>1.1 Retrieve the patient chart (If Follow-up Cases) by getting RADISH pass-code<br><br>1.2 Endorse RADISH case number and passcode to the Toxicology Fellow or Resident-Rotator-on-Duty | None  | 1 hour          | OPD Nurse Clinic Coordinator NPMCC            |
| 2. Await confirmation of schedule  |   |   |                 |   |
| 3. Arrive at UP-PGH OPD on scheduled appointment, go to Window H   |   |   |                 |   |
| 4. Wait for the name to be called by the physician for patient evaluation  | 4. Call the name of the patient and conduct patient evaluation  | None  | 30 minutes      | Toxicology Fellow or Resident Rotator-on-Duty |

|               |  |      |                       |  |
|---------------|--|------|-----------------------|--|
|               |  |      |                       | NPMCC<br>(Supervised by<br>Consultant) |
| <b>TOTAL:</b> |  | None | 1 hour,<br>30 minutes |  |



### 3. Pay Inpatient Consultation

Services concerning consultation of patients admitted in Pay Wards

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | National Poison Management and Control Center (NPMCC)        |   |                        |   |
| <b>Classification:</b>  | Simple   |   |                        |   |
| <b>Type of Transaction:</b>   | G2C  |   |                        |   |
| <b>Who may avail:</b>   | Attending Physicians of Pay Patients referring to Toxicology |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |   |
| Written orders on Patient Chart<br>(1 Original Copy)                              |  | Concerned Department/Clinics<br>(to be accomplished by referring physician)                       |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Provide endorsement of referral through call and officially written on RADISH. | 1. Accept the referral and conduct patient evaluation        | Professional Fee*<br><br>(PF Form will be filled-up, patient pays the PF via the Billing Section) | 1 hour                 | <i>Toxicology Fellow or Resident Rotator-on-Duty</i><br>NPMCC<br>(Supervised by Consultant) |
|   | <b>TOTAL:</b>  | Professional Fee  | 1 hour                 |   |

#### 4. 24/7 Phone Consultation for Request for Information on Clinical Toxicology Matters

Services concerning consultation of healthcare personnel outside PGH or lay persons for 24/7 toxicologic phone consultation for request for information on clinical toxicology matters.

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>   | National Poison Management and Control Center (NPMCC)  |                        |                        |   |
| <b>Classification:</b>   | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>  | G2C  |                        |                        |   |
| <b>Who may avail:</b>  | Healthcare Personnel outside PGH with patients for toxicologic consultation and Lay Persons for toxicologic consultation   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |   |
| None   |  |                        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Call the NPMCC hotline numbers to endorse the case with necessary information | 1. Accept the phone call referral<br><br>1.1 Record all relevant information through the Telephone Referral Form (PGH-Form P-3170073) and provide provision of Poison Information and Management regarding patient enquiry | None                   | 30 minutes             | <i>Toxicology Fellow or Resident Rotator on Duty NPMCC (Supervised by Consultant)</i> |
| <b>TOTAL:</b>  |  | None                   | 30 minutes             |   |

## 5. 24/7 Phone Consultation for Providing Request of Procurement of Antidote

Services concerning consultation of healthcare personnel outside PGH 24/7 toxicologic phone consultation for providing request of procurement of antidote

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   | National Poison Management and Control Center (NPMCC)   |  |                        |  |
| <b>Classification:</b>   | Simple  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C   |  |                        |  |
| <b>Who may avail:</b>  | Patient's Representative referred by Attending Physicians to Toxicology   |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |  |
| Prescription Form for the Antidote Request Signed by Referring Physician (1 Original Copy) |   | Referring Hospital<br>(Note: Physician or Nurse-in-charge from the referring hospital will call the NPMCC hotline numbers to coordinate the request for antidote.<br>The referring physician will create prescription for the antidote upon NPMCC's recommendation.) |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                  |
| 1. Provide the signed Prescription Form for request of antidote                            | 1. Acknowledge the signed Prescription Form from the referring hospital and endorse the PGH Prescription Form to the patient's representative<br>1.1 Instruct the patient's representative to proceed to the PGH Central Block Pharmacy | None   | 10 minutes             | <i>Toxicology Fellow or Resident Rotator on Duty NPMCC</i> |
|  | 1.2 Advise the Compounding Section of the Central Block Pharmacy regarding the request for antidote   | None   | 10 minutes             | <i>Toxicology Fellow or Resident Rotator on Duty NPMCC</i> |
| <b>TOTAL:</b>  |   | None   | 20 minutes             |  |

## 6. Application for Fellowship Training

Services concerning application for clinical toxicology fellowship training

| <b>Office or Division:</b>  | National Poison Management and Control Center (NPMCC)  |   |                 |                    |
|---|--|---|-----------------|--------------------|
| <b>Classification:</b>  | Highly Technical   |   |                 |                    |
| <b>Type of Transaction:</b>   | G2C  |   |                 |                    |
| <b>Who may avail:</b>   | Filipino Citizen, Board-Certified Medical Specialist from Duly-Accredited Residency Program from Clinical Specialties ( <i>Internal Medicine, Family Medicine, Emergency Medicine, Pediatrics, Neurology, Psychiatry</i> ) |   |                 |                    |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE   |                 |                    |
| Requirements of Office of the Deputy Director for Health Operations (ODDHO)   |  |   |                 |                    |
| 1. Completed Application Form for Residency/Post-Residency Fellowship (1 Original Copy)   |  | PGH-Form-A-310006 from ODDHO; other requirements from the applicant |                 |                    |
| 2. Application Fee Php 200.00   |  | Cashier's Office  |                 |                    |
| 3. Official Receipt of Payment  |  | Cashier's Office  |                 |                    |
| 2. 1 pc 2" x 2" or passport size picture (not more than 1 year)   |  | Obtained by the Applicant   |                 |                    |
| 3. Certification of class rank and general weighted average grade (GWAG) from the office of the Dean / Office of the Registrar (1 original copy or certified true copy) |  | Obtained by the Applicant   |                 |                    |
| 4. Xerox copy of the following (1pc. each)  |  | Obtained by the Applicant   |                 |                    |
| a. Transcript of records  |  |   |                 |                    |
| b. M.D. Diploma   |  |   |                 |                    |
| c. Board Rating   |  |   |                 |                    |
| d. Certificate of Internship  |  |   |                 |                    |
| e. Certificate of Residency   |  |   |                 |                    |
| 5. Diplomate Certificate  |  | Obtained by the Applicant   |                 |                    |
| Certification of Good Moral Character from Professor or Consultant (1 Copy)   |  | Obtained by the Applicant   |                 |                    |
| Letter of Reference from Chairman of Respective Department or Residency Training Coordinator (1 Copy)   |  |   |                 |                    |
| Written Examination   |  | NPMCC<br>(Schedule given by NPMCC to the applicant)                 |                 |                    |
| Screening Interview   |  | NPMCC<br>(Schedule given by NPMCC to the applicant)                 |                 |                    |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the following requirements to ODDHO and follow  | 1.1. Accept requirements<br>1.2. Endorse to  | Application Form Fee:<br>PHP 300.00                                 | 3 days          | ODDHO              |

|  |  |  |        |   |
|--|--|--|--------|---|
| the application steps for the processing of the application for fellowship training                        | <p>NPMCC</p> <p>1.3 Contact and inform applicant on the schedule of examination and interview</p> <p>(Note: Once ODDHO provides endorsement )</p>                                  |  |        |   |
| 2. Proceed to NPMCC Office, 1st Floor fronting Atrium Building on the day of the examination and interview | <p>2. Administer written examination and panel interview of NPMCC consultants according to the scheduled date</p> <p>2.1 Provide letter of acceptance to applicants who passed</p> | None                                   | 5 days | <i>Secretariat and Consultants</i><br>NPMCC |
| <b>TOTAL:</b>  |  | Application Form Fee:<br>PHP<br>300.00 | 8 days |   |

## 7. Application for Resident Clinical Rotation

Services concerning application for resident clinical rotation within or outside PGH

|  |  |  |                        |                           |
|--|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>   | National Poison Management and Control Center (NPMCC)  |  |                        |                           |
| <b>Classification:</b>   | Highly Technical   |  |                        |                           |
| <b>Type of Transaction:</b>  | G2C, G2G   |  |                        |                           |
| <b>Who may avail:</b>  | At least 1 <sup>st</sup> year resident physician in their primary specialty department   |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                       |                        |                           |
| Letter of Intent addressed to the PGH Director through the Head of NPMCC for application of resident clinical rotation (1 Original Copy) |  | Requesting Department                        |                        |                           |
| Notarized Final MOA (1 Original Copy)  |  | To be obtained by Applicant                  |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Provide letter of intent through hard/soft copy   | 1. Accept submitted requirement  | None   | 2 days                 | NPMCC Staff               |
|  | 1.1 For Rotators within PGH: Prepare scheduling of Rotators  |  | 2 days                 | NPMCC Staff               |
|  | For Rotators outside PGH: Endorse application to the Director's Office and Legal Office (Note: For the duration of processing, refer to the commitment time of the concerned office/s) | PHP 5,480 per Month                          |                        |                           |
| 2. Circulate the MOA for signing of concerned officials in their hospital  | 1.2 Endorse MOA to the requesting department through pick-up or through mail   | Subject to Courier Fees if sent through mail |                        |                           |
|  |  | None   | (paused-clock)         |                           |

|  |  |  |                             |             |
|--|--|--|-----------------------------|-------------|
| 3. Return MOA to NPMCC                             | <p>3. Endorse signed MOA to Legal Office (Note: For the duration of processing once endorsed, refer to the commitment time of the concerned office/s)</p> <p>3.1 Give the final MOA to the requesting department for pick-up or through mail and inform applicant to notarize final MOA and to provide NPMCC a copy of Notarized Final MOA</p> | <p>None</p> <p>Subject to Courier Fees if sent through mail</p>                                    | <p>2 days</p> <p>2 days</p> | NPMCC Staff |
| 4. Provide NPMCC a copy of the notarized final MOA | <p>4. Accept the submitted copy of MOA</p> <p>4.1 Provide a photocopy of notarized final MOA to Legal Office for documentation and filing</p>  | <p>None</p> <p>Notarization Fee</p>  | 2 days                      | NPMCC Staff |
| <b>TOTAL:</b>                                      |  | <p>PHP 5,480 per Month<br/>+<br/>Courier Fee (if sent through mail)<br/>+<br/>Notarization Fee</p> | 10 days                     |             |

## 8. Application for Training Courses

Services concerning application for training courses offered by NPMCC

|   |  |  |                        |                           |
|---|--|--|------------------------|---------------------------|
| <b>Office or Division:</b>  | National Poison Management and Control Center (NPMCC)  |  |                        |                           |
| <b>Classification:</b>  | Highly Technical   |  |                        |                           |
| <b>Type of Transaction:</b>   | G2G, G2C   |  |                        |                           |
| <b>Who may avail:</b>   | Requesting Department (Inside and Outside PGH)   |  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                 |                        |                           |
| Letter of Intent addressed to the PGH Director thru the Head of NPMCC for application for training courses (1 Hard Copy, 1 Electronic Copy) |  | Requesting Department                  |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                 | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Provide letter of intent for application of training courses   | 1. Accept and acknowledge letter of intent<br>(Note: Provide acknowledgement/ feedback 2 days after all available slots has been filled) | Refer to the approved Schedule of Fees | 2 days                 | NPMCC Staff               |
| <b>TOTAL:</b>   |  | Refer to the approved Schedule of Fees | 2 days                 |                           |



# **National Poison Management and Control Center**

## Internal Services

## 1. Application for Leave from Training

Services concerning application for leave from clinical toxicology fellowship training

|   |  |   |                        |                           |
|---|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>  | National Poison Management and Control Center (NPMCC)  |   |                        |                           |
| <b>Classification:</b>  | Highly Technical   |   |                        |                           |
| <b>Type of Transaction:</b>   | G2G  |   |                        |                           |
| <b>Who may avail:</b>   | Toxicology Fellows   |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                  |                        |                           |
| Letter of application for leave with explanation and proposed adjustment in duties and services addressed to the NPMCC Head (1 Hard Copy) |  | Requesting Fellow                       |                        |                           |
| Application for Leave Form  |  | CSC Form 6 obtained from HRDD           |                        |                           |
| Photocopy of Daily Time Record (DTR)  |  | Requesting Fellow, signed by NPMCC Head |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the following application for leave with the Application for Leave Form to NPMCC Office   | 1. Accept Letter of Application for Leave  | None                                    | 2 days                 | Head NPMCC                |
|   | 1.1 Sign the Application for Leave from Training and advise the fellow to proceed to HRDD for the submission of requirements | None                                    |                        |                           |
| <b>TOTAL:</b>   |  | None                                    | 2 Days                 |                           |

## **Women's Desk**

### External Services

## 1. Intake Interview

Initial interview process conducted on the patient, which includes securing consent for interview and any other service that may be requested or required, and orientation on services that can be availed

|  |  |                                 |                        |  |
|--|--|---------------------------------|------------------------|--|
| <b>Office or Division:</b>   | Women's Desk   |                                 |                        |  |
| <b>Classification:</b>   | Simple   |                                 |                        |  |
| <b>Type of Transaction:</b>  | G2C  |                                 |                        |  |
| <b>Who may avail:</b>  | Patients and Walk-in Clients   |                                 |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>          |                        |  |
| Blue card (only for PGH patients) (1 original)   |  | OPD Admissions or ER Palistahan |                        |  |
| Referral letter (if available) (1 original)  |  | External Agency                 |                        |  |
|  |  |                                 |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit the recommendation of clinical service or referral letter of external agency to Women's Desk | 1. Conduct intake interview after securing the consent<br>1.1 Provide Orientation regarding requested services | None                            | 1 Hour                 | <i>Medical Social Worker/<br/>Administrative Aide<br/>Women's Desk</i> |
| <b>TOTAL:</b>  |  | None                            | 1 Hour                 |  |

## 2. Crisis Counseling

Gender-sensitive, empowering and personalized counseling which aims to provide the clients an opportunity to validate their experiences and enable them to make informed decisions on their own

|  |                              |  |                        |  |
|--|------------------------------|--|------------------------|--|
| <b>Office or Division:</b>                     | Women's Desk                 |  |                        |  |
| <b>Classification:</b>                         | Simple                       |  |                        |  |
| <b>Type of Transaction:</b>                    | G2C                          |  |                        |  |
| <b>Who may avail:</b>                          | Patients and Walk-in Clients |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>               |                              | <b>WHERE TO SECURE</b>                           |                        |  |
| Blue card (only for PGH patients) (1 original) |                              | OPD Admissions or ER Palistahan                  |                        |  |
| Referral letter (if available) (1 original)    |                              | External Agency                                  |                        |  |
| Consent form (duly signed) (1 original)        |                              | Women's Desk Office or ER Medical Social Service |                        |  |
|  |                              |  |                        |  |
| <b>CLIENT STEPS</b>                            | <b>AGENCY ACTION</b>         | <b>FEES TO BE PAID</b>                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                    |
| 1. Submit consent form for crisis counseling   | 1. Provide crisis counseling | None   | 2 Hours                | <i>Medical Social Worker</i><br>Women's Desk |
| <b>TOTAL:</b>                                  |                              | None   | 2 Hours                |  |

### 3. Facilitate Referral to Clinical Services

Assist clients with their appointments by coordinating with clinical departments involved, and directing them to the designated clinics on their schedule

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   | Women's Desk  |  |                        |   |
| <b>Classification:</b>   | Complex   |  |                        |   |
| <b>Type of Transaction:</b>  | G2G   |  |                        |   |
| <b>Who may avail:</b>  | Patients and Walk-in Clients  |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                           |                        |   |
| Blue card (only for PGH patients) (1 original)   |   | OPD Admissions or ER Palistahan                  |                        |   |
| Referral letter (if available) (1 original)  |   | External Agency                                  |                        |   |
| Consent form (duly signed) (1 original)  |   | Women's Desk Office or ER Medical Social Service |                        |   |
|  |   |  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                     |
| 1. Proceed to Women's Desk with the referral letter requesting an appointment to clinical services, if available | 1. Direct to DEM for cases involving physical injuries within documentable signs  | None   | 1 Hour                 | Medical Social Worker/<br>Administrative Aide<br>Women's Desk |
|  | 1.1 Direct to OBAS for sexual assault cases within 72 hours   | None   | 1 Hour                 | Medical Social Worker/<br>Administrative Aide<br>Women's Desk |
|  | 1.2 Refer to OB-IDS clinic on Tuesday and Wednesday for sexual assault cases beyond 72 hours  | None   | 1 Hour                 | Medical Social Worker/<br>Administrative Aide<br>Women's Desk |
|  | 1.3 Coordinate with the Psych Resident for clients requesting referral to psychiatry, and will inform the patient regarding their appointment | None   | 3 Days                 | Medical Social Worker/<br>Administrative Aide<br>Women's Desk |
| <b>TOTAL:</b>  |   | None   | 3 Days, 3 Hours        |   |

#### 4. Facilitate Referral to External Agencies/Resources

Assist clients in accessing services from external agencies which are not available in PGH

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   | Women's Desk  |  |                        |   |
| <b>Classification:</b>   | Simple  |  |                        |   |
| <b>Type of Transaction:</b>  | G2B,G2G   |  |                        |   |
| <b>Who may avail:</b>  | Patients and Walk-in Clients  |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                           |                        |   |
| Blue card (only for PGH patients) (1 original)   |   | OPD Admissions or ER Palistahan                  |                        |   |
| Referral letter (if available) (1 original)  |   | External Agency                                  |                        |   |
| Consent form (duly signed) (1 original)  |   | Women's Desk Office or ER Medical Social Service |                        |   |
|  |   |  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                     |
| 1. Proceed to Women's Desk with the referral letter requesting for assistance of external agency/resources, if available | 1. Identify if the service/resource is available in PGH<br><br>1.1 Identify agencies that can accommodate referral and coordinate with them<br><br>1.2 Write referral letter/ case study (if requested) | None   | 3 Days                 | Medical Social Worker/<br>Administrative Aide<br>Women's Desk |
| <b>TOTAL:</b>  |   | None   | 3 Days                 |   |

## 5. Provide Paralegal Orientation

Provide basic orientation on legal processes and requirements to clients after their medical consult to ensure that they go through the proper channels

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>                           | Women's Desk   |  |                        |  |
| <b>Classification:</b>                               | Simple   |  |                        |  |
| <b>Type of Transaction:</b>                          | G2C  |  |                        |  |
| <b>Who may avail:</b>                                | Patients and Walk-in Clients   |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                     |  | <b>WHERE TO SECURE</b>                           |                        |  |
| Blue card (only for PGH patients) (1 original)       |  | OPD Admissions or ER Palistahan                  |                        |  |
| Consent form (duly signed) (1 original)              |  | Women's Desk Office or ER Medical Social Service |                        |  |
|  |  |  |                        |  |
| <b>CLIENT STEPS</b>                                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Proceed to Women's Desk for paralegal orientation | 1. Provide paralegal orientation after medical management/ counseling/ interview | None   | 1 Hour                 | <i>Medical Social Worker/<br/>Administrative Aide<br/>Women's Desk</i> |
| <b>TOTAL:</b>  |  | None   | 1 Hour                 |  |



## 6. Respond to Requests by Law Enforcement/Courts

Attending to court or law enforcement requests to appear as witness, or to respond to orders such as evidence material transfer

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>                          | Women's Desk   |                        |                        |  |
| <b>Classification:</b>                              | Highly Technical   |                        |                        |  |
| <b>Type of Transaction:</b>                         | G2G,G2B  |                        |                        |  |
| <b>Who may avail:</b>                               | Law Enforcement, Trial Courts  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                    |  | <b>WHERE TO SECURE</b> |                        |  |
| Subpoena or court order                             |  | Trial Court            |                        |  |
|   |  |                        |                        |  |
| <b>CLIENT STEPS</b>                                 | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Send the subpoena or court order to Women's Desk | 1. Identify the case in question<br>1.1 Prepare the necessary documents or evidence materials<br>1.2 Request for Transportation<br>1.3 Respond to court order to appear as witness and present the necessary documents or evidence materials<br>1.4 Transfer any necessary material to agency where processing will be made, if applicable | None                   | 20 Days                | <i>Medical Social Worker/<br/>Administrative Aide<br/>Women's Desk</i> |
| <b>TOTAL:</b>                                       |  | None                   | 20 Days                |  |

# **Women's Desk**

## Internal Services

## 1. Provide Paralegal Orientation/Assistance to Hospital Staff

Provide basic orientation on legal processes and requirements to hospital staff.

Preparing for testimony, assisting and accompanying the same to court appearance.

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>                                    | Women's Desk  |                        |                        |  |
| <b>Classification:</b>  | Complex   |                        |                        |  |
| <b>Type of Transaction:</b>                                   | G2G   |                        |                        |  |
| <b>Who may avail:</b>   | PGH Staff   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                              |   | <b>WHERE TO SECURE</b> |                        |  |
| Subpoena or court order                                       |   | Trial Court            |                        |  |
|   |   |                        |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Proceed to Women's Desk for assistance in court appearance | 1. Provide paralegal orientation and assistance to PGH staff in court appearance<br>1.1 Request for Transportation if the venue is outside Manila<br>1.2 Accompany the staff to court | None                   | 7 Days                 | <i>Medical Social Worker/<br/>Administrative Aide<br/>Women's Desk</i> |
| <b>TOTAL:</b>   |   | None                   | 7 Days                 |  |

## 2. Respond to Communications and Comply to Administrative Requirements

Involved responding to letters, internal memorandum, and administrative requirements of the university and hospital administration or clinical departments

|  |   |                           |                        |   |
|--|---|---------------------------|------------------------|---|
| <b>Office or Division:</b>                     | Women's Desk  |                           |                        |   |
| <b>Classification:</b>                         | Simple  |                           |                        |   |
| <b>Type of Transaction:</b>                    | G2G   |                           |                        |   |
| <b>Who may avail:</b>                          | UPM PGH Administration/ Staff/ Departments  |                           |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>               |   | <b>WHERE TO SECURE</b>    |                        |   |
| Communication/ Request Letter                  |   | PGH Departments concerned |                        |   |
|  |   |                           |                        |   |
| <b>CLIENT STEPS</b>                            | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                       |
| 1. Send communication/ request to Women's Desk | 1. Review the communication/ request<br>1.1 Prepare the response and have it signed by staff concerned<br>1.2 Send the response to the Department concerned | None                      | 3 Days                 | <i>Program Coordinator/ Administrative Aide</i><br>Women's Desk |
| <b>TOTAL:</b>                                  |   | None                      | 3 Days                 |   |

### 3. Respond to Requests for Training/Orientation

Provide orientation on Gender Sensitivity, VAWC, as well as laws related to women's rights

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>              | Women's Desk   |   |                        |  |
| <b>Classification:</b>                  | Complex  |   |                        |  |
| <b>Type of Transaction:</b>             | G2G  |   |                        |  |
| <b>Who may avail:</b>                   | UPM/PGH Departments  |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>        |  | <b>WHERE TO SECURE</b>                          |                        |  |
| Request letter for orientation/training |  | UPM/PGH department needing training/orientation |                        |  |
|   |  |   |                        |  |
| <b>CLIENT STEPS</b>                     | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Send request letter to Women's Desk  | 1. Review scope of request<br>1.1 Prepare presentation and handouts, if applicable | Honorarium for speaker:<br>PHP 1,500 per hour   | 7 Days                 | <i>Staff Concerned</i><br>Women's Desk |
| <b>TOTAL:</b>                           |  | Honorarium for speaker:<br>PHP 1,500 per hour   | 7 Days                 |  |

# **Office of the Deputy Director for Administration External Services**

## 1. Application and Approval for Ingress and Egress of Equipment and Outside Services

Approval of the letter request for the Ingress and Egress of PGH Equipment and of Outside Services

|  |  |                                  |                        |  |
|--|--|----------------------------------|------------------------|--|
| <b>Office or Division:</b>   | PGH – Deputy Director for Administration (DDA)   |                                  |                        |  |
| <b>Classification:</b>   | Simple   |                                  |                        |  |
| <b>Type of Transaction:</b>  | G2B,G2G  |                                  |                        |  |
| <b>Who may avail:</b>  | PGH outside Business Partners  |                                  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>           |                        |  |
| 1.Letter of Request with attached Regulatory Permits and End-users' endorsement  |  | Outside Business Partners<br>PGH |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. For outside services, make a letter request addressed to the Deputy Director for Administration.                                      | 1.Receive letter request, check attachments, and forward to the Deputy Director for Administration's table for endorsement | None                             | 2 min                  | <i>Administrative Aide/<br/>Administrative Assistant/<br/>Executive Assistant<br/>ODDA</i> |
| 2. For PGH staff, make a letter request addressed to the Director through channels.<br>(Property Number of the item should be indicated) | 2. Receive the letter request and forward the letter to the Deputy Director for Administration's table for endorsement.    | None                             | 2 min                  | <i>Administrative Aide/<br/>Administrative Assistant/<br/>Executive Assistant<br/>ODDA</i> |
| 3. Wait for feedback or follow up status, as needed.   | 3. Take appropriate action/sign/approve the paper/document.  | None                             | 5 min                  | <i>Deputy Director for Administration<br/>ODDA</i>   |
| 4. Get letter request approved by the Director and Deputy Director for Administration.   | 4. Give copy of approved letter to the security office.  | None                             | 2 min                  | <i>Administrative Aide/<br/>Administrative Assistant/<br/>Executive Assistant<br/>ODDA</i> |
| <b>Total</b>   |  | None                             | 11 min                 |  |

## 2. Signing of Certificate of Live Birth (Affidavit of Acknowledgement/ Admission of Paternity/ Affidavit for Delayed Registration of Birth) and Affidavit to Use the Surname of the Father

Approval/signing of Child's Birth Certificate (Affidavit of Acknowledgement /Admission of Paternity/Affidavit for Delayed Registration of Birth) and Affidavit to use the surname of the Father)

| <b>Office or Division:</b>   | PGH – Deputy Director for Administration (DDA)                                     |                 |                 |  |
|--|--|-----------------|-----------------|--|
| <b>Classification:</b>   | Simple   |                 |                 |  |
| <b>Type of Transaction:</b>  | G2C  |                 |                 |  |
| <b>Who may avail:</b>  | PGH Patients   |                 |                 |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE |                 |  |
| 1.Duly accomplished certificate of live birth (Affidavit of Acknowledgement /Admission of Paternity/Affidavit for Delayed Registration of Birth) and Affidavit to use the surname of the Father) |  | Medical Records |                 |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Bring the Certificate of Live Birth to the Deputy Director for Administration Office.   | Check the document and forward the same to the Deputy Director for Administration. | None            | 2 min           | <i>Administrative Aide/<br/>Administrative Assistant/<br/>Executive Assistant<br/>ODDA</i> |
| 2. Wait for feedback or follow up status, as needed.   | 3. Take appropriate action/sign/approve the paper/document.                        | None            | 5 min           | <i>Deputy Director for Administration<br/>ODDA</i>   |
| <b>Total</b>   |  | None            | 7 min           |  |



**Office of the Deputy Director for  
Administration**  
Internal Services

## 1. Handling of Papers/Documents for appropriate action/ signing/ approval of the Deputy Director for Administration

Matters related to Fiscal, Health Operations, Administration and Nursing operations/services, including those from other units under the Deputy Director for Administration Office)

|   |  |  |                        |   |
|---|--|--|------------------------|---|
| <b>Office or Division:</b>  | PGH – Deputy Director for Administration (DDA)   |  |                        |   |
| <b>Classification:</b>  | Simple   |  |                        |   |
| <b>Type of Transaction:</b>   | G2G  |  |                        |   |
| <b>Who may avail:</b>   | Deputy Directors (DDs), Coordinators and Administrative Personnel under the Executive Offices; Heads of Units and their staff under the Deputy Director for Administration Office      |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |   |
| 1. papers/documents for appropriate action/signing/approval of the Deputy Director for Administration<br>2. checklist/record/receiving copy (whichever is applicable)                   |  | Executive Offices, Units under the Office of the Deputy Director for Administration and Fiscal Services. |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                 |
| 1. Present the paper/document together with the checklist/record/ receiving copy. Wait until the checking of paper/document is completed; receive the checklist/record/ Receiving copy. | 1. Check the paper/document and its completeness/ correctness against the checklist/record/ receiving copy<br><br>1.1 Sign the checklist or record/receiving copy and return to client | None   | 3 min                  | <i>Administrative Aide/ Executive Assistant (EA) ODDA</i> |
| 2. Leave the paper/document in the office.  | 2. Label/mark/tag the page/s of the paper/document to be acted upon/signed/approved by the Deputy Director for Administration  | None   | 4 min                  | <i>Administrative Aide/ Executive Assistant ODDA</i>      |
| 3. Wait for feedback or follow up status, as needed.  | 3. Take appropriate action/sign/approve the paper/document.<br><br>3.1 Give feedback/update on status, as needed.  | None   | 10 min                 | <i>Deputy Director for Administration ODDA</i>            |
| 4. Wait for the prepared checklist  | 3. Check the paper/document and prepare checklist  | None   | 5 min                  | <i>Administrative Aide/ Executive</i>                     |

|  |   |      |        |   |
|--|---|------|--------|---|
|  |   |      |        | <i>Assistant<br/>ODDA</i>   |
| 5. Sign the checklist and receive the paper/document | 4. Instruct client to sign the checklist and hand over the paper/document.<br><br>4.1 For papers/documents to be sent to concerned offices/units, coordinate with the Message Center employee/other assigned personnel) | None | 3 min  | <i>Administrative<br/>Aide /<br/>Executive<br/>Assistant<br/>ODDA</i> |
| <b>Total</b>   |   | None | 25 min |   |

## 2. Accomplishing the Performance Evaluation of Outsourced Personnel (Janitorial)

Action taken on the Performance Evaluation of Outsourced Personnel Rendering Janitorial Services at ODDA

|  |   |                                 |                        |  |
|--|---|---------------------------------|------------------------|--|
| <b>Office or Division:</b>                                       | PGH – Deputy Director for Administration (DDA)  |                                 |                        |  |
| <b>Classification:</b>   | Simple  |                                 |                        |  |
| <b>Type of Transaction:</b>                                      | G2G   |                                 |                        |  |
| <b>Who may avail:</b>  | PGH, Office of Custodial Services – Secretarial Pool, UP Manila Internal Audit Office                     |                                 |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                 |   | <b>WHERE TO SECURE</b>          |                        |  |
| 1. Performance Evaluation Sheet (PES)                            |   | UP Manila Internal Audit Office |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Send the PES to the Deputy Director for Administration Office | 1. Check/Screen/Receive the PES   | None                            | 5 min                  | <i>Administrative Assistant / Administrative Aide / Executive Assistant ODDA</i>                                   |
| 2. Receive the accomplished PES.                                 | 2. Accomplish the PES for janitorial personnel assigned at the Deputy Director for Administration Office. | None                            | 5 min                  | <i>Executive Assistant ODDA</i><br><br>Note: May be done by the Administrative Assistant in the absence of the EA. |
| 3. Wait for feedback or follow up status, as needed.             | 3. Take appropriate action/sign/approve the paper/document.   | None                            | 5 min                  | <i>Deputy Director for Administration ODDA</i>   |
| <b>Total</b>   |   | None                            | 15 min                 |  |

### 3. Application for PGH Car and Motorcycle Sticker

Application for Car/Motorcycle Sticker that would Entitle PGH Employees to Parking Privileges

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>   | PGH – Deputy Director for Administration (DDA)       |                        |                        |   |
| <b>Classification:</b>   | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>  | G2G  |                        |                        |   |
| <b>Who may avail:</b>  | All PGH employees (Contractual & Permanent)          |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |   |
| 1. Official Receipt (OR)<br>2. Certificate of Registration (CR)<br>3. Application Form             |  | Different Departments  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                 | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Bring OR & CR to the Office of the Deputy Director for Administration and get application form. | 1. Check/Screen OR and CR then give application form | None                   | 5 min                  | <i>Administrative Assistant</i><br>ODDA |
| <b>Total</b>   |  | None                   | 5 minutes              |   |

#### 4. Application and Approval for Use of Facilities (Ex. Social Hall, Science Hall, Room 218 etc.)

Approval of the letter request to use designated facilities within PGH (either for free or with payment of the approved rate)

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   | PGH – Deputy Director for Administration (DDA)  |  |                        |   |
| <b>Classification:</b>   | Simple  |  |                        |   |
| <b>Type of Transaction:</b>  | G2G   |  |                        |   |
| <b>Who may avail:</b>  | PGH Department Chairs, UP PGH officials and students  |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                         |                        |   |
| 1. Letter of Request<br>2. Application Form<br>3. Payment of Facility Fee  |   | Different Departments                          |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Call ODDA for the availability of facility and reserve the slot.  | 1. Check logbook of room schedule   | None   | 2 min                  | <i>Administrative Assistant</i><br>ODDA   |
| 2. If available, make a letter request to use the available facility/room and submit to the ODDA.  | 2. Receive the letter request and forward the letter to DDA's table for approval.                           | None   | 2 min                  | <i>Administrative Assistant</i><br>ODDA   |
| 3. Upon approval, get application form for facility use and order of payment.  | 3. Give application form to use facility and order of payment.  | Please refer to the approved schedule of rates | 5 min                  | <i>Administrative Assistant</i><br>ODDA   |
| 4. After payment, bring official receipt to the ODDA.  | 4. Check the official receipt issued by the cashier.  | None   | 2 min                  | <i>Administrative Assistant</i><br>ODDA   |
| 5. If for waiving of facility fee, submit letter request to use the facility and request to waive the facility fee addressed to the Director through channels. | 5. Receive letter request and forward to the DDA for endorsement and to the Director's Office for approval. | None   | 4 min                  | <i>Administrative Assistant / Administrative Aide / Executive Assistant</i><br>ODDA |
| <b>Total</b>   |   | None   | 15 min                 |   |

## 5. Approval of Materials for Posting (i.e. Posters/ Tarpaulins) to be Posted on PGH Bulletin Boards

Approval of posters, tarpaulins, etc. for posting on designated bulletin boards in PGH

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   | PGH – Deputy Director for Administration (DDA)  |  |                        |   |
| <b>Classification:</b>   | Simple  |  |                        |   |
| <b>Type of Transaction:</b>  | G2G   |  |                        |   |
| <b>Who may avail:</b>  | PGH Department Chairs, UP PGH officials and students  |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |   |
| 1.Posters<br>2.Tarpaulins  |   | Different Departments of PGH and UP officials/students<br>Outside Services |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Bring tarpaulin/posters to the Deputy Director for Administration office for UP PGH activities    | 1.Stamp the poster/tarpaulin with ok for posting on the bulletin board  | None   | 2 min                  | <i>Administrative Assistant</i><br>ODDA |
| 2. For outside poster and tarpaulins, submit to the Office of the Deputy Director for Administration | 2. Seek approval of the Deputy Director for Administration and if approve, Stamp the poster/tarpaulin with “ok for posting” on the bulletin board | None   | 5 min                  | <i>Administrative Assistant</i><br>ODDA |
| <b>Total</b>   |   | None   | 7 min                  |   |

## 6. Approval/ Recommending Approval of other Official Hospital Documents (e.g. Transfer Orders, Purchase Order/Requests, Checks, Voucher, Affidavits, Certificates)

Approval or Recommending Approval of other hospital documents such as Transfer Orders, Purchase Orders/Requests. Checks, Vouchers, Affidavits, and Certificates by the Deputy Director for Administration

|   |  |  |                        |  |
|---|--|--|------------------------|--|
| <b>Office or Division:</b>  | PGH – Deputy Director for Administration (DDA)   |  |                        |  |
| <b>Classification:</b>  | Simple   |  |                        |  |
| <b>Type of Transaction:</b>   | G2G  |  |                        |  |
| <b>Who may avail:</b>   | Deputy Directors (DDs), Coordinators and Administrative Personnel under the Executive Offices; Heads of Units and their staff under the Deputy Director for Administration Office, Cashier, Accounting |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |  |
| 1. Duly accomplished Form/Document with required endorsements and attachments   |  | Executive Offices, Units under the Office of the Deputy Director for Administration, Units under the office of Deputy Director for Fiscal Services |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                  |
| 1. Present the paper/document together with the checklist/record/ receiving copy, wait until the checking of paper/document is completed, and receive the checklist/record/ Receiving copy. | 1. Check the paper/document and its completeness/ correctness against the checklist/record/ receiving copy<br><br>1.1 Sign the checklist or record/receiving copy and return to client                 | None   | 3 min                  | <i>Administrative Aide / Executive Assistant (EA) ODDA</i> |
| 2. Leave the paper/document in the office.  | 2. Label/mark/tag the page/s of the paper/document to be acted upon/signed/approved by the Deputy Director for Administration  | None   | 4 min                  | <i>Administrative Aide / Executive Assistant ODDA</i>      |



|  |  |      |        |  |
|--|--|------|--------|--|
| 3. Wait for feedback or follow up status, as needed. | 3. Take appropriate action/sign/approve the paper/document.<br><br>3.1 Give feedback/update on the status, as needed.  | None | 10 min | <i>Deputy Director for Administration</i><br>ODDA        |
| 4. Wait for the prepared checklist                   | 3. Check the paper/document and prepare checklist  | None | 5 min  | <i>Administrative Aide / Executive Assistant</i><br>ODDA |
| 5. Sign the checklist and receive the paper/document | 4. Instruct client to sign the checklist and hand over the paper/document.<br><br>4.1 For papers/documents to be sent to concerned offices/units, coordinate with the Message Center employee/other assigned personnel | None | 3 min  | <i>Administrative Aide / Executive Assistant</i><br>ODDA |
| Total  |  | None | 25 min |  |

# **Human Resource Development Division**

## **External Services**

## 1. Talent Acquisition (External)

Shortlisting and selecting from among the reviewed and screened applications of external applicants.

| <b>Office or Division:</b>   | Human Resource Development Division (HRDD) – Recruitment and Placement Section (RPS) |   |                 |                              |
|--|--|---|-----------------|------------------------------|
| <b>Classification:</b>   | Highly Technical   |   |                 |                              |
| <b>Type of Transaction:</b>  | G2C; G2G   |   |                 |                              |
| <b>Who may avail:</b>  | External applicant   |   |                 |                              |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |                              |
| 1. Resume or Personal Data Sheet (PDS) with 2x2 colored picture (2 original for Skilled Workers and Paramedical & 1 original for Admin applicants)                           |  | <a href="http://www.pgh.gov.ph/en/hospcareers/">http://www.pgh.gov.ph/en/hospcareers/</a> (for PDS) |                 |                              |
| 2. Scholastic Records/ Academic Records/Transcript of Records (bring original & submit 2 photocopies for Skilled Workers and Paramedical & 1 photocopy for Admin applicants) |  | From applicant's respective school/university   |                 |                              |
| 3. College Diploma/ High School Diploma (bring original & submit 2 photocopies for Skilled Workers and Paramedical & 1 photocopy for Admin applicants)                       |  | From applicant's respective school  |                 |                              |
| 4. Authenticated Career Service Eligibility – bring original & to submit one (1) photocopy   |  | CSC   |                 |                              |
| 5. RA 1080/ TESDA Eligibility - bring original & to submit two (2) photocopies   |  | Professional Regulatory Commission (PRC)/TESDA  |                 |                              |
| 6. PSA Birth Certificate - bring original & to submit two (2) copies for Skilled Workers and Paramedical & one (1) copy for Admin applicants                                 |  | Philippine Statistics Authority (PSA)   |                 |                              |
| 7. Certificate of Employment - bring original & to submit two (2) copies for Skilled Workers and Paramedical & one (1) copy for Admin applicants                             |  | From applicant's previous employer  |                 |                              |
| 8. Vaccination Card - bring original & to submit two (2) copies for Skilled Workers and Paramedical & one (1) copy for Admin applicants                                      |  | Applicant's vaccination card  |                 |                              |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE           |
| 1. Submit complete requirements  | 1.1. Receive, assess and evaluate  | None  | 30 minutes      | Administrative Assistant II; |

|   |  |      |            |  |
|---|--|------|------------|--|
|   | complete requirements  |      |            | Administrative Officer II (PGH HRDD-RPS)   |
|   | 1.2. Refer the applicant to OETS/ Paramedical Departments for training with the issuance of PGH Form No. A-071014 (Applicant's Training Referral Slip) | None | 5 minutes  | Administrative Assistant II; Administrative Officer II (PGH HRDD-RPS)  |
|   | 1.3. Schedule the applicant for Psychological and Computer Exam with the issuance of PGH Form No. A-071007 (Schedule Slip) and Acknowledgement Receipt | None | 10 minutes | For Computer Schedule:<br>Information Technology Office (ITO)- Administrative Aide IV; Administrative Officer<br><br>For Psychological Schedule:<br>HRDD- Administrative Assistant II; Administrative Officer II |
| 2. Take computer and psychological examinations | 2.1. Administer Psychological Exam   | None | 5 hours    | Administrative Assistant II; Administrative Officer II; Administrative Officer IV (PGH HRDD-RPS)   |
|   | 2.2. Score, evaluate and interpret Psychological Exam  | None | 5 hours    | Administrative Assistant II; Administrative Officer II<br>Administrative Officer IV  |

|                      |  |      |            |  |
|----------------------|--|------|------------|--|
|                      | 2.3. Notify through text/call/ email the applicant of the initial interview schedule   | None | 5 minutes  | (HRDD-RPS)<br>Administrative Assistant II;<br>Administrative Officer II<br>(PGH HRDD-RPS)  |
| 3. Undergo interview | 3.1. Interview the applicant   | None | 30 minutes | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV;<br>Administrative Officer V<br>(PGH HRDD-RPS) |
|                      | 3.2. Refer qualified applicant to the Requesting Office with the issuance of PGH Form No. A-071010 (Applicant's Referral Slip) and forward all pertinent documents | None | 30 minutes | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV<br>(PGH HRDD-RPS)                              |
|                      | 3.3. Assess/evaluate all the documents and submit endorsement to the HRDD-RPS  | None | 7days      | Head of the Requesting Office  |
|                      | 3.4. Submit endorsement to the PGH-HRMPSB  | None | 1 day      | Administrative Officer II<br>(PGH HRDD-RPS)  |

|               |  |      |                                 |   |
|---------------|--|------|---------------------------------|---|
|               | 3.5. Prepare and submit request for CSC verification of the successful candidate's eligibility | None | 2 days                          | Administrative Officer II (PGH HRDD-RPS)                              |
|               | 3.6. Follow-up and await for the release of verification                                       | None | 15 days                         | Administrative Officer II (PGH HRDD-RPS)                              |
|               | 3.7. Notify the candidate thru text / call/ email of the success of his/her application        | None | 5 minutes                       | Administrative Assistant II; Administrative Officer II (PGH HRDD-RPS) |
| <b>TOTAL:</b> |  | None | 26 days, 3 hours and 55 minutes |   |

## 2. Issuance of Certificate of On-the-Job Training Completion

Granted to a trainee who successfully completed the required training hours.

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section |                        |                        |  |
| <b>Classification:</b>  | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |  |
| <b>Who may avail:</b>   | On-the-Job Trainee Applicants  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |  |
| 1. Rating Form (1 original and 1 photocopy)   |  | HRDD-DPEMS             |                        |  |
| 2. Daily Time Record (1 original and 1 photocopy)   |  | HRDD-DPEMS             |                        |  |
| 3. Temporary ID   |  | HRDD-DPEMS             |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Forward to HRDD DPEMS the complete requirements and receive an acknowledgement receipt | 1.1. Receive and check all the documents and issue an acknowledgement receipt                        | None                   | 10 minutes             | Administrative Officer IV (HRDD-DPEMS) |
|   | 1.2. Encode the details of the application into the logbook  | None                   | 5 minutes              | Administrative Officer IV (HRDD-DPEMS) |
|   | 1.3. Assess the application and prepare the certificate the forward to the Administrative Officer V  | None                   | 30 minutes             | Administrative Officer IV (HRDD-DPEMS) |
|   | 1.4. Attest the certificate then forward to the Chief Administrative Officer                         | None                   | 10 minutes             | Administrative Officer V (HRDD-DPEMS)  |
|   | 1.5. Validate and sign the certificate then forward to HRDD DPEMS                                    | None                   | 1 day                  | Chief Administrative Officer (HRDD)    |
|   | 1.6. Send a notice that the certificate is ready for release.  | None                   | 10 minutes             | Administrative Officer II (HRDD-       |

|  |   |      |                              |  |
|--|---|------|------------------------------|--|
|  |   |      |                              |  |
| 2. Acknowledge the notice and receive the approved application | 2.1. Release the approved application and retain a copy of the certificate together with the original copy of the requirements. Stamp "Claimed" the claim stub and application form | None | 10 minutes                   | Administrative Officer IV (HRDD-DPEMS) |
| <b>TOTAL:</b>  |   | None | 1 day, 1 hour and 15 minutes | None                                   |



### 3. Submission of Requirements and Processing of Appointment

The appointee will submit the necessary requirements for processing of appointment.

|  |  |   |
|--|--|---|
| <b>Office or Division:</b>   | Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS) |   |
| <b>Classification:</b>   | HT   |   |
| <b>Type of Transaction:</b>  | G2C; G2G   |   |
| <b>Who may avail:</b>  | Recommended Applicants/PGH employees   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |
| 1. Recommendation endorsed by the PGH-HRMPSB (original)  |  | PGH-HRMPSB  |
| 2. Personal Data Sheet - <i>CS Form No. 212</i> (with passport size picture 3.5 cm x 4.5 cm colored - white background) (2 original) |  | <a href="http://www.pgh.gov.ph/en/hospcareers/">http://www.pgh.gov.ph/en/hospcareers/</a> |
| 3. Work Experience Sheet – <i>Attachment to CS Form No. 212</i> (2 original)   |  | <a href="http://www.pgh.gov.ph/en/hospcareers/">http://www.pgh.gov.ph/en/hospcareers/</a> |
| 4. Position Description Form – <i>DBM-CSC Form No. 1</i> (2 original)  |  | <a href="http://www.pgh.gov.ph/en/hospcareers/">http://www.pgh.gov.ph/en/hospcareers/</a> |
| 5. Oath of Office - <i>CS Form No. 32</i> (3 original)   |  | <a href="http://www.pgh.gov.ph/en/hospcareers/">http://www.pgh.gov.ph/en/hospcareers/</a> |
| 6. Medical Certificate - <i>CS Form No. 211</i> (1 original)   |  |   |
| 7. Memorandum of Agreement (for Medical Officers only) (1 copy)  |  |   |
| 8. Authenticated copy of Civil Service Eligibility/RA 1080 (Board Rating) (2 copies)   |  |   |
| 9. Authenticated copy of PRC ID (2 copies)   |  |   |
| 10. Diploma – Certified true copy (1 copy)   |  |   |
| 11. Transcript of Records – Certified true copy (1 copy)   |  |   |
| 12. NBI Clearance (within 1 year validity) (1 original)  |  |   |
| 13. PSA Birth Certificate (1 original)   |  |   |
| 14. Marriage Certificate ( <i>if applicable</i> ) (1 original & 1 photocopy)   |  |   |
| 15. IPCR - Jan to June / July to Dec (certified true copy)   |  |   |
| 16. Certificate of Employment (as stated in Item 28 of PDS) (1 original & 1 photocopy)   |  |   |
| 17. Certificate of Learning/s & Development (seminar/trainings attended as stated in Item 30 of PDS)                                 |  |   |

| (1 original & 1 photocopy)   |  |  |                 |   |
|--|--|--|-----------------|---|
| 18. Explanation for the delay<br>(if requirements are submitted after the deadline set)  |  |  |                 |   |
| 19. Long Cream or White THICK Folder   |  |  |                 |   |
| 20. For Transfer Employees:<br>a. Approved request for transfer<br>b. Certified copy of latest appointment<br>c. Certified copy of clearance from former employer<br>d. Service Record (original)<br>e. Certification of last salary received<br>f. Certification of Deductions<br>g. Certification of leave balance<br>h. Certified copy of last two (2) performance rating |  |  |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                        | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Secure checklist of requirements at HRDD  | 1.1 Issue list of requirements and advise recommendee to submit the complete requirements within 14 working days   | None                                   | 5 minutes       | AIMS staff/officer  |
|  | 1.2. Prepare and submit request for IBP/PRC/LTO verification of the successful candidate's eligibility   | PGH to pay 200.00 for IBP Verification | 2 days          | AIMS staff/officer  |
|  | 1.3. Follow-up and await for the release of verification<br><br>*Note: Processing of PRC verification depends on the schedule given by PRC personnel in-charge |  | (paused-clock)  | AIMS staff/officer  |
| 2. Submit complete documentary requirements and duly accomplished Forms  | 2.1. Receive and check the completeness of documents submitted, prepare  | None                                   | 7 days          | AIMS staff/officer;<br>Head of Unit;<br>Deputy Director;<br>Chief, HRD; |

|                                      |   |        |                         |  |
|--------------------------------------|---|--------|-------------------------|--|
|                                      | Basic Paper and forward to the Head of requesting unit, respective Deputy Director, Chief Budget Division |        |                         | Budget staff/officer; Chief, Budget                              |
|                                      | 2.2. Prepare Final Appointment for signature of the Chief - HRDD, Chair – HRMPSB and the Director         | None   | 3 days                  | AIMS staff/officer; Chief, HRDD; Chair – HRMPSB and the Director |
| 3. Attend orientation for deployment | 3.1. Contact recommendee  | None   | 5 minutes               | AIMS staff/officer   |
| 4. Receive Appointment               | 4.1. Issue Final Appointment and other requirements needed for salary                                     | None   | 5 minutes               | AIMS staff/officer   |
| <b>TOTAL:</b>                        |   | PhP200 | 12 days and 15 minutes* |  |

#### 4. Issuance of Service Record

A Service Record (SR) is a collection of either electronic or printed material which provides the employment history of an employee. It contains the following information:

- 1) employee's name;
- 2) date of birth;
- 3) place of birth;
- 4) position title;
- 5) status of appointment;
- 6) salary;
- 7) effectivity and duration of appointment; and
- 8) changes/movement in the position.

|   |  |   |                        |                           |
|---|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>  | Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS) |   |                        |                           |
| <b>Classification:</b>  | Complex  |   |                        |                           |
| <b>Type of Transaction:</b>   | G2C; G2G   |   |                        |                           |
| <b>Who may avail:</b>   | PGH present/previous employees/Other government agencies                                       |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                            |                        |                           |
| 1. UIS Request/Request Form   |  | HRDD-BWRS   |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Active employee to apply thru UIS or former employee to apply personally at BWRS | 1.1. Check/prepare for any LWOP/ forward request to AIMS for preparation                       | None  | 1 day, 4 hours         | BWRS staff                |
|   | 1.2. AIMS staff to prepare the request for signature of the Officer.                           | None  | 4 days, 4 hours        | AIMS staff                |
| 2. Pay the required fees, if applicable   | 2.1. Forward the SR to BWRS staff  | None for official use; P10.00 if for personal use | 20 minutes             | AIMS staff                |
| 3. Receive the requested SR   | 3.1. Release the SR to requesting client.  | None  | 20 minutes             | BWRS staff                |
| <b>TOTAL:</b>   |  | PhP10/ copy                                       | 6 days and 40 minutes  |                           |

## 5. Submission of Personal Services Itemization and Plantilla of Personnel (PSIPOP)

The PSIPOP serves as the primary data source for manpower information and as basis for determining the Personal Services (PS) budgetary requirements of Philippine General Hospital.

| <b>Office or Division:</b>                         | Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)   |                 |                       |                    |
|--|--|-----------------|-----------------------|--------------------|
| <b>Classification:</b>                             | Complex  |                 |                       |                    |
| <b>Type of Transaction:</b>                        | G2G  |                 |                       |                    |
| <b>Who may avail:</b>                              | Department of Budget and Management/ UP System   |                 |                       |                    |
| CHECKLIST OF REQUIREMENTS                          |  | WHERE TO SECURE |                       |                    |
| 1. Updated Plantilla Records                       |  | HRDD-AIMS       |                       |                    |
| CLIENT STEPS                                       | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE |
| 1. DBM to upload PSIPOP                            | 1.1. Update/edit the uploaded PSIPOP   | None            | 5 days                | AIMS staff         |
|  | 1.2. Forward edited/updated PSIPOP to 1 <sup>st</sup> level agency approver.   | None            | 5 minutes             | AIMS staff         |
|  | 1.3. Review/approve the uploaded PSIPOP and send back to HRDD if there are revisions. Forward to 2 <sup>nd</sup> Level approver if there is no revision. | None            | 1 day                 | Budget staff       |
| 2. DBM specialist to approve and upload the PSIPOP | 1.4. Approve the PSIPOP and forward to the DBM specialist.   | None            | 15 minutes            | UP System Budget   |
| <b>TOTAL:</b>                                      |  | None            | 6 days and 20 minutes |                    |

## 6. Submission of HR Statistical Report

Statistical Reports are organized synthesis of data that span a whole array of forms going from tables of numbers to a text summarizing the findings. Reports are based on the Human Resource Plantilla records.

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS) |                        |                        |  |
| <b>Classification:</b>   | Highly Technical   |                        |                        |  |
| <b>Type of Transaction:</b>  | G2C; G2G   |                        |                        |  |
| <b>Who may avail:</b>  | UP Systems /PGH Executives & Committees/ Other Agencies  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |  |
| 1. Letter request for statistics (from PGH Offices, UP System, and Other Agencies) |  | Requester              |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. UP and other Agencies request the Agency through HRDD                           | 1.1. Prepare the data needed in the report.  | None                   | 4 days                 | AIMS staff   |
|  | 1.2. Review and validate the correctness of data and affix initials or sign the documents      | None                   | 2 days                 | Section Chief- AIMS<br>Chief, HRDD<br>Deputy Director for Administration |
|  | 1.3. Check the details and sign/approve the final data requested                               | None                   | 1 day                  | Director   |
| 2. Receive and acknowledge the sent data   | 2.1. Forward or e-mail the signed document to the requesting party.                            | None                   | 1 day                  | AIMS Staff<br>Liaison Officer  |
| <b>TOTAL:</b>  |  | None                   | 8 days                 |  |

## 7. Updating with GSIS an Employee's Membership Profile (ARA)

Any update/change in the employment status or correction of personnel information of a member should be reported to GSIS through the submission of the Agency Remittance Advice (ARA) by the designated Agency Authorized Officer.

|   |   |                        |                        |                                 |
|---|---|------------------------|------------------------|---------------------------------|
| <b>Office or Division:</b>                                  | Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)  |                        |                        |                                 |
| <b>Classification:</b>                                      | Complex   |                        |                        |                                 |
| <b>Type of Transaction:</b>                                 | G2G   |                        |                        |                                 |
| <b>Who may avail:</b>                                       | PGH employees   |                        |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                            |   | <b>WHERE TO SECURE</b> |                        |                                 |
| 1. Correction of personal information<br>2. Service Record  |   | HRDD-AIMS              |                        |                                 |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1. GSIS require the Agency on the monthly submission of ARA | 1.1. Identify PGH employees with updates/change or correction in personal data and employment status for reporting  | None                   | 4 hours                | AIMS staff                      |
|   | 1.2. Prepare a report using the appropriate form:<br>□ Form A-Newly hired employees<br>□ Form B-Transfer from other agency<br>□ Form C-Salary adjustment (With multiple salary lines)<br>□ Form E-Update/Correction of Personal Information<br>Form F-Salary adjustment (Single, Last salary lines) | None                   | 5 days                 | AIMS staff                      |
|   | 1.3 E-mail the ARA report to the Agency Authorized Officer (AAO).   | None                   | 1 day                  | AIMS staff, Agency              |
|   | 1.4 Upload to GSIS Web msp.gsis.gov.ph  | None                   | 1 day                  | Agency Authorized Officer (AAO) |
| <b>TOTAL:</b>   |   | None                   | 7 days and 4 hours     |                                 |

## 8. Employee Verification

Certifying the employment history of a current or former employee.

|  |  |                        |                        |                                    |
|--|--|------------------------|------------------------|------------------------------------|
| <b>Office or Division:</b>   | Human Resource Development Division  |                        |                        |                                    |
| <b>Classification:</b>   | Complex  |                        |                        |                                    |
| <b>Type of Transaction:</b>  | G2G  |                        |                        |                                    |
| <b>Who may avail:</b>  | All Private Agencies, Government Agencies  |                        |                        |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |                                    |
| 1. Letter request for verification approved by the Deputy Director/ Request thru email |  | HRDD-BWRS              |                        |                                    |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>          |
| 1. Submit request letter to the office of the concerned Deputy Director or thru email  | 1.1 Receive/ acknowledge the approved request/email  | None                   | 5 minutes              | Administrative Aide VI (HRDD-BWRS) |
|  | 1.2 Check/validate the record of the concerned employee/former employee                        |                        | 3 days                 | Administrative Aide VI (HRDD-BWRS) |
|  | 1.3 Prepare certification/ fill up verification form provided for the signature of PGH Officer |                        | 3 days                 | Administrative Aide VI (HRDD-BWRS) |
|  | 1.4 Issue the certification/ send verification form thru email                                 |                        | 5 minutes              | Administrative Aide VI (HRDD-BWRS) |
| <b>TOTAL:</b>  |  | None                   | 6 days and 10 minutes  |                                    |



## 9. Issuance of Temporary ID

Temporary ID is issued to non- PGH employee for proper identification while inside the hospital premises.

| <b>Office or Division:</b>  | Human Resource Development Division   |                 |                 |  |
|---|---|-----------------|-----------------|--|
| <b>Classification:</b>  | Simple  |                 |                 |  |
| <b>Type of Transaction:</b>   | G2C   |                 |                 |  |
| <b>Who may avail:</b>   | Job Order Employees, Private employees, Post Graduate Interns, Trainees, Consultants, Service Providers, Clinical Rotators/Observers and PGH Retirees |                 |                 |  |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE |                 |  |
| <u>A. Job Order Employee:</u><br>1. 1x1 ID picture<br>2. Personnel Directory Form<br><br><u>B. Private Employee/Service Provider:</u><br>1. 1x1 ID picture<br>2. NBI Clearance<br>3. Request Permission of Private Employees to Enter PGH Compound Form<br><br><u>C. Trainee/Consultant/Clinical Rotator/Observer:</u><br>1. Letter endorsed by the Deputy Director for Health Operations and Deputy Director for Administration<br>2. 1x1 ID picture<br>3. Personnel Directory (except Consultants, Rotator/Observer)<br><br><u>D. PGH Retiree:</u><br>1. 1x1 ID picture |   | HRDD – BWRS     |                 |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Fill up application form and attach all the requirements   | 1.1 Receive and check the completeness of the application form and the requirements   | None            | 10 minutes      | Administrative Aide VI (HRDD-BWRS)   |
|   | 1.2 Prepare and print the ID, affix initials and forward to the Office of the Director for signature  |                 | 2 days          | Administrative Aide VI, Administrative Officer V (HRDD-BWRS)<br><br>Director |
| 2. Pay the required fees  | 2.1 Accept payment and issue tape receipt   | PHP 50.00       | 4 hours         | Cash Clerk (Cash Division)   |

|  |                           |           |                                |                                    |
|--|---------------------------|-----------|--------------------------------|------------------------------------|
|  |                           |           |                                |                                    |
| 3. Submit payment receipt and Receive ID | 3.1 Release/ issue the ID | None      | 10 minutes                     | Administrative Aide VI (HRDD-BWRS) |
| <b>TOTAL:</b>                            |                           | PHP 50.00 | 2 days, 4 hours and 20 minutes |                                    |

## 10. PhilHealth Membership Requirement for Newly Hired Permanent and Contractual employees

PhilHealth membership duly endorsed by the Head of Agency to be submitted to PhilHealth.

|  |  |                        |                                |   |
|--|--|------------------------|--------------------------------|---|
| <b>Office or Division:</b>   | Human Resource Development Division  |                        |                                |   |
| <b>Classification:</b>   | Simple   |                        |                                |   |
| <b>Type of Transaction:</b>  | G2C  |                        |                                |   |
| <b>Who may avail:</b>  | All PGH permanent and contractual employees  |                        |                                |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                                |   |
| 1. PhilHealth Membership Registration Form<br>2. Photocopy of PSA Birth certificate or PRC ID of new member (1 copy)<br>3. Photocopy of PSA Marriage contract of spouse (1 copy if applicable)<br>4. Photocopy PSA Birth certificate of dependent (1 copy if applicable) |  | HRDD – BWRS            |                                |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>         | <b>PERSON RESPONSIBLE</b>               |
| 1. Submit accomplished PMRF with attached photocopies of the documentary requirements  | 1.1 Receive and check the completeness of the form and attachment/s  | None                   | 10 minutes                     | Administrative Assistant II (HRDD-BWRS) |
|  | 1.2 Accomplish the PhilHealth ER2 form for the initials of the BWRS Chief and the Chief Administrative Officer and signature of the Director |                        | 2 days                         | Administrative Assistant II (HRDD-BWRS) |
|  | 1.3 Submit to PhilHealth Office  |                        | 4 hours                        | Liaison Officer (OCS-Message Center)    |
|  | <b>TOTAL:</b>  | None                   | 2 days, 4 hours and 10 minutes |   |

## 11. PhilHealth Membership Requirement for Job Order Employees

PhilHealth membership of Job Order employee is duly endorsed by the Head of Agency to be submitted to PhilHealth.

|  |  |                        |                                |   |
|--|--|------------------------|--------------------------------|---|
| <b>Office or Division:</b>   | Human Resource Development Division  |                        |                                |   |
| <b>Classification:</b>   | Simple   |                        |                                |   |
| <b>Type of Transaction:</b>  | G2G  |                        |                                |   |
| <b>Who may avail:</b>  | All PGH Job Order employees  |                        |                                |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                                |   |
| 1. PhilHealth Membership Registration Form<br>2. Photocopy PSA Birth certificate or PRC ID of new member (1 copy)<br>3. Photocopy PSA Marriage contract of spouse (1 copy)<br>4. Photocopy PSA Birth certificate of dependent (1 copy) |  | HRDD – BWRS            |                                |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>         | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit accomplished PMRF with attached photocopies of the documentary requirements  | 1.1 Receive and check the completeness of the submitted form and attachment/s  | None                   | 10 minutes                     | Administrative Assistant II (HRDD-BWRS)   |
|  | 1.2 Accomplish the PhilHealth ER2 form for the initials of the BWRS Chief and the Chief Administrative Officer and signature of the Director |                        | 2 days                         | Administrative Assistant II (HRDD-BWRS)<br>Administrative Officer V<br>Chief Administrative Officer<br>Director |
|  | 1.3 Submit to PhilHealth Office  |                        | 4 hours                        | Liaison Officer (OCS-Message Center)  |
| <b>TOTAL:</b>  |  | None                   | 2 days, 4 hours and 10 minutes |   |

## 12. Re-issuance of Certificate of Completion of Residency/ Fellowship Training Program

This is issued as requested by a graduate of a Residency/Fellowship Training.

|  |  |                        |                                |                                       |
|--|--|------------------------|--------------------------------|---------------------------------------|
| <b>Office or Division:</b>   | Human Resource Development Division  |                        |                                |                                       |
| <b>Classification:</b>   | Simple   |                        |                                |                                       |
| <b>Type of Transaction:</b>  | G2C  |                        |                                |                                       |
| <b>Who may avail:</b>  | All PGH Residency/Fellowship Graduates   |                        |                                |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                                |                                       |
| 1. Letter requesting for re-issuance for approval by the Deputy Director for Health Operations                                 |  | Requesting individual  |                                |                                       |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>         | <b>PERSON RESPONSIBLE</b>             |
| 1. Submit approved letter requesting for re-issuance of the certificate of completion of Residency/Fellowship Training program | 1.1 Prepare the certificate of completion<br><br>1.2 Facilitate for the signing of the certificate by the Department Chair, Director, Dean of the College of Medicine and the Chancellor | None                   | 4 hours<br><br>2 days          | Administrative Officer IV (HRDD-BWRS) |
| 2. Receive the Certificate of completion   | 2.1 Issue the certificate and retain a copy for file   | None                   | 10 minutes                     | Administrative Officer IV (HRDD-BWRS) |
| <b>TOTAL:</b>  |  | None                   | 2 days, 4 hours and 10 minutes |                                       |

### 13. Issuance of Certificate of Employment (For Separated Employee)

A Certificate of Employment (for separated employee) shows the last position held, last salary and the duration of employment of a former employee.

|   |  |                        |                              |   |
|---|--|------------------------|------------------------------|---|
| <b>Office or Division:</b>                                | Human Resource Development Division  |                        |                              |   |
| <b>Classification:</b>                                    | Complex  |                        |                              |   |
| <b>Type of Transaction:</b>                               | G2C  |                        |                              |   |
| <b>Who may avail:</b>                                     | All PGH former employees   |                        |                              |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                          |  | <b>WHERE TO SECURE</b> |                              |   |
| 1. Request Form<br>2. PGH Employee's Clearance            |  | HRDD – BWRS            |                              |   |
| <b>CLIENT STEPS</b>                                       | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>   |
| 1. Former employee to fill up request form                | 1.1 Check whether the former employee has already been cleared from money, property and other accountabilities and prepare the request for the initials of BWRS Chief and signature of the HR Officer (for local use); | None                   | 2 days, 4 hours              | Administrative Assistant II (HRDD-BWRS)<br><br>Administrative Officer V Chief Administrative Officer (HRDD) |
|   | 1.2 Forward the certificate for the initials of the BWRS Chief, signature of the Chief Administrative Officer and the Deputy Director for Administration (for overseas)  |                        | 3 days, 4 hours              | Administrative Officer V Chief Administrative Officer (HRDD), Deputy Director for Administration (ODDA)     |
| 2. Pay the required fees                                  | 2.1 Acceptance of payment  | PHP10.00 per copy      | 4 hours                      | Cash Clerk (Cash Division)  |
| 3. Present the tape receipt and receive the requested COE | 3.1 Get the tape receipt and release the COE to requesting client  | None                   | 10 minutes                   | Administrative Assistant II (HRDD-BWRS)   |
| <b>TOTAL:</b>   |  | PHP10.00 per copy      | 5 days, 12 hours, 10 minutes |   |

## 14. Processing of Requirements for GSIS Claims

GSIS claims includes Maturity of Policy, Cash Surrender Value, Separation Benefits, Death, Disability Retirement, Survivorship and Funeral

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Human Resource Development Division  |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2G; G2C   |                        |                        |   |
| <b>Who may avail:</b>   | All PGH employees, All PGH Former Employees and/or their dependents                      |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| 1. GSIS Form<br>2. Service Record<br>3. Certificate of Leave Without Pay (if applicable)<br>4. PSA Death Certificate (for deceased member)<br>5. PSA Birth Certificate of Claimant of Deceased Member (if applicable) |  | HRDD – BWRS            |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Submit properly accomplished GSIS form with Service Record and other attachments (if applicable)   | 1.1 Receive and check the completeness of the accomplished GSIS form and the attachments | None                   | 10 minutes             | Administrative Assistant/Administrative Officer (HRDD-BWRS) |
|   | 1.2 Collate all the documentary requirements and prepare the endorsement to GSIS         |                        | 30 minutes             | Agency Authorized Officer                                   |
| 2. Forward the endorsement to GSIS  | 2. Give the prepared endorsement to the Liaison Officer/Employee                         | --                     | --                     | Liaison Officer/Employee/GSIS Agency In-charge              |
| <b>TOTAL:</b>   |  | None                   | 40 minutes             |   |

## 15. Submission of Leave Record Related Statistics

Statistical Report is an organized synthesis of data that span a whole array of forms going from tables of numbers to a text summarizing the findings. Report is based on the Leave records of employees.

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Human Resource Development Division   |                        |                        |   |
| <b>Classification:</b>  | Complex   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2G; G2C  |                        |                        |   |
| <b>Who may avail:</b>   | UP System, PGH Executives and Committees  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |   |
| 1. Request from UP System, and Other Offices                            |   |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Request through Memorandum, letter or via Phone Call                 | 1.1 Prepare the data needed in the report requested.  | None                   | 4 days                 | BWRS staff  |
|   | 1.2 Review, check and verify the correctness of data and affix initials or signature in the documents |                        | 1 day                  | BWRS Section Chief, HRD Chief, Deputy Director for Administration |
|   | 1.3 Sign/Approve the final data requested   |                        | 1 day                  | Director  |
| 2. Receive via e-mail or through the liaison officer the requested data | 2.1 Forward or e-mail the signed document to the requesting party.                                    | None                   | 1 day                  | BWRS Staff, Liaison Officer (OCS-Message Center)                  |
| <b>TOTAL:</b>   |   | None                   | 7 days                 |   |



# **Human Resource Development Division**

## **Internal Services**

## 1. Unfreezing of Vacant Administrative Positions

Concerned department/division where the vacant administrative position exists due to retirement, resignation, transfer or death of a personnel occupying the position requests for the Authority to Fill (ATF) as a means to unfreeze.

| <b>Office or Division:</b>  | Human Resource Development Division (HRDD) – Recruitment and Placement Section (RPS)   |                 |                 |  |
|---|--|-----------------|-----------------|--|
| <b>Classification:</b>  | Complex  |                 |                 |  |
| <b>Type of Transaction:</b>   | G2G  |                 |                 |  |
| <b>Who may avail:</b>   | Concerned department/division  |                 |                 |  |
| CHECKLIST OF REQUIREMENTS   |  |                 | WHERE TO SECURE |  |
| 1. Checklist of Requirements for ATF: <ol style="list-style-type: none"> <li>Justification for filling an item (original)</li> <li>Statement on the Mission &amp; Goals of the Unit over the next five (5) years (original)</li> <li>List of specific duties and responsibilities with corresponding weights (percentage) (original)</li> <li>Contribution of the new employee to the Mission and Goals of UP (original)</li> <li>Organizational Chart (original)</li> <li>Functional Chart (original)</li> <li>Current Staff Chart (original)</li> <li>Signs &amp; degrees of backlog in performance targets and accomplishments (original)</li> <li>Coping mechanisms (original)</li> </ol> |  |                 | HRDD            |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Check/verify completeness of requirements  | 1.1. Receive complete requirements from the requesting division/department   | None            | 1 minute        | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |
|   | 1.2. Assess and evaluate the submitted requirements then return to the concerned department/division for uploading in the UP UIS | None            | 1 day           | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |
| 2. Uploading of requirements in the UP UIS  | 2.1. Validate, approve and transfer ownership of ATF   | None            | 4 hours         | Administrative Officer IV (HRDD-RPS)   |

|               |   |      |                       |  |
|---------------|---|------|-----------------------|--|
|               | request through the UP UIS portal until it reaches the UP President for final approval.                                 |      | 4 hours               | Chief Administrative Officer (HRDD)  |
|               |   |      |                       | Chief Administrative Officer (Budget)  |
|               |   |      | 1 day                 | Deputy Director for Administration (ODDA)  |
|               |   |      | 3 days                | PGH Director (DO)  |
|               | * Note: Processing and approval of forwarded ATF documents depend on the schedule given by the UP System Administration |      | (paused-clock)        | Vice Chancellor for Administration (OVCA)<br>UP Manila Chancellor (UPM Chancellor's Office)        |
|               |   |      |                       | Vice President for Administration (OVPA)   |
|               |   |      |                       | UP President   |
|               | 2.2 Receive Approved ATF request from the Requesting Unit/ Department   | None | 1 minute              | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |
| <b>TOTAL:</b> |   | None | 6 days and 2 minutes* |  |

## 2. Engaging Contract of Service (COS)/ Job Order (JO) Workers

Concerned department/division requests for Authority to Hire (ATH) and engage the service of COS/JO workers as a means to augment personnel staffing to ensure smooth, effective and efficient delivery of service to the public.

| <b>Office or Division:</b>  | Human Resource Development Division (HRDD) – Recruitment and Placement Section (RPS)   |                 |                 |  |
|---|--|-----------------|-----------------|--|
| <b>Classification:</b>  | Complex  |                 |                 |  |
| <b>Type of Transaction:</b>   | G2G  |                 |                 |  |
| <b>Who may avail:</b>   | Concerned department/division  |                 |                 |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE |                 |  |
| 2. Checklist of Requirements for ATH:<br>a. Justification for hiring<br>b. Nature of Contract<br>c. Type of Contract<br>d. Position to be Hired<br>e. Rate (Daily)<br>f. Premium Rate (per day for the 20% premium)<br>g. Rate Basis<br>h. Date of vacancy, if replacement<br>i. Funding Source<br>j. Start Date<br>k. End date<br>l. Organizational Chart<br>m. Functional Chart<br>n. Personnel/Current Staff Chart (Original/Renewal)<br>o. Previous Contract JO (Replacement) |  | HRDD-RPS        |                 |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Check/verify completeness of requirements  | 1.1. Receive complete requirements from the requesting division/department   | None            | 1 minute        | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |
|   | 1.2. Assess and evaluate the submitted requirements then return to the concerned department/division and shall be endorsed to the next approver, including | None            | 1 day           | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |

|  |  |      |                |   |
|--|--|------|----------------|---|
|  | the Budget Services Division for Budget Clearance and eventually for uploading in the UP UIS   |      |                |   |
| 2. Uploading of requirements in the UP UIS | 2.1. Validate, approve and transfer ownership of ATH request thru the UP UIS portal until it reaches the authorized approvers until approved by the Chancellor/ Vice President for Administration / UP President for final approval. | None | 4 hours        | Administrative Officer IV (HRDD-RPS)<br>Chief Administrative Officer (HRDD)                 |
|  |  |      | 4 hours        | Chief Administrative Officer (Budget)   |
|  |  |      | 1 day          | Deputy Director for Administration (ODDA)   |
|  |  |      | 3 days         | PGH Director (DO)   |
|  |  |      | (paused-clock) | Vice Chancellor for Administration (OVCA)<br>UP Manila Chancellor (UPM Chancellor's Office) |
|  | * Note: Processing and approval of forwarded ATF documents depend on the schedule given by the UP System Administration  |      |                | Vice President for Administration (OVPA)  |
|  |  |      |                | UP President  |
|  | 2.2 Receive Approved ATH request from the Requesting Unit/ Department  | None | 1 minute       | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative                |

|               |  |      |                          |                                  |
|---------------|--|------|--------------------------|----------------------------------|
|               |  |      |                          | 1907<br>Officer IV<br>(HRDD-RPS) |
| <b>TOTAL:</b> |  | None | 6 days and<br>2 minutes* |                                  |

### 3. Talent Acquisition (Internal)

Shortlisting and selecting from among the reviewed and screened applications of current employees of the hospital.

| <b>Office or Division:</b>  | Human Resource Development Division (HRDD) – Recruitment and Placement Section (RPS)  |   |                 |  |
|---|---|---|-----------------|--|
| <b>Classification:</b>  | Highly Technical  |   |                 |  |
| <b>Type of Transaction:</b>   | G2G   |   |                 |  |
| <b>Who may avail:</b>   | Internal applicant  |   |                 |  |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE   |                 |  |
| 1. Application Form (PGH Form No. A-071009) (1 original)                                |   | HRDD-RPS  |                 |  |
| 2. Updated Personal Data Sheet (PDS) – (1 original)                                     |   | <a href="http://www.pgh.gov.ph/en/hospicareers/">http://www.pgh.gov.ph/en/hospicareers/</a> |                 |  |
| 3. Authenticated IBP/PRC/CSC/LTO Eligibility/License (1 original)                       |   | IBP/PRC/CSC/LTO   |                 |  |
| 4. Letter of Intent to Apply for a Vacant Position (PGH Form No. Q-071017) (1 original) |   | HRDD-RPS  |                 |  |
| 5. Vaccination Card - bring original & to submit one (1) photocopy                      |   | Applicant's vaccination card  |                 |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Submit complete requirements   | 1.1. Receive, assess and evaluate complete requirements   | None  | 30 minutes      | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |
|   | 1.2. Schedule the applicant for Psychological Exam with the issuance of PGH Form No. A-071007 (Schedule Slip) and Acknowledgement Receipt | None  | 10 minutes      | Administrative Assistant II;<br>Administrative Officer II (HRDD-RPS)                               |
| 2. Take computer and psychological examinations   | 2.1. Administer Psychological Exam  | None  | 5 hours         | Administrative Assistant II;<br>Administrative Officer II<br>Administrative Officer IV (HRDD-RPS)  |

|   |      |            |  |
|---|------|------------|--|
| 2.2. Score, evaluate and interpret Psychological Exam   | None | 5 hours    | Administrative Assistant II;<br>Administrative Officer II<br>Administrative Officer IV (HRDD-RPS)  |
| 2.3. Refer qualified applicant to the Requesting Office   | None | 30 minutes | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |
| 2.4. Assess, validate and confirm the ranking or profiling of qualified/shortlisted candidate/s provided by the Office HRMPSB | None | 7 days     | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |
| 2.5. Receive endorsement from the Requesting Office   | None | 5 minutes  | Administrative Assistant II;<br>Administrative Officer II;<br>Administrative Officer IV (HRDD-RPS) |
| 2.6. Submit endorsement to the PGH-HRMPSB   | None | 1 day      | Administrative Officer II (HRDD-RPS)   |
| 2.7. Prepare and submit request for CSC verification of the successful candidate's eligibility                                | None | 2 days     | Administrative Officer II (HRDD-RPS)   |
| 2.8. Notify the candidate thru text/ call/email of the success of his/her application   | None | 5 minutes  | Administrative Assistant II;<br>Administrative Officer II (HRDD-RPS)                               |



|               |      |  |  |
|---------------|------|--|--|
| <b>TOTAL:</b> | None | 11 days,<br>3 hours, and<br>20 minutes |  |
|---------------|------|--|--|

#### 4. Management of SPMS Target

Accessing documentary requirements via online, checking the completeness of the submitted requirements related to SPMS Target.

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>   | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section (HRDD-DPEMS)   |   |                        |   |
| <b>Classification:</b>   | G2G   |   |                        |   |
| <b>Type of Transaction:</b>  | Complex   |   |                        |   |
| <b>Who may avail:</b>  | All PGH Employees (Per department/division/unit)  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Accomplished digital copy of SPMS Form 1 (Individual Performance Commitment and Review Form)  |   | University Information System (UIS) or downloadable from HRDD-DPEMS website |                        |   |
| 2. Accomplished digital copy of SPMS Summary Report and Performance Standard Matrix  |   | HRDD-DPEMS (template downloadable from HRDD-DPEMS website)                  |                        |   |
| 3. Digital Copy of Unit/Sectoral/PMT Minutes of the Meeting – Review and Feedback  |   | HRDD-DPEMS (template downloadable from HRDD-DPEMS website)                  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Forward to HRDD-DPEMS the accomplished digital copy of all the requirements by uploading through the assigned link for Google Drive Folder of the Department/ Division/Unit | 1.1. Access the google drive folder and verify the completeness of personnel included in the SPMS Summary Report  | Ne  | 1 day                  | Administrative Officer II<br>Administrative Officer IV<br>Administrative Officer V (HRDD-DPEMS) |
|  | 1.2. Record the total number of the uploaded SPMS Form 1 (IPCR) per Department/Division/ Unit in the database and send an acknowledgement receipt and assign the unique identification number | None  | 1 hour                 | Administrative Officer II<br>Administrative Officer IV<br>Administrative Officer V (HRDD-DPEMS) |
| 2. Acknowledge the notice and if necessary, revise the document.   | 2.1. Assess the document received and store the necessary details of the documents into   | None  | 3 days                 | Administrative Officer II<br>Administrative Officer IV  |

|  |  |      |                |   |
|--|--|------|----------------|---|
|  | the database. The officer shall notify the client through email of any revision. |      |                | Administrative Officer V (HRDD-DPEMS)   |
| 3. Forward to HRDD-DPEMS the revised document. | 3.1. Receive and validate the revised document.                                  | None | 1 day          | Administrative Officer II<br><br>Administrative Officer IV<br><br>Administrative Officer V (HRDD-DPEMS) |
| <b>TOTAL:</b>                                  |  | None | 5 days, 1 hour |   |

## 5. Management of SPMS Rating

Accessing documentary requirements via online, checking the completeness of the submitted requirements related to SPMS Rating (IPCR Rating, SPMS Summary Report, SPMS Monitoring Sheet, Performance Standard Matrix and PMT Minutes of the Meeting - Review and Evaluation).

| <b>Office or Division:</b>   | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section   |   |                 |   |
|--|--|---|-----------------|---|
| <b>Classification:</b>   | G2G  |   |                 |   |
| <b>Type of Transaction:</b>  | Highly Technical   |   |                 |   |
| <b>Who may avail:</b>  | All PGH Employees  |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |   |
| 1. Accomplished digital copy of SPMS Form 1 (Individual Performance Commitment and Review Form)  |  | University Information System (UIS) or downloadable from HRDD-DPEMS website |                 |   |
| 2. Accomplished digital copy of SPMS Summary Report, SPMS Monitoring Sheet and Performance Standard Matrix. If applicable, UP SPMS Form 4 and UP SPMS Form 5                   |  | HRDD-DPEMS (template downloadable from HRDD-DPEMS website)                  |                 |   |
| 3. Unit/Sectoral/PMT Minutes of the Meeting (1 original)   |  | HRDD-DPEMS (template downloadable from HRDD-DPEMS website)                  |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Forward to HRDD-DPEMS the accomplished digital copy of all the requirements by uploading through the assigned link for Google Drive Folder of the Department/ Division/Unit | 1.1. Access the google drive folder and verify the completeness of personnel included in the SPMS Summary Report and SPMS Monitoring Sheet   | None  | 1 day           | Administrative Officer II<br><br>Administrative Officer IV<br><br>Administrative Officer V (HRDD-DPEMS) |
|  | 1.2. Validate the Rating from the SPMS form vis-à-vis SPMS Summary Report and SPMS Monitoring Sheet, and the assigned unique identification number and other necessary details of the document into the e-logbook/database. The officer shall notify | None  | 5 days          | Administrative Officer II<br><br>Administrative Officer IV<br><br>Administrative Officer V (HRDD-DPEMS) |

|  |  |      |         |   |
|--|--|------|---------|---|
|  | the client through email of any revision.  |      |         |   |
| 2. Acknowledge the notice and if necessary, revise the document. |  | None | 3 days  | Administrative Officer II<br><br>Administrative Officer IV<br><br>Administrative Officer V (HRDD-DPEMS) |
| 3. Forward to HRDD-DPEMS the revised document.                   | 3.1. Receive and validate the revised document and store the necessary details/changes of the documents into the database. | None | 1 day   | Administrative Officer II<br><br>Administrative Officer IV<br><br>Administrative Officer V (HRDD-DPEMS) |
| <b>TOTAL:</b>  |  | None | 10 days |   |

## 6. Issuance of Certified True Copy of IPCR Rating

Issuance of Certified True Copy of IPCR Rating of the employees for promotion, transfer, etc.

|   |   |  |                        |   |
|---|---|--|------------------------|---|
| <b>Office or Division:</b>  | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section  |  |                        |   |
| <b>Classification:</b>  | G2G; G2C  |  |                        |   |
| <b>Type of Transaction:</b>   | Simple  |  |                        |   |
| <b>Who may avail:</b>   | PGH Employee/Department/Division/Unit   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                                     |                        |   |
| 1. Accomplished e-Application Form  |   | HRDD-DPEMS (template downloadable from HRDD-DPEMS website) |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Forward request to HRDD-DPEMS email the accomplished e-application form and receive the claim stub | 1.1. Access the HRDD-DPEMS email and assess the accomplished application, and send acknowledgement receipt and assign a unique identification number for the claim stub           | None   | 5 minutes              | Administrative Officer II   |
|   | 1.2. Retrieve the uploaded validated file copy of SPMS Rating from Google File Folder Storage. Print or Photocopy. the file copy and stamp "certified true copy" to the document. | None   | 1 hour                 | Administrative Officer II<br>Administrative Officer IV (HRDD-DPEMS) |
|   | 1.3. A. Affix signature on SPMS certification for internal purposes.<br>B. Affix initial on SPMS certification for external purposes.   | None   | 2 minutes              | Administrative Officer V (HRDD-DPEMS)                               |
|   | C. Affix signature on SPMS certification for external purposes,   | None   | 10 minutes             | Chief Administrative Officer (HRDD)                                 |
|   | 1.4. Send a notice  |  |                        | Administrative  |

|  |   |      |                       |   |
|--|---|------|-----------------------|---|
|  | thru the employee university email or call the concerned employee that the document has been certified and available for pick up. | None |                       | Officer II<br><br>Administrative Officer IV (HRDD-DPEMS)                |
| 2. Acknowledge the notice and receive the certified document. If representative will receive the document, present an authorization letter from the applicant. | 2.1. Stamp "claimed" on the claim stub and application form   | None | 5 minutes             | Administrative Officer II<br><br>Administrative Officer IV (HRDD-DPEMS) |
| <b>TOTAL:</b>  |   | None | 1 hour and 22 minutes |   |

## 7. Issuance of Authority to Travel (Personal)

Preparation and Issuance of Authority to Travel for employees traveling abroad for personal purposes.

|   |  |  |                        |  |
|---|--|--|------------------------|--|
| <b>Office or Division:</b>  | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section   |  |                        |  |
| <b>Classification:</b>  | Complex  |  |                        |  |
| <b>Type of Transaction:</b>   | G2G  |  |                        |  |
| <b>Who may avail:</b>   | All PGH Employees  |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                                     |                        |  |
| 1. Accomplished Application for Authority to Travel Abroad (1 original)                   |  | HRDD-DPEMS (template downloadable from HRDD-DPEMS website) |                        |  |
| 2. Accomplished Leave Form (CSC Form No. 6) (1 original)                                  |  | HRDD – BWRS  |                        |  |
| 3. Booking Ticket/Flight Details (1 photocopy)  |  | Travel Agency  |                        |  |
| 4. Accomplished online (UIS) application for Travel Order                                 |  | uis.up.edu.ph  |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt | 1.1. Receive all documents and issue an acknowledgement receipt via employee electronic mail   | None   | 10 minutes             | Administrative Officer II/Administrative Officer IV (HRDD-DPEMS) |
|   | 1.2. Encode the details of the application into the e-logbook/database   | None   | 10 minutes             | Administrative Officer II/Administrative Officer IV (HRDD-DPEMS) |
|   | 1.3. Assess the application and prepare the 1 <sup>st</sup> Endorsement and 2 <sup>nd</sup> Endorsement of the Authority to Travel and forward to Administrative Officer V | None   | 1 hour                 | Administrative Officer II/Administrative Officer IV (HRDD-DPEMS) |
|   | 1.4. Review the endorsements and affix initials for the 1 <sup>st</sup> Endorsement and forward to CAO   | None   | 1 hour                 | Administrative Officer V (HRDD-DPEMS)                            |



|  |      |            |  |
|--|------|------------|--|
| 1.5. Validate the endorsements and affix initials for the 1 <sup>st</sup> and 2 <sup>nd</sup> Endorsement and forward to the DDA                 | None | 1 day      | Chief Administrative Officer (HRDD)  |
| 1.6. Review the endorsements and affix the initials for the 1 <sup>st</sup> and 2 <sup>nd</sup> Endorsement and forward to the Director          | None | 1 day      | Deputy Director for Administration - Office of the Deputy Director for Administration (ODDA)               |
| 1.7. Assess and attest the endorsement, sign the first Endorsement and affix initials for and 2 <sup>nd</sup> Endorsement and forward to the VCA | None | 1 day      | Director IV - PGH Director's Office (DO)   |
| 1.8. Validate the documents and affix the initials for 2 <sup>nd</sup> Endorsement and forward to the Chancellor                                 | None | 1 day      | Vice Chancellor for Administration - UP Manila Office of the Vice Chancellor for Administration (UPM-OVCA) |
| 1.9. Approve the 2 <sup>nd</sup> Endorsement of Authority to Travel. Forward the approved application at the PGH HRDD-DPEMS.                     | None | 1 day      | Chancellor – UPM Chancellor's Office (CO)  |
| 1.10. Receive the approved application from the Office of the Chancellor   | None | 5 minutes  | Administrative Officer II/Administrative Officer IV (HRDD-DPEMS)   |
| 1.11. Send thru the  | None | 10 minutes | Administrative   |

|   |  |      |                                |   |
|---|--|------|--------------------------------|---|
|   | employee university email a notice that the application has been approved  |      |                                | Officer II/<br>Administrative<br>Officer IV<br>(HRDD-DPEMS)                   |
| 2. Acknowledge the notice and receive the 2nd endorsement (Travel Authority). In case a representative will receive the document, he/she will present an authorization letter from the applicant. | 2.1. Release the 2nd endorsement (Travel Authority) and secure a receiving copy of the approved application. Stamp "claimed" the claim stub and application form | None | 5 minutes                      | Administrative<br>Officer II/<br>Administrative<br>Officer IV<br>(HRDD-DPEMS) |
| <b>TOTAL:</b>   |  | None | 5 days, 2 hours and 40 minutes | None  |

## 8. Issuance of Training Clearance and Authority to Travel for Foreign/ Special Detail

This is for clients who will have oral or poster presentation, observership/fellowship program and seminar, conferences abroad

| <b>Office or Division:</b>  | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section              |                                     |                 |   |
|---|---|-------------------------------------|-----------------|---|
| <b>Classification:</b>  | Highly Technical  |                                     |                 |   |
| <b>Type of Transaction:</b>   | G2G   |                                     |                 |   |
| <b>Who may avail:</b>   | All PGH Employees   |                                     |                 |   |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE                     |                 |   |
| 1. Accomplished Application for Foreign Training Clearance and Authority to Travel (Foreign Travel) (1 original)      |   | HRDD – DPEMS                        |                 |   |
| 2. Invitation Letter/Letter of Acceptance   |   | Organizer of the conference/seminar |                 |   |
| 3. Booking Ticket/Flight Details (1 photocopy)  |   | Travel Agency                       |                 |   |
| 4. Accomplished online (UIS) application for Travel Order   |   | uis.up.edu.ph                       |                 |   |
| 5. Foreign Fellowship Contract (1 original and 1 photocopy) (if the duration of the application is more than 30 days) |   | Organizer of the fellowship program |                 |   |
| 6. Return Service Contract/MOA (1 original and 1 photocopy) (if the duration of the application is more than 30 days) |   | HRDD – DPEMS                        |                 |   |
| 7. Suretyship Agreement (1 original and 1 photocopy) (if the duration of the application is more than 30 days)        |   | HRDD – DPEMS                        |                 |   |
| 8. Accomplished and completed Clearance (1 original) (if the duration of the application is more than 30 days)        |   | HRDD – DPEMS                        |                 |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID                     | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt                             | 1.1. Receive all documents delivered and issue an acknowledgement receipt via employee university electronic mail | None                                | 10 minutes      | Administrative Officer II/<br>Administrative Officer IV<br>(HRDD-DPEMS) |
|   | 1.2. Encode the details of the application into the logbook/database  | None                                | 10 minutes      | Administrative Officer II/<br>Administrative Officer IV<br>(HRDD-DPEMS) |

|  |  |      |        |   |
|--|--|------|--------|---|
|  | 1.3. Assess the application and prepare the 1 <sup>st</sup> Endorsement, 2 <sup>nd</sup> Endorsement of the Authority to Travel and Memorandum of Special Detail and forward to Administrative Officer V | None | 1 hour | Administrative Officer II/<br>Administrative Officer IV<br>(HRDD-DPEMS) |
|  | 1.4. Review the endorsements/memorandum and affix initials for the 1 <sup>st</sup> Endorsement   | None | 1 hour | Administrative Officer V<br>(HRDD-DPEMS)                                |
|  | 1.5. Assess and sign the training clearance  |      |        |   |
|  | 1.6 Forward to Chief Administrative Officer  |      |        |   |
|  | 1.7. Validate the endorsements/ memorandum, and affix initials for the 1 <sup>st</sup> and 2nd Endorsement   | None | 1 day  | Chief Administrative Officer<br>(HRDD)                                  |
|  | 1.8. Endorse the training clearance  |      |        |   |
|  | 1.9. Forward to the Deputy Director for Administration   |      |        |   |
|  | 1.10. Assess the endorsements/ memorandum and recommend for the approval of the Director   | None | 1 day  | Deputy Director for Administration<br>(ODDA)                            |
|  | 1.11. Approve the training clearance   |      |        |   |
|  | 1.12. Forward to Budget Services Division (if applicable)  |      |        |   |
|  | 1.13. Assess the request for funding and sign the budget   | None | 1 day  | Chief Administrative Officer - Budget                                   |

|  |  |      |       |  |
|--|--|------|-------|--|
|  | clearance (if applicable)  |      |       | Services Division (BSD)  |
|  | 1.14. Approve the budget clearance   | None | 1 day | Deputy Director for Fiscal Services  |
|  | 1.15. Recommend the approval of the request and forward to Director (if applicable)  |      |       | - Office of the Deputy Director for Fiscal Services (ODDFS)  |
|  | 1.16. Assess the endorsement/ memorandum   | None | 1 day | Director IV (PGH-DO)   |
|  | 1.17. Sign the first Endorsement and affix initials for and 2 <sup>nd</sup> Endorsement and Memorandum for Special Detail      |      |       |  |
|  | 1.18. Forward to the Vice Chancellor for Administration  |      |       |  |
|  | 1.19. Validate the documents and affix the initials for 2 <sup>nd</sup> Endorsement and sign the Memorandum for Special Detail | None | 1 day | Vice Chancellor for Administration (UPM-OVCA)  |
|  | 1.20. Forward to the Chancellor  |      |       | Vice Chancellor for Academic Affairs<br>- UPM Office of the Vice Chancellor for Academic Affairs (UPM-OVCAA) |
|  | 1.21. Approve the 2 <sup>nd</sup> Endorsement of Authority to Travel.  | None | 1 day | Chancellor (UPM-CO)  |
|  | 1.22. Forward the approved application at the PGH HRDD-DPEMS.  |      |       |  |

|   |  |      |                                |  |
|---|--|------|--------------------------------|--|
|   | 1.23. Receive the approved application from the Office of the Chancellor   | None | 5 minutes                      | Administrative Officer II/<br>Administrative Officer IV<br>(HRDD-DPEMS)                |
|   | 1.24. Send a notice thru the employee university email that the application has been approved  | None | 10 minutes                     | Administrative Officer II/<br>Administrative Officer IV<br>(HRDD-DPEMS)                |
| 2. Acknowledge the notice and receive the 2nd endorsement (Travel Authority). In case a representative will receive the document, he/she will present an authorization letter from the applicant. | 2.1. Release the 2nd endorsement (Travel Authority) with Input Worksheet and retain a copy of the approved application.<br>2.2 Stamp "Claimed" the claim stub and application form.<br>2.3 Stamp "Submit Input Worksheet and Conduct a Re-echo within 30 days upon return to work" | None | 5 minutes                      | Administrative Officer II/<br>Administrative Officer IV<br>Administrative Assistant II |
| <b>TOTAL:</b>   |  | None | 7 days, 2 hours and 40 minutes | None   |

## 9. Issuance of Training Clearance for Local Training/Seminar

This is for clients who will have oral or poster presentation, seminar, conferences, and convention within the country.

|   |  |                                     |                        |  |
|---|--|-------------------------------------|------------------------|--|
| <b>Office or Division:</b>  | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section       |                                     |                        |  |
| <b>Classification:</b>  | Complex  |                                     |                        |  |
| <b>Type of Transaction:</b>   | G2G  |                                     |                        |  |
| <b>Who may avail:</b>   | All PGH Employees  |                                     |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>              |                        |  |
| 1. Accomplished Application for Local Training Clearance (1 original)                     |  | HRDD – DPEMS                        |                        |  |
| 2. Invitation Letter/Letter of Acceptance   |  | Organizer of the conference/seminar |                        |  |
| 3. Accomplished online application for Travel Order                                       |  | uis.up.edu.ph                       |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt | 1.1. Receive all documents and issue an acknowledgement receipt via electronic mail                        | None                                | 10 minutes             | Administrative Officer II (HRDD-DPEMS) |
|   | 1.2. Encode the details of the application into the logbook/database then forward to the Personnel Analyst | None                                | 5 minutes              | Administrative Officer II (HRDD-DPEMS) |
|   | 1.3. Assess and evaluate the application then forward all the documents to the Administrative Officer V    | None                                | 1 hour                 | Administrative Officer II (HRDD-DPEMS) |
|   | 1.4. Validate and countersign sign the training clearance then forward to Chief Administrative Officer     | None                                | 1 hour                 | Administrative Officer V (HRDD-DPEMS)  |
|   | 1.5. Endorse and sign the training clearance then forward to the Deputy Director for                       | None                                | 1 day                  | Chief Administrative Officer (HRDD)    |

|  |   |      |           |   |
|--|---|------|-----------|---|
|  | Administration  |      |           |   |
|  | 1.6. Approve the training clearance and recommend for the approval of the Director then forward to the Budget Services Division (if applicable) | None | 1 day     | Deputy Director for Administration (ODDA)   |
|  | 1.7. Assess the request for funding and sign the budget clearance (if applicable) then forward to ODDFS for recommending approval               | None | 1 day     | Chief Administrative Officer (BSD)          |
|  | 1.8. Approve the budget clearance and recommend for the approval of the Director then forward to the Director for approval                      | None | 1 day     | Deputy Director for Fiscal Services (ODDFS) |
|  | 1.9. Assess and approve the application then forward to HRDD-DPEMS  | None | 1 day     | Director IV (PGH-DO)                        |
|  | 1.10. Receive the approved application  | None | 5 minutes | Administrative Officer II (HRDD-DPEMS)      |
|  | 1.11. Prepare Certified True Copy of the approved application for the concerned office  |      |           |   |
|  | 1.12. Notify the client that the application has been approved  |      |           |   |
| 2. Acknowledge the notice and receive the certified true copy of the form. In case a | 2.1. Release the certified true copy of the form<br>2.2 Stamp "Claimed"   | None | 5 minutes | Administrative Officer II (HRDD-DPEMS)      |



|   |   |      |                                 |      |
|---|---|------|---------------------------------|------|
| representative will receive the document, he/she will present an authorization letter from the applicant. | and "Submit Input Worksheet and Conduct a Re-echo within 30 days upon return to work" the Acknowledgement Receipt |      |                                 |      |
| <b>TOTAL:</b>   |   | None | 5 days, 2 hours, and 25 minutes | None |

## 10. Approval of Limited Practice of Profession and Management of Enterprise

Requested by those who plan to engage in limited/private practice of profession and enterprise management outside the hospital.

|   |   |                           |                        |   |
|---|---|---------------------------|------------------------|---|
| <b>Office or Division:</b>  | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section  |                           |                        |   |
| <b>Classification:</b>  | Complex   |                           |                        |   |
| <b>Type of Transaction:</b>   | G2G   |                           |                        |   |
| <b>Who may avail:</b>   | All PGH Employees   |                           |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>    |                        |   |
| 1. Approved online (UIS) application for Limited Practice of Profession |   | uis.up.edu.ph             |                        |   |
| Memorandum of Agreement (if Applicable)                                 |   | University and/or College |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Log in to UIS using the employee university email account            | 1. Approve the application  | None                      | 5 minutes              | Immediate Supervisor of the Applicant     |
|   | 1.1. Assess the application<br>If applicable, the officer shall notify the client for the correction/s on the entries made by the client through the employee university email account. | None                      | 1 day                  | Administrative Officer V (HRDD-DPEMS)     |
|   | 1.2. Endorse and approve the application  | None                      | 1 day                  | Chief Administrative Officer (HRDD)       |
|   | 1.3. Recommend and approve the application  | None                      | 1 day                  | Deputy Director for Administration (ODDA) |
|   | 1.4. Approve the application  | None                      | 1 day                  | Director IV (PGH-DO)                      |
| 2. Provide to HRDD-DPEMS the printed copy of the approved application   | 2.1. Receive 2 printed copies of the approved application with attachments and store  | None                      | 5 minutes              | Administrative Officer II (HRDD-DPEMS)    |

|               |   |      |                       |  |
|---------------|---|------|-----------------------|--|
|               | the document in the File Storage Facility (DPEMS) and 201 File (BWRS) |      |                       |  |
| <b>TOTAL:</b> |   | None | 4 days and 10 minutes |  |

## 11. Application for Privilege to Study at Reduced Fees

Granted to a regular employee who studies at any of the constituent universities of the University of the Philippines.

|   |  |                                     |                        |  |
|---|--|-------------------------------------|------------------------|--|
| <b>Office or Division:</b>  | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section |                                     |                        |  |
| <b>Classification:</b>  | Complex  |                                     |                        |  |
| <b>Type of Transaction:</b>   | G2G  |                                     |                        |  |
| <b>Who may avail:</b>   | All PGH Employees  |                                     |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>              |                        |  |
| 1. Accomplished Application for Privilege to Study at Reduced Fee (1 original)            |  | HRDD – DPEMS                        |                        |  |
| 2. Copy of the curriculum of the Degree program to be taken (For new applicant)           |  | Registrar of the University/College |                        |  |
| 3. Copy of grades of the subject taken in the latest term (For renewal)                   |  | Registrar of the University/College |                        |  |
| 4. Promissory Note (If the copy of grade is not available)                                |  |                                     |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt | 1.1. Receive all documents and release an acknowledgement receipt via electronic mail                | None                                | 10 minutes             | Administrative Officer IV (HRDD-DPEMS) |
|   | 1.2. Encode the details of the application into the logbook  | None                                | 5 minutes              | Administrative Officer IV (HRDD-DPEMS) |
|   | 1.3. Assess and process the application then forward to Administrative Officer V                     | None                                | 1 day                  | Administrative Officer IV (HRDD-DPEMS) |
|   | 1.4. Evaluate the application and affix initials then forward to the Chief Administrative Officer    | None                                | 30 minutes             | Administrative Officer V (HRDD-DPEMS)  |
|   | 1.5. Endorse the application for   | None                                | 1 day                  | Chief Administrative                   |

|   |   |      |                              |   |
|---|---|------|------------------------------|---|
|   | Reduced fee then forward to the Deputy Director for Administration  |      |                              | Officer (HRDD)  |
|   | 1.6. Validate and approve the application then forward to Office of the Director  | None | 1 day                        | Office of the Deputy Director for Administration (ODDA) |
|   | 1.7. Approve/ Disapprove the Application then return to HRDD DPEMS  | None | 1 day                        | Office of the Director                                  |
|   | 1.9. Receive the approved application   | None | 5 minutes                    | Administrative Officer IV (HRDD-DPEMS)                  |
|   | 1.10. Send the notice of approval to the applicant  | None | 5 minutes                    | Administrative Officer IV (HRDD-DPEMS)                  |
| 2. Acknowledge the notice and receive the approved application. In case a representative will receive the document, he/she will present an authorization letter from the applicant. | 2.1. Release the approved application and retain a copy of the approved application and the original copy of requirements.<br><br>Stamp "Claimed" the claim stub and application form | None | 10 minutes                   | Administrative Officer II (HRDD-DPEMS)                  |
| <b>TOTAL:</b>   |   | None | 4 days, 1 hour and 5 minutes | None  |

## 12. Request for Reservation of HRDD Training Room

For the use of the HRDD Training Room.

|  |   |                        |                        |  |
|--|---|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section      |                        |                        |  |
| <b>Classification:</b>   | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>  | G2G   |                        |                        |  |
| <b>Who may avail:</b>  | All PGH Employees   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |  |
| 1. Accomplished Application Form for the Reservation of HRDD Training Room (2 original copies) |   | HRDD – DPEMS           |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt      | 1.1. Receive all the documents and issue an acknowledgement receipt via electronic mail                   | None                   | 10 minutes             | Administrative Officer IV (HRDD-DPEMS) |
|  | 1.2. Encode the details of the application into the logbook   | None                   | 5 minutes              | Administrative Officer IV (HRDD-DPEMS) |
|  | 1.3. Assess the application and the availability of the facility then forward to Administrative Officer V | None                   | 10 minutes             | Administrative Officer IV (HRDD-DPEMS) |
|  | 1.4. Recommend the approval of the application then forward to the Chief Administrative Officer           | None                   | 20 minutes             | Administrative Officer V (HRDD-DPEMS)  |
|  | 1.5. Approve the application then forward to HRDD-DPEMS   | None                   | 20 minutes             | Chief Administrative Officer - HRDD    |
|  | 1.6. Receive the approved application   | None                   | 5 minutes              | Administrative Officer IV              |

|  |  |      |                       |                           |
|--|--|------|-----------------------|---------------------------|
|  | 1.7. Send a notice of approval   | None | 10 minutes            | Administrative Officer IV |
| 2. Acknowledge the notice and receive the approved application | 2.1. Release the approved application and retain a copy of the approved application together with the original copy of requirements. Stamp "Claimed" the claim stub and application form | None | 10 minutes            | Administrative Officer IV |
| <b>TOTAL:</b>  |  | None | 1 hour and 30 minutes | None                      |

### 13. Referral of On-the-Job Trainees

For students who prefer to have their on-the-job training as administrative personnel in the hospital.

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Human Resources Development Division - Development and Performance Evaluation and Monitoring Section                     |                        |                        |   |
| <b>Classification:</b>   | Highly Technical   |                        |                        |   |
| <b>Type of Transaction:</b>  | G2C  |                        |                        |   |
| <b>Who may avail:</b>  | On-the-Job Trainee Applicants  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |   |
| 1. Request Letter (1 original and 1 photocopy)   |  | University/College     |                        |   |
| 2. Memorandum of Agreement (1 original and 4 photocopies)                                  |  | HRDD-DPEMS             |                        |   |
| 3. Resume/Curriculum Vitae (2 original)  |  |                        |                        |   |
| 4. 1x1 ID Picture (1 piece)  |  |                        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Forward to HRDD DPEMS with complete requirements and receive an acknowledgement receipt | 1.1. Receive and Check all the documents and issue an acknowledgement receipt  | None                   | 10 minutes             | Administrative Officer IV (HRDD-DPEMS)    |
|  | 1.2. Encode the details of the application into the logbook  | None                   | 5 minutes              | Administrative Officer IV (HRDD-DPEMS)    |
|  | 1.3. Assess the application and identify the place of assignment of the trainee then forward to Administrative Officer V | None                   | 2 days                 | Administrative Officer IV (HRDD-DPEMS)    |
|  | 1.4. Endorse the application then forward to the Deputy Director for Administration                                      | None                   | 1 day                  | Administrative Officer V (HRDD-DPEMS)     |
|  | 1.5. Recommend the application then forward to Director  | None                   | 1 day                  | Deputy Director for Administration (ODDA) |



|   |  |      |            |  |
|---|--|------|------------|--|
|   | 1.6. Approve the application then forward to HRDD  | None | 1 day      | Director IV (PGH-DO)                   |
|   | 1.7. Receive the approved application then endorse to the Legal Office   | None | 10 minutes | Administrative Officer IV (HRDD-DPEMS) |
|   | 1.8. Process and prepare the Memorandum of agreement then forward to HRDD-DPEMS  | None | 10 days    | Legal Officer (PGH Legal Office)       |
| 2. Receive the notice of approval and memorandum of agreement for signature of the representative of the University/College | 2.1. Send a notice of approval and memorandum of agreement to the applicant  | None | 5 minutes  | Administrative Officer IV (HRDD-DPEMS) |
| 3. Return the signed memorandum of agreement to HRDD-DPEMS  | 3.1. Receive the signed memorandum of agreement then forward to the Director IV  | None | 10 minutes | Administrative Officer IV (HRDD-DPEMS) |
|   | 3.2. Sign the memorandum of agreement  | None | 1 day      | Director IV (PGH-DO)                   |
|   | 3.3. Send a notice of approval to the client and the schedule of the start of training                                       | None | 30 minutes | Administrative Officer V (HRDD-DPEMS)  |
| 4. Acknowledge the notice and receive the referral letter to the department/division/unit                                   | 4.1. Conduct a briefing about the guidelines of the training and prepare a referral letter to the department/ division /unit | None | 3 hours    | Administrative Officer V (HRDD-DPEMS)  |
|   | 4.2. Endorse the students to the department/ division/   |      |            |  |

|   |  |      |                                 |  |
|---|--|------|---------------------------------|--|
|   | unit   |      |                                 |  |
| 5. Give the 1x1 ID Picture for the temporary ID | 5.1. Preparation and release of the temporary ID | None | 1 hour                          | Administrative Officer IV (HRDD-DPEMS) |
| <b>TOTAL:</b>                                   |  | None | 16 days, 5 hours and 10 minutes | None                                   |

## 14. Application for Change of Name/Status

An employee applies for change of name due to change of marital status.

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| <b>Office or Division:</b>  | Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)  |   |                        |   |
| <b>Classification:</b>  | Simple  |   |                        |   |
| <b>Type of Transaction:</b>   | G2G   |   |                        |   |
| <b>Who may avail:</b>   | PGH employees   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Request Form (6 original)  |   | <a href="http://www.pgh.gov.ph/en/hospcareers/">http://www.pgh.gov.ph/en/hospcareers/</a> |                        |   |
| 2. PSA Marriage Certificate (1 photocopy)   |   | PSA   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Download application for Change of Name or Status thru PGH website and submit to the Deputy Director for Administration for approval | 1.1. Check the details and approve request  | None  | 2 days                 | Deputy Director for Administration (ODDA) |
| 2. Submit request to HRDD for recording   | 2.1. Receive request for notation and recording<br><br>2.2. Distribute copy to Payroll, UP Health Service, Dietary Department and Budget Office<br><br>2.3. Report to GSIS for updating of record | None  | 1 day                  | BWRS Staff<br>AIMS Staff                  |
| <b>TOTAL:</b>   |   | None  | 3 days                 |   |

## 15. Processing of Resignation

An employee who wishes to sever from the service must file for a resignation.

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>                    | Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)   |                        |                        |  |
| <b>Classification:</b>                        | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>                   | G2C  |                        |                        |  |
| <b>Who may avail:</b>                         | PGH employees  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>              |  | <b>WHERE TO SECURE</b> |                        |  |
| 1. Resignation Form – PGH Form No. A-072001   |  | HRDD-AIMS              |                        |  |
| <b>CLIENT STEPS</b>                           | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| 1. Secure resignation form                    | 1.1. Provide official form   | None                   | 10 minutes day         | AIMS staff<br>Respective Supervisor/<br>Head of Unit |
| 2. Submit application form to Budget Division | 2.1. Receive application for notation and recording and forwards to HRDD   | None                   | 10 minutes             | Budget Staff   |
|   | 2.2. Receive application for notation, recording, updating of plantilla and UIS. Forward to the Office of the Deputy Director for approval | None                   | 1 day                  | BWRS Staff<br>AIMS Staff                             |
|   | 2.3. Check the details and approve the application then forward to HRDD  | None                   | 1 day                  | Deputy Director for Administration                   |
| 3. Receives Acceptance of Resignation         | 3.1. Prepare Acceptance of Resignation   | None                   | 30 minutes             | DPEMS Staff<br>AIMS Staff                            |
| <b>TOTAL:</b>                                 |  | None                   | 2 days, 50 minutes     |  |

## 16. Issuance of Certificate of Completion of Residency/Fellowship Training Program

A Certificate of Completion of Residency/Fellowship Training Program is given to a Medical Officer/Fellow who completed all the requirements for training.

|  |  |                        |                                |                                       |
|--|--|------------------------|--------------------------------|---------------------------------------|
| <b>Office or Division:</b>                       | Human Resource Development Division  |                        |                                |                                       |
| <b>Classification:</b>                           | Simple   |                        |                                |                                       |
| <b>Type of Transaction:</b>                      | G2C  |                        |                                |                                       |
| <b>Who may avail:</b>                            | All PGH Residency/Fellowship Graduates   |                        |                                |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                 |  | <b>WHERE TO SECURE</b> |                                |                                       |
| 1. PGH Employee's clearance                      |  | HRDD – BWRS            |                                |                                       |
| <b>CLIENT STEPS</b>                              | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>         | <b>PERSON RESPONSIBLE</b>             |
| 1. Present accomplished PGH Employee's clearance | 1.1 Prepare the certificate of completion<br><br>1.2 Facilitate for the signing of the certificate by the Department Chair, Director, Dean of the College of Medicine and the Chancellor | None                   | 4 hours<br><br>2 days          | Administrative Officer IV (HRDD-BWRS) |
| 2. Receive the Certificate of completion         | 2.1 Issue the certificate and retain a copy for file   | None                   | 10 minutes                     | Administrative Officer IV (HRDD-BWRS) |
| <b>TOTAL:</b>                                    |  | None                   | 2 days, 4 hours and 10 minutes |                                       |

## 17. Issuance of Certificate of Employment (For Active Employee)

A Certificate of Employment shows the present position, salary and the date of employment of an active employee.

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>                                | Human Resource Development Division   |                        |                        |  |
| <b>Classification:</b>                                    | Complex   |                        |                        |  |
| <b>Type of Transaction:</b>                               | G2G   |                        |                        |  |
| <b>Who may avail:</b>                                     | All PGH active employees  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                          |   | <b>WHERE TO SECURE</b> |                        |  |
| 1. UIS Request  |   | HRDD – BWRS            |                        |  |
| <b>CLIENT STEPS</b>                                       | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Active employee to apply thru UIS                      | 1.1 BWRS staff to check record and prepare the request for signature of the HR Officer (for local use);                                 | None                   | 2 days, 3 hours        | Administrative Assistant II (HRDD-BWRS)  |
|   | 1.2 Forward the certificate for signature of the Chief Administrative Officer and the Deputy Director for Administration (for overseas) |                        | 3 days, 3 hours        | Chief Administrative Officer (HRDD), Deputy Director for Administration (ODDA) |
| 2. Pay the required fees                                  | 2.1 Acceptance of payment   | Php10.00 per copy      | 1 hour                 | Cash Clerk (Cash Division)   |
| 3. Present the tape receipt and receive the requested COE | 3.1 Get the tape receipt and release the COE to requesting client   | None                   | 1 hour                 | Administrative Assistant II (HRDD-BWRS)  |
| <b>TOTAL:</b>   |   | Php10.00 per copy      | 5 days, 8 hours        |  |

## 18. Updated Leave Credits

Certification of updated Leave Credits as of the last submitted bundy card is provided.

|  |   |                        |                               |                           |
|--|---|------------------------|-------------------------------|---------------------------|
| <b>Office or Division:</b>                   | Human Resource Development Division   |                        |                               |                           |
| <b>Classification:</b>                       | Simple  |                        |                               |                           |
| <b>Type of Transaction:</b>                  | G2C   |                        |                               |                           |
| <b>Who may avail:</b>                        | All PGH employees   |                        |                               |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>             |   | <b>WHERE TO SECURE</b> |                               |                           |
| 1. Request Form                              |   | HRDD-BWRS              |                               |                           |
| <b>CLIENT STEPS</b>                          | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>        | <b>PERSON RESPONSIBLE</b> |
| 1. Employee to fill out request form         | 1.1 Accept request and issue acknowledgement receipt with a unique identification number  | None                   | 10 minutes                    | BWRS Staff                |
|  | 1.2 Retrieve the employee's leave ledger card   | None                   | 1 day                         |                           |
|  | 1.3 Update leave records<br>□ For simple leave transactions, the employee can be advised to wait for the updating.                            | None                   | 10 minutes                    |                           |
|  | □ For complex leave transactions, employee will be notified thru university e-mail account or phone call that their request has been updated. | None                   | 4 hours                       |                           |
| 2. Secure the certification of leave credits | 2. Stamp "claimed" the acknowledgement receipt and application form   | None                   | 2 minutes                     |                           |
| <b>TOTAL:</b>                                |   | None                   | 1 day, 4 hours and 22 minutes |                           |

## 19. Issuance and Processing of Leave Clearance

This is issued to employees who will take a leave of absence from work for 30 days or more.

|   |  |                        |                                   |   |
|---|--|------------------------|-----------------------------------|---|
| <b>Office or Division:</b>  | Human Resource Development Division  |                        |                                   |   |
| <b>Classification:</b>  | Simple   |                        |                                   |   |
| <b>Type of Transaction:</b>   | G2G  |                        |                                   |   |
| <b>Who may avail:</b>   | All PGH employees  |                        |                                   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                                   |   |
| 1. Duly approved Application for Leave of Absence                         |  | HRDD – BWRS            |                                   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>            | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit duly approved application for leave of absence (CSC Form No. 6) | 1.1 Accept and issue an acknowledgement receipt with a unique identification number<br>1.2 Retrieve and check leave record<br>1.3 Prepare leave clearance<br>1.4 Issue leave clearance together with Tracking Form before sending out to concerned offices | None                   | 2 hours                           | BWRS Staff  |
| 2. Facilitate the signing of clearance                                    | 2. Check employee's accountability and the concerned offices will affix their signature  | None                   | 2 days                            | Head of Department, Human Resource Development Division, Deputy Director for Administration |
| 3. Follow-up with HRDD the accomplished clearance                         | 3.1 Provide employee's copy<br>3.2 Incorporate in the report of long leave and then, file clearance  | None                   | 10 minutes<br><br>30 minutes      | BWRS Staff  |
| <b>TOTAL:</b>   |  | None                   | 2 days,<br>2 hours,<br>40 minutes |   |



## 20. Issuance of PGH Employee's Clearance

This is issued to an employee who is on the verge of separation (retirement, resignation, transfer and graduation).

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Human Resource Development Division  |                        |                        |   |
| <b>Classification:</b>   | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>  | G2G  |                        |                        |   |
| <b>Who may avail:</b>  | PGH Employees separating from the agency—retirement, resignation, completion of residency/fellowship training, dropped from the rolls  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |   |
| 1. Approved letter of resignation, recommendation for graduation, and Intent to Retire Form<br>2. SALN<br>3. Exit Interview<br>4. PGH ID |  | HRDD – BWRS            |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Submit the approved letter of resignation/ transfer/ Intent to Retire/ Recommendation for Graduation                                  | 1.1 Receive the approved letter  | None                   | 2 hours                | BWRS Staff                              |
|  | 1.2 Email concerned offices (Department/ Unit, Accounting, CSR, OASH, UP Housing, Legal Office, MRD, ODDN, PGHBMC, PSD, PAAS, University Library, UPD Credit Coop, and UPPFI) in advance for their certification as to clearance of employee from money and property accountabilities. |                        | 15 minutes             | HR Officer<br>Head of concerned offices |
|  | *A notice of clearance will be issued by the concerned offices.<br><br>1.3 Collation of notices from all concerned offices   |                        | 2 days                 |   |

|   |   |      |                                   |   |
|---|---|------|-----------------------------------|---|
|   | and Preparation of the Clearance Form.<br><br>1.4 Certify clearance from HRDD matters and submit to HRDD-BWRS |      | 15 minutes                        |   |
| 2. Facilitate the signing of clearance  | 2.1 Affix initials and sign the clearance   | None | 1 hour                            | Chief, BWRS<br>Chief Administrative Officer<br>Deputy Director for Administration |
| 3. Follow-up the accomplished clearance | 3.1 Issue the Clearance<br><br>3.2 File a copy of the clearance   | None | 10 minutes                        | BWRS Staff  |
| <b>TOTAL:</b>                           |   | None | 2 days,<br>3 hours,<br>40 minutes |   |

## 21. Commutation of Leave Credits

The commutation of vacation and sick leave credits is requested by a retired/ resigned/ transferred personnel

|   |  |                        |                           |                                      |
|---|--|------------------------|---------------------------|--------------------------------------|
| <b>Office or Division:</b>  | Human Resource Development Division  |                        |                           |                                      |
| <b>Classification:</b>  | Simple   |                        |                           |                                      |
| <b>Type of Transaction:</b>   | G2G  |                        |                           |                                      |
| <b>Who may avail:</b>   | All Former PGH employees   |                        |                           |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                           |                                      |
| 1. Approved Commutation form<br>2. Final computation of leave credits<br>3. Service record<br>4. Latest NOSA /Appointment<br>5. Employee's Clearance<br>6. Latest SALN<br>7. Certification of Outstanding Loan from GSIS/GSIS Clearance |  | HRDD - BWRS            |                           |                                      |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>    | <b>PERSON RESPONSIBLE</b>            |
| 1. Submit the approved commutation form   | 1.1 Receive the approved commutation form<br><br>1.2 Collate all the documentary requirements for Commutation of leave credits. Photocopy and stamp "Certified True Copy" on all documents | None                   | 10 minutes<br><br>2 hours | BWRS Staff                           |
| 2. Follow-up the preparation of voucher to Payroll  | 2. Submit to Payroll Section, Accounting Division  | None                   | 15 minutes                | Payroll Section, Accounting Division |
| <b>TOTAL:</b>   |  | None                   | 2 hours, 25 minutes       |                                      |

## 22. Processing of Service Recognition Pay for Submission to Payroll

Service Recognition Pay (SRP) is an additional benefit for staff with employer-employer relations with UP whose salaries are paid out of the Personnel Services allocations in the General Appropriation Act, whether full time or part time, who have applied for compulsory retirement, optional retirement starting at age 60 until just before age 65 with at least 25 years of service to UP, early retirement due to permanent disability (under the rules of GSIS) regardless of age but at least 25 years of service to UP and in case of death of eligible staff regardless of age and length of service. SRP is equivalent to ten (10) days for every calendar year of service.

|  |  |                        |                            |                                      |
|--|--|------------------------|----------------------------|--------------------------------------|
| <b>Office or Division:</b>   | Human Resource Development Division  |                        |                            |                                      |
| <b>Classification:</b>   | Complex  |                        |                            |                                      |
| <b>Type of Transaction:</b>  | G2G  |                        |                            |                                      |
| <b>Who may avail:</b>  | All Retiring PGH employees eligible to eSRP  |                        |                            |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                            |                                      |
| 1. Approved SRP Form<br>2. SRP computation<br>3. Service record<br>4. Latest NOSA / Appointment<br>5. Employee's Clearance<br>6. Latest SALN |  | HRDD – BWRS            |                            |                                      |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>     | <b>PERSON RESPONSIBLE</b>            |
| 1. Sign prepared SRP Application Form for approval   | 1.1 Receive the SRP application form   | None                   | 10 minutes                 | BWRS Staff                           |
|  | 1.2 Processing and computation of the SRP  | None                   | 4 days                     |                                      |
|  | 1.3 Collate all the documentary requirements. Photocopy and stamp "Certified True Copy" on all documents | None                   | 1 hour                     |                                      |
| 2. Follow-up the preparation of voucher to Payroll   | 2. Submit the approved SRP Form to Payroll Section   | None                   | 10 minutes                 | Payroll Section, Accounting Division |
| <b>TOTAL:</b>  |  | None                   | 4 days, 1 hour, 20 minutes |                                      |

# **Office and Custodial Services**

## **External Services**

## 1. Release of Cadaver

Releasing of cadaver to the relatives or funeral services

|  |  |                                 |                        |   |
|--|--|---------------------------------|------------------------|---|
| <b>Office or Division:</b>   | Office and Custodial Services                  |                                 |                        |   |
| <b>Classification:</b>   | Simple   |                                 |                        |   |
| <b>Type of Transaction:</b>  | G2B  |                                 |                        |   |
| <b>Who may avail:</b>  | Relative of the Patient or the Funeral Service |                                 |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>          |                        |   |
| 1. Death Certificate or White Form (for undetermined cause of death) (1 original)  |  | At the Ward/Emergency Room (ER) |                        |   |
| 2. Receipt of Cadaver (ROC) (1 original)   |  | At the Ward/ER                  |                        |   |
|  |  |                                 |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                           | <b>FEES TO BE PAID</b>          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                     |
| 1. Present the Death Certificate to be acquired from the attending doctor and ROC from the assigned nurse at the ward. For Dead on Arrival (DOA), acquire the White Form and the ROC at the ER to be presented to the Custodial Services Section | 1. Check and receive the requirements needed.  | None                            | 5 minutes              | <i>Custodial Services Staff</i><br>Custodial Services Section |
|  | 1.1 Release the cadaver.                       | None                            | 20 minutes             | <i>Custodial Services Staff</i><br>Custodial Services Section |
| <b>TOTAL:</b>  |  | None                            | 25 minutes             |   |

# **Office and Custodial Services**

## **Internal Services**

## 1. Reproduction and Issuance of Hospital's Official Forms and Documents

Reproduction of hospital forms, departmental forms and memoranda

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   | Office and Custodial Services   |  |                        |   |
| <b>Classification:</b>   | Simple  |  |                        |   |
| <b>Type of Transaction:</b>  | G2G   |  |                        |   |
| <b>Who may avail:</b>  | Employees of PGH; Departments/Wards/Divisions/Units for Forms, and Secretarial Pool for Hospital Bulletin and Memoranda |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                       |                        |   |
| 1. Request for Hospital Official Forms (1 original)                                      |   | 1. Reproduction Unit                         |                        |   |
| 2. Job Request Form for Departmental Forms, Memoranda and Hospital Bulletin (1 original) |   | 2. Reproduction Unit                         |                        |   |
| 3. Minimum of 3 reams copy paper for Departmental Forms                                  |   | 3. Enduser/Requesting Unit/Office/Department |                        |   |
| 4. Hospital Bulletin approved by the DDHO (1 original)                                   |   | 4. Secretarial Pool                          |                        |   |
|  |   |  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                           |
| 1. Fill-out request for forms or Job Request Form  | 1. Receive accomplished form.   | None   | 2 minutes              | <i>Reproduction Unit Staff</i><br>Reproduction Unit |
| 2. Submit the accomplished form to the Reproduction Unit                                 | 2. Reproduce forms according to the number of copies requested.   | None   | 1 day and 10 minutes   | <i>Reproduction Unit Staff</i><br>Reproduction Unit |
| 3. Receive the reproduced forms from the Reproduction Unit                               | 3. Issue the forms to the enduser   | None   | 3 minutes              | <i>Reproduction Unit Staff</i><br>Reproduction Unit |
| <b>TOTAL:</b>  |   | None   | 1 day and 15 minutes   |   |



## 2. Encoding of Hospital Bulletin and Official Documents

Schedule of doctors, memoranda, office orders and administrative orders

|  |  |                           |                        |   |
|--|--|---------------------------|------------------------|---|
| <b>Office or Division:</b>   | Office and Custodial Services  |                           |                        |   |
| <b>Classification:</b>   | Simple   |                           |                        |   |
| <b>Type of Transaction:</b>  | G2G  |                           |                        |   |
| <b>Who may avail:</b>  | Employees of PGH; Departments/Wards/Divisions/Units                  |                           |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>    |                        |   |
| 1. Schedule of Doctors approved by the Chair (1 photocopy)   |  | Clinical Departments      |                        |   |
| 2. Letter of Request to Leave, Letter of Appointment (1 photocopy) or Original Memoranda approved by the Director (1 original)   |  | Director's Office or HRDD |                        |   |
|  |  |                           |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                         |
| 1. Submit schedule of doctors approved by the Chair 1 week before the encoding of the hospital bulletin to the Secretarial Pool. | 1. Receive the schedule of doctors.                                  | None                      | 2 minutes              | <i>Secretarial Pool Staff</i><br>Secretarial Pool |
|  | 1.1 Encode the schedule of doctors into the Hospital Bulletin.       | None                      | 2 days                 | <i>Secretarial Pool Staff</i><br>Secretarial Pool |
| 2. Provide approved letter request of leave absence, Letter of Appointment or original copy of Memoranda to the Secretarial Pool | 2. Encode the Memoranda Number, Office Order or Administrative Order | None                      | 30 minutes             | <i>Secretarial Pool Staff</i><br>Secretarial Pool |
| <b>TOTAL:</b>  |  | None                      | 2 days and 32 minutes  |   |

### 3. Issuance of Hospital Bulletin and Official Documents

Disseminating reproduced hospital bulletin, memoranda, Office and Administrative Orders

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | Office and Custodial Services  |   |                        |   |
| <b>Classification:</b>  | Simple   |   |                        |   |
| <b>Type of Transaction:</b>   | G2G  |   |                        |   |
| <b>Who may avail:</b>   | All concerned employees of Philippine General Hospital                     |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                  |                        |   |
| 1. Hospital Bulletin (1 original)<br>2. Memoranda, Office and Administrative Orders (1 original)  |  | Reproduction Center<br>Secretarial Pool |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. Deliver reproduced Hospital Bulletin, memoranda, Office and Administrative Orders from the Reproduction Center/Secretarial Pool to the Message Center. | 1. Receive Hospital Bulletin, Memoranda, Office and Administrative Orders. | None                                    | 2 minutes              | <i>Messengerial Staff</i><br>Message Center |
|   | 1.1 Disseminate the documents to the areas concerned.                      | None                                    | 1 day                  | <i>Messengerial Staff</i><br>Message Center |
| <b>TOTAL:</b>   |  | None                                    | 1 day and 2 minutes    |   |

#### 4. Providing Assistance to the Executive Offices

Attending meeting, transcribing and providing minutes of the meeting

|   |   |                        |                               |   |
|---|---|------------------------|-------------------------------|---|
| <b>Office or Division:</b>  | Office and Custodial Services   |                        |                               |   |
| <b>Classification:</b>  | Complex   |                        |                               |   |
| <b>Type of Transaction:</b>   | G2G   |                        |                               |   |
| <b>Who may avail:</b>   | Executive Offices and Hospital Committee Members                              |                        |                               |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                               |   |
| Notice of meetings (1 photocopy)  |   | Executive Offices      |                               |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>        | <b>PERSON RESPONSIBLE</b>                         |
| 1. Provide Notice of Meeting signed by the Director, Deputy Directors or Chair of the Committees to the Secretarial Pool. | 1. Receive Notice of the Meeting.   | None                   | 2 minutes                     | <i>Secretarial Pool Staff</i><br>Secretarial Pool |
|   | 1.1 Attend the meeting as per schedule stated in the Notice of Meeting given. | None                   | 2 hours                       | <i>Secretarial Pool Staff</i><br>Secretarial Pool |
|   | 1.2 Transcribe the minutes of the meeting attended.                           | None                   | 7 days                        | <i>Secretarial Pool Staff</i><br>Secretarial Pool |
| <b>TOTAL:</b>   |   | None                   | 7 days, 2 hours and 2 Minutes |   |

## 5. Special Janitorial, Custodial and Other Services

Various special janitorial and custodial services including grounds maintenance services (i.e. general cleaning/disinfection/sanitation and haul/transfer of equipment and supplies from wards/offices to other areas, etc)

|  |   |                                   |                        |  |
|--|---|-----------------------------------|------------------------|--|
| <b>Office or Division:</b>   | Office and Custodial Services   |                                   |                        |  |
| <b>Classification:</b>   | Complex   |                                   |                        |  |
| <b>Type of Transaction:</b>  | G2G   |                                   |                        |  |
| <b>Who may avail:</b>  | Employees of PGH; Departments/Wards/Divisions/Units                         |                                   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>            |                        |  |
| 1. Letter of Request addressed to the Head of the Office and Custodial Services (1 photocopy)                |   | Requesting Unit/Office/Department |                        |  |
|  |   |                                   |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Provide the Letter of Request to the Head or Administrative Officer of the Office and Custodial Services. | 1. Receive the Letter of Request from the requesting unit/office/department | None                              | 2 minutes              | <i>Secretarial Pool Staff</i>  |
|  | 1.1 Accomplished sheduled task as stated in the request letter.             | None                              | 1 day                  | <i>Custodial Services Staff</i><br><br><i>Contracted Janitorial Services Staff</i><br><br><i>Grounds and Sanitation Services Staff</i> |
|  | <b>TOTAL:</b>   | None                              | 1 day and 2 minutes    |  |

# **Office of Engineering and Technical Services**

## **External Services**

## 1. Accomplishment of Job Order Request (Works Requiring Outsource Service Provider for Corrective/Preventive Maintenance of Equipment/Facility)

This is any job request where works require outsource due to lack of equipment and/ or require special works.

| <b>Office or Division:</b>  | Office of Engineering and Technical Services  |                  |                 |   |
|---|---|------------------|-----------------|---|
| <b>Classification:</b>  | Simple  |                  |                 |   |
| <b>Type of Transaction:</b>   | G2B   |                  |                 |   |
| <b>Who may avail:</b>   | Service Provider/ Business Partner  |                  |                 |   |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |   |
| Proposal from business partner - 1 Original Copy                                |   | OETS             |                 |   |
| Copy of Previous Contract – 1 photocopy (if previous Business Partner)          |   | Business Partner |                 |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                        |
| 1. Submit completely filled-out Job Order Request (JOR) Form at the OETS Office | 1. Accept and record received Job Order Requests  | None             | 30 minutes      | OETS Administrative Staff                 |
|   | 1.1 Receives, record and assign corresponding JOR sequence number                                   | None             | 15minutes       | Unit Foreman or Authorized Representative |
|   | 1.2 Receives the JOR and Assess the area/site/equipment and the scope of work needed to be prepared | None             | 30 minutes      | Craftsman/ Technician                     |
|   | 1.3 Returns the JOR requiring outsourcing to the Unit Foreman                                       | None             | 10 minutes      | Craftsman/ Technician                     |
|   | 1.4 Prepare and submit Pre-repair Inspection Report to the Internal Audit Office                    | None             | 30 minutes      | OETS Concerned Engineer                   |
|   | (awaiting return of all Original and Complete Documents)  | None             | Paused          | OETS Concerned Engineer                   |

|  |  |      |               |                         |
|--|--|------|---------------|-------------------------|
|  | 1.5 Prepare and submit for approval required documents to various PGH stakeholders (Request for funding, Justification letter, Supplemental Project Procurement Management Plan, Purchase Request and Scope of Works with Materials Specifications | None | 2 hours       | OETS Concerned Engineer |
|  | <b>(Awaiting return of all Original and Completed documents)</b>   | None | <b>Paused</b> | OETS Concerned Engineer |
|  | 1.6 Prepares and endorses all documents/submittals to the Bids and Awards Committee for Resolution   | None | 2 hours       | OETS Concerned Engineer |
|  | <b>(awaiting return of all Original, Accurate and Complete Documents)</b>  | None | <b>Paused</b> | OETS Concerned Engineer |
|  | 1.7 Endorses all documents with the winning bidder to the Legal Office for processing of Contract or Agreement   | None | 2 hours       | OETS Concerned Engineer |
|  | <b>(awaiting return of all Complete Documents with Contract)</b>   | None | <b>Paused</b> | OETS Concerned Engineer |
|  | 1.8 Prepare and submit Notice to Proceed and Certificate of Wear   | None | 2 hours       | OETS Concerned Engineer |
|  |  |      |               |                         |

|   |  |   |  |   |
|---|--|---|--|---|
|   | <p>and Tear to the PGH Administration for approval</p> <p>1.4 Advise Service provider to sign the Original copy of Preventive Maintenance Agreement and provide 7 copies after notarization</p> <p><b>(Awaiting return of Notarized Contract with 7 copies from the Outsource provider)</b></p> <p>1.5 Submit Original Notarized Copy of Contract with 7 copies to the Legal Office with Outsource provider</p> <p>1.6 Advise/Inform the Service provider to accept/sign the Notice to Proceed and perform what is stated in the Contract including posting of bond<br/>Cash/Performance if required</p> | <p>None</p> <p>None</p> <p>None</p> <p>None</p> | <p>1 hour</p> <p><b>Paused</b></p> <p>30 minutes</p> <p>30 minutes</p> | <p>OETS Concerned Engineer</p> <p>OETS Concerned Engineer</p> <p>OETS Concerned Engineer</p> <p>OETS Concerned Engineer</p> |
| 2. Conduct the necessary corrective/preventive works for the JOR and provide the Service Report, Sales Invoice and Warranty/ Guaranty Certificate | 2. Test and assess the install repaired equipment (Note: the testing/ delivery /installation of the equipment will start upon the completion of the corrective/preventive  | None  | 4 hours  | OETS Concerned Engineer and Craftsman/ Technician   |



|               |  |      |                                     |                         |
|---------------|--|------|-------------------------------------|-------------------------|
|               | works performed by the outsource service provider)<br><br>2.1 Prepare Disbursement Voucher with complete and accurate requirements for processing of payment | None | 3 hours                             | OETS Concerned Engineer |
| <b>TOTAL:</b> |  | None | 2 working Days, 2 hours, 55 minutes |                         |

Note: Given hours is in working hours. 8 working hours is equivalent to 1 day.

## 2. Preparation, Implementation and Accomplishment of Infrastructure/Development Project

This is any renovation and / or construction works that require outsource due to large scope of works, lack of equipment and/ or require special works.

|   |   |                        |                        |                           |
|---|---|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Office of Engineering and Technical Services  |                        |                        |                           |
| <b>Classification:</b>  | Simple  |                        |                        |                           |
| <b>Type of Transaction:</b>   | G2B   |                        |                        |                           |
| <b>Who may avail:</b>   | Contractors   |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |                           |
| Request letter approved by the PGH Director   |   | PGH Administration     |                        |                           |
| Additional requirements upon request of payment (pls refer to set of requirements of COA) |   | External Client        |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1.End-user submit letter to the OETS with approval from the PGH Administration            | 1. Conduct coordination meeting with the end-user(s)/ stakeholders for the proposed project   | None                   | 2 hours                | OETS Concerned Engineer   |
|   | 2. Preparation of plans including supporting documents (Estimates, Scope of Works and Materials Specifications) for signature of concerned stakeholders | None                   | 45 days                | OETS Concerned Engineer   |
|   | 3. Preparation of Funding Request and other attachments for approval by the PGH Administration  | None                   | 2 Hours                | OETS Concerned Engineer   |
|   | <b>(waiting for the return of accurate and completely signed documents)</b>   | None                   | <b>Paused</b>          | OETS Concerned Engineer   |
|   | 4. Endorsement of Project documents to the PGH Bids and Awards Committee (BAC) for resolution   | None                   | 2 Hours                | OETS Concerned Engineer   |

|  |  |      |               |                            |
|--|--|------|---------------|----------------------------|
| <p>2. Contractor Start Construction Work provided all requirements have been completely and accurately submitted (Note: refer to COA requirements no. 2012 -001)</p> <p>3. Submit progress billing with accomplishment report (% of accomplishment, pictures of work done) for progress payment &amp; COA requirements (Note: refer to COA requirements no. 2012 -001)</p> | <p><b>(waiting for the return of accurate and complete project documents from BAC with awarded contractor)</b></p>     | None | <b>Paused</b> | OETS<br>Concerned Engineer |
|  | <p>5. Endorsed/Transmit complete documents to the Legal Office for Contract Preparation</p>                            | None | 2 Hours       | OETS<br>Concerned Engineer |
|  | <p><b>(waiting for the return of accurate and complete documents)</b></p>  | None | <b>Paused</b> | OETS<br>Concerned Engineer |
|  | <p>6. Conduct Pre-construction/ coordination meeting with the contractor and concerned stakeholders</p>                | None | 2 Hours       | OETS<br>Concerned Engineer |
|  | <p>7. Monitor the project and conduct weekly coordination meeting with the contractor and stakeholders</p>             | None | <b>Paused</b> | OETS<br>Concerned Engineer |
|  | <p>8. Inspect/Evaluate the actual work accomplished prior to the preparation, submission and processing of payment</p> | None | 4 Hours       | OETS<br>Concerned Engineer |
| OETS   |  |      |               |                            |

|  |   |      |                     |                            |
|--|---|------|---------------------|----------------------------|
|  | 9. Monitor Project until Final Acceptance | None | <b>Paused</b>       | Concerned Engineer         |
|  | <b>TOTAL:</b>                             | None | 45 days<br>14 hours | OETS<br>Concerned Engineer |

# **Office of Engineering and Technical Services**

## Internal Services

## 1. Accomplishment of Job Order Request (for Works with Available Materials)

This is any job request with stock materials that can be done by any section and / or coordination with other sections of OETS.

|   |   |                                     |                        |   |
|---|---|-------------------------------------|------------------------|---|
| <b>Office or Division:</b>  | Office of Engineering and Technical Services  |                                     |                        |   |
| <b>Classification:</b>  | Highly Technical  |                                     |                        |   |
| <b>Type of Transaction:</b>   | G2G   |                                     |                        |   |
| <b>Who may avail:</b>   | All PGH Departments, Offices, and Wards   |                                     |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>              |                        |   |
| Job Order Request Form (1 Original Copy)  |   | Requesting Department, Office, Ward |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Submit completely filled-out Job Order Request Form (JOR) at the OETS Office | 1. Accept and record received Job Order Requests (JOR)  | None                                | 10 minutes             | OETS Administrative Staff                 |
|   | 1.1 Check, record and assign corresponding JOR sequence number  | None                                | 5 minutes              | Unit Foreman or Authorized Representative |
|   | 1.2 Receives the JOR and Assess the area/site/equipment and the scope of work needed to be prepared                             | None                                | 1 hour                 | Craftsman/ Technician                     |
|   | 1.3 Coordinate with the Property and Supply Division regarding the availability of materials, supplies, and tools needed        | None                                | 15 minutes             | Craftsman/ Technician                     |
|   | 1.4 Prepare Request and Issue Slip (RIS), Stock Position Sheet (SPS) with photocopy of JOR for available materials and supplies | None                                | 30 minutes             | Unit Engineer                             |
|   | 1.5 Submit approved RIS, SPS with photocopy of JOR to PSD Construction  | None                                | 30 minutes             | Craftsman/ Technician                     |

|               |  |      |   |                       |
|---------------|--|------|---|-----------------------|
|               | Supply Section for issuance of materials and supplies  |      |   |                       |
|               | 1.6 Perform JOR corrective maintenance as requested<br><br>(Note: coordinate with other section if the JOR requires multi-section work)              | None | 10 working                              | Craftsman/ Technician |
|               | 1.7 Test and Assess workmanship prior to turn-over of accomplishment to the requesting end-user  | None | 15 minutes                              | Craftsman/ Technician |
|               | 1.8 Hands Customer Satisfaction Survey form to end-user for evaluation. Submit the accomplished JOR documents to the Unit Foreman for documentation. | None | 10 minutes                              | Craftsman/ Technician |
| <b>TOTAL:</b> |  | None | 10 working days, 2 hours and 55 minutes |                       |

Note: Given hours is in working hours. 8 working hours is equivalent to 1 day.

## 2. Accomplishment of Job Order Request (for Works without Available Materials)

This is any job request where materials needed are not usual and beyond PPMP request. This JOR can be done by any section and / or coordination with other sections of OETS when materials are available.

| <b>Office or Division:</b>  | Office of Engineering and Technical Services   |                                     |                 |   |
|---|--|-------------------------------------|-----------------|---|
| <b>Classification:</b>  | Highly Technical   |                                     |                 |   |
| <b>Type of Transaction:</b>   | G2G  |                                     |                 |   |
| <b>Who may avail:</b>   | All PGH Departments, Offices, and Wards  |                                     |                 |   |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                     |                 |   |
| Job Order Request Form (1 Original Copy)  |  | Requesting Department, Office, Ward |                 |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                     | PROCESSING TIME | PERSON RESPONSIBLE                        |
| 1. Submit completely filled-out Job Order Request Form (JOR) at the OETS Office | 1. Accept and record received Job Order Request (JOR)  | None                                | 10 minutes      | OETS Administrative Staff                 |
|   | 1.1 Check, record and distributes JOR with sequence number   | None                                | 15 minutes      | Unit Foreman or Authorized Representative |
|   | 1.2 Assess the area/site/equipment and the scope of work needed to be accomplished                                       | None                                | 1 hour          | Craftsman/ Technician                     |
|   | 1.3 Coordinate with the Property and Supply Division regarding the availability of materials, supplies, and tools needed | None                                | 15 minutes      | Craftsman/ Technician                     |
|   | 1.4 Endorses the Job Order Request to the Unit Foreman for preparation of feedback by the Unit Head                      | None                                | 30 minutes      | Craftsman/ Technician                     |
|   | 1.5 Provides official feedback to the end-user regarding the unavailability of materials/supplies                        | None                                | 30 minutes      | Unit Head/ Concerned Engineer             |



|  |  |      |                        |                                     |
|--|--|------|------------------------|-------------------------------------|
| 2. The end-user is encourage to prepare a requitition as per OETS Feedback for the requested work to be accomplished | from PSD<br>(Note: the duration for the acquisition of the needed material may vary depending on the approval of budget, purchase of materials and time of delivery) | None | <b>Paused</b>          | Unit Head/<br>Concerned<br>Engineer |
| <b>TOTAL:</b>  |  | None | 2 hours,<br>40 minutes |                                     |

# **Property and Supply Division**

## **External Services**

## 1. Processing of Request for Certification on the Refund of Performance Bond/Retention Fee

Facilitate the issuance of certification intended for the refund of Performance Bond/Retention Fee as requested by the supplier.

|  |  |  |                        |   |
|--|--|--|------------------------|---|
| <b>Office or Division:</b>   | Property and Supply Division   |  |                        |   |
| <b>Classification:</b>   | Simple   |  |                        |   |
| <b>Type of Transaction:</b>  | G2C  |  |                        |   |
| <b>Who may avail:</b>  | Concerned Supplier   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |   |
| 1. Letter Request – 1 original<br>2. Purchase Order/s – 1 photocopy (refund of Performance Bond)<br>3. Sales Invoice – 1 photocopy (refund of retention fee) |  | PSD - Equipment Section (ES)/Special Supplies Section (SSS)/General Supplies Section (GSS) |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                     |
| 1. Forward letter request with required attachment to the PSD Equipment Section  | 1. Receive and record letter request   | None   | 5 mins                 | <i>Administrative Staff,</i><br>PSD - ES/SSS/GSS              |
|  | 2. Verify and check  | None   | 10 mins                | <i>Storekeeper/Administrative Officer</i><br>PSD - ES/SSS/GSS |
|  | 3. Prepare the Certification on the Refund of the Performance Bond/Retention Fee | None   | 10 mins                | <i>Administrative Staff,</i><br>PSD - ES/SSS/GSS              |
|  | 4. Review and affix initials   | None   | 5 mins                 | <i>Section Head,</i><br>PSD - ES/SSS/GSS                      |
|  | 5. Forward certification for signature of the Division Chief                     | None   | 5 mins                 | <i>Administrative Staff,</i><br>PSD - ES/SSS/GSS              |
|  | 6. Receive and record  | None   | 5 mins                 | <i>Administrative Staff,</i><br>PSD-Admin Office              |
|  | 7. Review and Sign   | None   | 5 mins                 | Division Chief  |
|  | 8. Forward signed certification  | None   | 5 mins                 | <i>Administrative Staff,</i><br>PSD-Admin                     |

|               |  |      |          |  |
|---------------|--|------|----------|--|
|               |  |      |          | Office   |
|               | 9. Receive and record signed Certification on the Refund of Performance Bond/Retention Fee | None | 5 mins   | <i>Administrative Staff,</i><br>PSD-Admin Office |
|               | 10. Release of the Certification   | None | 5 mins   | <i>Administrative Staff,</i><br>PSD-Admin Office |
| <b>TOTAL:</b> |  | None | 1 hour * |  |

\*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled is not considered in the determination of the processing time.

Note: Pick-up of Certification may be subject for the availability of the supplier and the maximum time may be extended

## 2. Processing of Request for Extension of Delivery/ Cancellation/ Assurance Letter and Other Matters Related to Deliveries

Facilitate the request for extension of delivery/cancellation/assurance letter and other matters related to deliveries prior to acceptance

|   |   |  |                        |  |
|---|---|--|------------------------|--|
| <b>Office or Division:</b>  | Property and Supply Division  |  |                        |  |
| <b>Classification:</b>  | Simple  |  |                        |  |
| <b>Type of Transaction:</b>   | G2C   |  |                        |  |
| <b>Who may avail:</b>   | Concerned Supplier  |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |  |
| 1. Letter Request – 1 original<br>2. Purchase Order (PO) – 1 photocopy            |   | PSD – Admin Office/Special Supplies Section/General Supplies Section |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit letter of request together with photocopy of PO to the PSD Admin Office | 1. Receive and record the letter request  | None   | 5mins                  | <i>Administrative Staff, PSD - SSS/GSS/ Admin Office</i>         |
|   | 2. Verify/check/ comment on the availability of stock/status  | None   | 15 mins                | <i>Section Head/Admin Assistant, PSD - SSS/GSS/ Admin Office</i> |
|   | 3. Forward to Division Chief for endorsement  | None   | 5 mins.                | <i>Administrative Staff, PSD – SSS/GSS/ Admin Office</i>         |
|   | 4. Endorse letter request for initial of the Deputy Director for Fiscal Services and approval of the Director | None   | 15 mins                | <i>Division Chief, PSD</i>                                       |
|   | 5. Forward letter request for approval  | None   | 15 mins                | <i>Administrative Staff, PSD – Admin Office</i>                  |
|   | 6. Receive and record letter request, affix initial and forward to Office of the Director                     | None   | 1 day                  | <i>Office of the Deputy Director for Fiscal Services</i>         |
|   | 7. Receive and record letter request, approve and forward to PSD  | None   | 1 day                  | <i>Office of the Director</i>                                    |
|   | 8. Receive, record and forward approved letter request to the Division Chief for notation                     | None   | 15 mins                | <i>Administrative Staff and Division Chief, PSD</i>              |
|   | 9. Forward approved   | None   | 5 mins                 | <i>Administrative</i>  |

|               |   |      |                           |   |
|---------------|---|------|---------------------------|---|
|               | letter request to concerned office  |      |                           | Staff, PSD – Admin Office                         |
|               | 10. Receive and record approved letter request and coordinate accordingly | None | 15 mins                   | Administrative Staff, Purchasing Office/PSD - DMU |
| <b>TOTAL:</b> |   | None | 2 days, 1hour and 30mins* |   |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

### 3. Processing of Gate Pass for Hospital Equipment Property

Facilitate the issuance of gate pass to track equipment due for external repair or for replacement

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Property and Supply Division   |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |   |
| <b>Who may avail:</b>   | All Departments, Offices and Units   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| 1. Approved Letter Request – 1 original and 3 photocopies<br>2. Valid Company ID of Authorized Representative – 1 photocopy |  | PSDEquipment Section   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                               |
| 1. Forward Approved Letter Request to the PSD-Equipment Section   | 1. Receive approved letter request with complete pertinent documents for outside repair/ preventive maintenance  | None                   | 10mins                 | <i>Administrative Staff</i>                             |
|   | 2. Check/verify if PGH property  | None                   | 1 hour                 | <i>Assigned Storekeeper and Supply Officer</i>          |
|   | 3. Prepare the Gate Pass and check the equipment/SE  | None                   | 10 mins                | <i>Assigned Storekeeper</i>                             |
|   | 4. Secure signature of the accountable officer, Office of the Engineering and Technical Services (OETS)/Information Technology Office (IT Office) (for equipment beyond the warranty period) | None                   | 1 hour                 | <i>Assigned Storekeeper</i>                             |
|   | 5. Receive and record gate pass and forward to Section Head for initial and signature of the Division Chief  | None                   | 30mins                 | <i>Administrative Staff/Section Head/Division Chief</i> |
|   | 6. Coordinate with end-user to pick-up the approved Gate   | None                   | 15mins                 | <i>Administrative Staff/Assigned Storekeeper,</i>       |

|               |   |      |                      |  |
|---------------|---|------|----------------------|--|
|               | Pass and request to inform the supplier's representative to provide one copy of ID upon acknowledging the receipt of the equipment/SE |      |                      | Equipment Section - PSD                        |
|               | 7. Acknowledge the Gate Pass by signing the "Received by" portion in the presence of the End-user/Assigned Storekeeper                | None | 10mins               | Supplier's Authorized Representative           |
|               | 8. Record and release the Gate Pass   | None | 10 mins              | <i>Supply Officer</i> , Equipment Section, PSD |
| <b>TOTAL:</b> |   | None | 3 hours and 25 mins* |  |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.



#### 4. Processing of Request for Transfer of Serviceable/Unserviceable Equipment/Semi-Expendable/Waste Material/s No Longer in Use

Facilitate the request for transfer, record transaction and coordinate with Accounting Services Division for reconciliation.

|   |   |                              |                        |   |
|---|---|------------------------------|------------------------|---|
| <b>Office or Division:</b>  | Property and Supply Division  |                              |                        |   |
| <b>Classification:</b>  | Simple  |                              |                        |   |
| <b>Type of Transaction:</b>   | G2G   |                              |                        |   |
| <b>Who may avail:</b>   | Requesting Unit/Office/Government Agency  |                              |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>       |                        |   |
| 1. Approved Letter Request - 1 original and 1 photocopy<br>2. Valid Government/Company ID - 1 photocopy |   | PSD - Equipment Section (ES) |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Forward Letter Request to the PSD Equipment Section  | 1. Receive and record letter request  | None                         | 5 mins                 | <i>Administrative Staff - ES, PSD</i>                                       |
|   | 2. Check/verify and validate status of request                                  | None                         | 20 mins                | <i>Administrative Officer/Section Head, ES-PSD</i>                          |
|   | 3. Receive and record letter request with validation                            | None                         | 5 mins                 | <i>Administrative Staff, Admin Office - PSD</i>                             |
|   | 4. Confirm and endorse letter request   | None                         | 10 mins                | Division Chief  |
|   | 5. Forward letter request for initial/approval                                  | None                         | 5 mins                 | <i>Administrative Staff, Admin Office - PSD</i>                             |
|   | 6. Receive and record letter request, affix initial/approval and forward to PSD | None                         | 1 day                  | Office of the Deputy Director for Administration/<br>Office of the Director |
|   | 7. Receive and record approved letter request                                   | None                         | 5 mins                 | <i>Administrative Staff, ES - PSD</i>                                       |
|   | 8. Coordinate with concerned office/agency for release/pull-out of the item     | None                         | 5 mins                 | <i>Storekeeper/Administrative Officer, ES-PSD</i>                           |
|   | 9. Record and forward pertinent documents to                                    | None                         | 10 mins                | <i>Storekeeper/Administrative Officer, ES-</i>                              |

|               |  |      |                            |                           |
|---------------|--|------|----------------------------|---------------------------|
|               | Accounting Services Division for reconciliation                    |      |                            | PSD                       |
|               | 10. Provide valid company ID and acknowledge receipt of the item/s | None | 10 mins                    | Authorized representative |
| <b>TOTAL:</b> |  | None | 1 day, 1 hour and 15 mins* |                           |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

## 5. Receipt of Delivery for Newly Acquired Supplies and Materials

Facilitate the acceptance/receipt of newly acquired supplies and materials

| <b>Office or Division:</b>  | Property and Supply Division   |
|---|--|
| <b>Classification:</b>  | Simple   |
| <b>Type of Transaction:</b>   | G2C  |
| <b>Who may avail:</b>   | Concerned Supplier   |
| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
| <ol style="list-style-type: none"> <li>1. Approved Purchase Order (PO) – 1 original and 7 photocopies</li> <li>2. Approved Purchase Request – 1 photocopy; and/or</li> <li>3. Approved Request to Deliver (RD) – 1 photocopy</li> <li>4. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification)</li> <li>5. Other required documents based on Mode of Procurement (stamped – certified true copy) <ol style="list-style-type: none"> <li>a. Competitive Bidding <ol style="list-style-type: none"> <li>a.1 Notice of Award (NOA)</li> <li>a.2 Notice to Proceed (NTP)</li> <li>a.3 Performance Bond (PB)</li> <li>a.4 Transmittal Sheet (TS)</li> <li>a.5 Other Pertinent Bidding Documents</li> </ol> </li> <li>b. Alternative Mode of Procurement: <ol style="list-style-type: none"> <li>b.1 Direct Contracting <ol style="list-style-type: none"> <li>b.1.1 Approved Price Quotation</li> <li>b.1.2 Certificate of Exclusive Distributorship</li> <li>b.1.3 Approved Justification</li> <li>b.1.4 BAC Resolution</li> </ol> </li> <li>b.2 Repeat Order <ol style="list-style-type: none"> <li>b.2.1 Approved Justification</li> <li>b.2.2 Notice of Repeat Order</li> <li>b.2.3 Notice to Proceed</li> <li>b.2.4 BAC Resolution</li> </ol> </li> </ol> </li> </ol> </li> </ol> | <p><b><u>Property and Supply Division</u></b></p> <ul style="list-style-type: none"> <li>➤ General Supplies Section <ul style="list-style-type: none"> <li>- Office Supplies</li> <li>- Inks and Toners</li> <li>- Commissary Supplies</li> <li>- Housekeeping/Janitorial Supplies</li> <li>- Construction Supplies</li> <li>- Linen Raw Materials</li> </ul> </li> <li>➤ Special Supplies Section <ul style="list-style-type: none"> <li>- Medical Supplies Floor Stock</li> <li>- Medical Oxygen and Other Gases</li> <li>- Liquid Oxygen</li> </ul> </li> <li>➤ Drugs and Medicines Unit, Special Supplies Section <ul style="list-style-type: none"> <li>- Drugs and Medicines (RF &amp; GF)</li> <li>- Chemicals and Reagents (RF &amp; GF)</li> <li>- Medical Supplies Unit, Special Supplies Section</li> </ul> </li> <li>➤ Medical Supplies Unit, Special Supplies Section <ul style="list-style-type: none"> <li>- Medical Supplies (RF)</li> <li>- Medical Devices/Implants</li> </ul> </li> </ul> |

| <p>b.3 Shopping</p> <p>    b.3.1 Price Quotations</p> <p>    b.3.2 Abstract of Canvass (Sealed/Open)</p> <p>    b.4 Negotiated Procurement – <i>Small Value Procurement</i></p> <p>        b.4.1 Abstract of Sealed/Open Canvass</p> <p>        b.4.2 Price/Bid Offer/s</p> <p>    b.5 Negotiated Procurement – <i>Two Failed Biddings</i></p> <p>        b.5.1 Notice of Award</p> <p>        b.5.2 Notice to Proceed</p> <p>        b.5.3 BAC Resolution</p> <p>    b.6 Negotiated Procurement – <i>Emergency Cases</i></p> <p>        b.6.1 Approved justification</p> <p>        b.6.2 BAC Resolution</p> <p>6. Approved Sample (if applicable)</p> <p><b>NOTE:</b> All photocopied documents attached should be stamped “Certified True Copy” and duly signed by the issuing office.</p> |  |                 |  |   |
|---|--|-----------------|--|---|
| <p>7. Sales Invoice (SI) – 1 original and 7 photocopies</p> <p>8. Delivery Receipt (DR) – 1 original and 7 photocopies</p> <p>9. Valid Certificate of Product Registration (CPR) – 1 photocopy (if applicable)</p> <p>10. Valid Certificate of Analysis (COA) (for drugs and medicines) – 1 photocopy</p>   |  |                 |  |   |
| Concerned Supplier  |  |                 |  |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE  |
| 1. Present Purchase Order and other pertinent documents to the PSD Admin Office as obtained from Purchasing Office for the specific delivery  | 1. Check the completeness of the documents   | None            | 10 mins  | Administrative Staff/<br>Storekeeper/<br>Supply Officer,<br>PSD |
|   | 2. Check/verify the item/s delivered if in conformity with the Purchase Order (PO) specifications; | None            | 30 mins/variable (depending on the quantity and number of items/ supplies delivered) | Administrative Staff/<br>Storekeeper/<br>Supply Officer,<br>PSD |

|               |   |      |          |   |
|---------------|---|------|----------|---|
|               | Count the item/s delivered  |      |          |   |
|               | 3. Acknowledge/ accept the items/supplies delivered; Affix initial/sign the Sales Invoice/Delivery Receipt. | None | 10 mins  | <i>Administrative Staff/<br/>Storekeeper/<br/>Supply Officer,<br/>PSD</i> |
| <b>TOTAL:</b> |   | None | 50 mins* |   |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

## 6. Receipt of Delivery for Newly Acquired Equipment/Semi-Expendable Item/s/Spare Parts and Accessories

Facilitate the acceptance/receipt of newly acquired equipment/semi-expendable item/s/spare parts and accessories.

| <b>Office or Division:</b>   | Property and Supply Division |
|--|------------------------------|
| <b>Classification:</b>   | Simple                       |
| <b>Type of Transaction:</b>  | G2C                          |
| <b>Who may avail:</b>  | Concerned Supplier           |
| CHECKLIST OF REQUIREMENTS  | WHERE TO SECURE              |
| <ol style="list-style-type: none"> <li>1. Approved Purchase Order (PO) – 1 original and 7 photocopies</li> <li>2. Approved Purchase Request – 1 photocopy</li> <li>3. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification)</li> <li>4. Brochure/Catalogue – 1 original and 1 photocopy (if applicable)</li> <li>5. Other required documents based on Mode of Procurement (stamped – certified true copy)               <ol style="list-style-type: none"> <li>a. Competitive Bidding                   <ol style="list-style-type: none"> <li>a.1 Notice of Award (NOA)</li> <li>a.2 Notice to Proceed (NTP)</li> <li>a.3 Performance Bond (PB)</li> <li>a.4 Transmittal Sheet (TS)</li> <li>a.5 Other Pertinent Bidding Documents</li> </ol> </li> <li>b. Alternative Mode of Procurement:                   <ol style="list-style-type: none"> <li>b.1 Direct Contracting                       <ol style="list-style-type: none"> <li>b.1.1 Approved Price Quotation</li> <li>b.1.2 Certificate of Exclusive Distributorship</li> <li>b.1.3 Approved Justification</li> <li>b.1.4 BAC Resolution</li> </ol> </li> <li>b.2 Repeat Order                       <ol style="list-style-type: none"> <li>b.2.1 Approved Justification</li> <li>b.2.2 Notice of Award (Repeat Order)</li> <li>b.2.3 Notice to Proceed</li> <li>b.2.4 BAC Resolution</li> </ol> </li> </ol> </li> </ol> </li> </ol> | PSD-Equipment Section        |

| b.3 Shopping<br>b.3.1 Price Quotations<br>b.3.2 Abstract of Canvass<br>(Sealed/Open)<br>b.4 Negotiated Procurement<br>– <i>Small Value Procurement</i><br>b.4.1 Abstract of<br>Sealed/Open Canvass<br>b.4.2 Price/Bid Offer/s<br>b.5 Negotiated Procurement –<br><i>Two Failed Biddings</i><br>b.5.1 Notice of Award<br>b.5.2 Notice to Proceed<br>b.5.3 BAC Resolution<br>b.6 Negotiated Procurement<br>– <i>Emergency Cases</i><br>b.6.1 Approved<br>justification<br>b.6.2 BAC Resolution<br><br>6. Approved Sample (if applicable)<br><br><b>NOTE:</b> All photocopied documents attached<br>should be stamped “Certified True Copy” and<br>duly signed by the issuing office. |  |                    |   |   |
|--|--|--------------------|---|---|
| 7. Sales Invoice (SI) – 1 original and 7<br>photocopies<br>8. Delivery Receipt (DR) – 1 original and<br>7 photocopies<br>9. Warranty Certificate – 1 original and 1<br>photocopy<br>10. Brochure/Catalogue – 1 original and 1<br>photocopy (if applicable)   |  | Concerned Supplier |   |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME  | PERSON<br>RESPONSIBLE   |
| 1. Present Purchase Order and other pertinent documents to the PSD Equipment Section as obtained from Purchasing Office for the specific delivery  | 1. Check the completeness of the documents   | None               | 30 mins   | Administrative Staff/<br>Storekeeper/<br>Supply Officer,<br>PSD |
|  | 2. Check/verify the item/s delivered if in conformity with Purchase Order (PO) specifications;<br><br>Count the item/s delivered | None               | 2 hours/variable<br>(depending on<br>the quantity of<br>item/s delivered) | Administrative Staff/<br>Storekeeper/<br>Supply Officer,<br>PSD |

|               |  |      |                         |   |
|---------------|--|------|-------------------------|---|
|               | 3.<br>Acknowledge/accept<br>the item/s delivered;<br>Affix initial/sign the<br>Sales<br>Invoice/Delivery<br>Receipt. | None | 20 mins                 | <i>Administrative<br/>Staff/<br/>Storekeeper/<br/>Supply Officer,<br/>PSD</i> |
| <b>TOTAL:</b> |  |      | 2 hours and 50<br>mins* |   |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery



## 7. Receipt of Laundered Hospital Linen/s

Facilitate the acceptance/receipt of newly laundered linen/s

|   |   |   |   |  |
|---|---|---|---|--|
| <b>Office or Division:</b>  | Property and Supply Division  |   |   |  |
| <b>Classification:</b>  | Simple  |   |   |  |
| <b>Type of Transaction:</b>   | G2C   |   |   |  |
| <b>Who may avail:</b>   | Concerned Supplier  |   |   |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                      |   |  |
| 1. Valid Supply Contract – 2 photocopies<br>2. Performance Bond – 1 photocopy<br>3. Daily Delivery Sheet (DDS) – 1 original and 1 photocopy<br><br><b>NOTE:</b> All photocopied documents attached should be stamped “Certified True Copy” and duly signed by the issuing office. |   | Linen Section, Property and Supply Division |   |  |
| 4. Sales Invoice (SI) – 1 original and 7 photocopies<br>5. Delivery Receipt (DR) – 1 original and 7 photocopies   |   | Concerned Supplier                          |   |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                      | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>  |
| 1. Present the Daily Delivery Sheet for the specific delivery together with the required documents to the PSD Linen Section   | 1. Check the completeness of the documents  | None  | 10 mins   | <i>Administrative Staff/<br/>Laundry Worker/<br/>Supply Officer, PSD</i> |
|   | 2. Check/verify the completeness of the delivered item/s and if in conformity with the requisites stated in the laundry contract<br><br>Routine count and record the total number of delivered clean linen in the “Clean Returned Column” of the DLS.<br><br>Regular reporting for undelivered/ unaccounted linen | None  | 2 hours/variable (depending on the quantity item/s delivered) | <i>Administrative Staff/<br/>Laundry Worker/<br/>Supply Officer, PSD</i> |
|   | 3.  | None  | 15 mins   | <i>Administrative</i>  |

|               |  |      |                      |  |
|---------------|--|------|----------------------|--|
|               | Acknowledge/accept clean linen deliveries based on the quantities reflected in the daily soiled linen sent per DLS. Affix initial/sign the Sales Invoice/Delivery Receipt. |      |                      | Staff/<br>Laundry<br>Worker/<br>Supply Officer,<br>PSD |
| <b>TOTAL:</b> |  | None | 2 hours and 25 mins* |  |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note:

- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

## 8. Processing of Disbursement Voucher for Payment of Delivered Supplies and Materials (Regular Stock/Item/s)

Facilitate the preparation of Disbursement Voucher (DV) for delivered supplies and materials due for payment (regular stock/item/s)

| <b>Office or Division:</b>   | Property and Supply Division  |
|--|---|
| <b>Classification:</b>   | Simple  |
| <b>Type of Transaction:</b>  | G2G   |
| <b>Who may avail:</b>  | Concerned Supplier  |
| CHECKLIST OF REQUIREMENTS  | WHERE TO SECURE   |
| <ul style="list-style-type: none"> <li>➤ Documents received during acceptance of delivery (stamped - certified true copy and duly signed by the issuing office):             <ol style="list-style-type: none"> <li>1. Approved Purchase Order (PO) duly noted by IASSS for the deliveries made – 1 original</li> <li>2. Approved Purchase Request – 1 photocopy; and/or</li> <li>3. Approved Request to Deliver (RD) – 1 photocopy</li> <li>4. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification)</li> <li>5. Other required documents to be obtained from Purchasing Office based on Mode of Procurement (stamped – certified true copy)                 <ol style="list-style-type: none"> <li>a. Competitive Bidding                     <ol style="list-style-type: none"> <li>a.1 Notice of Award (NOA)</li> <li>a.2 Notice to Proceed (NTP)</li> <li>a.3 Performance Bond (PB)</li> <li>a.4 Transmittal Sheet (TS)</li> <li>a.5 Other Pertinent Bidding Documents</li> </ol> </li> <li>b. Alternative Mode of Procurement:                     <ol style="list-style-type: none"> <li>b.1 Direct Contracting                         <ol style="list-style-type: none"> <li>b.1.1 Approved Price Quotation</li> <li>b.1.2 Certificate of Exclusive Distributorship</li> <li>b.1.3 Approved Justification</li> </ol> </li> </ol> </li> </ol> </li> </ol> </li></ul> | <b><u>Property and Supply Division</u></b> <ul style="list-style-type: none"> <li>➤ General Supplies Section (GSS)             <ul style="list-style-type: none"> <li>- Office Supplies</li> <li>- Inks and Toners</li> <li>- Commissary Supplies</li> <li>- Housekeeping/Janitorial Supplies</li> <li>- Construction Supplies</li> <li>- Linen Raw Materials</li> </ul> </li> <li>➤ Special Supplies Section (SSS)             <ul style="list-style-type: none"> <li>- Medical Supplies Floor Stock</li> <li>- Medical Oxygen and Other Gases</li> <li>- Liquid Oxygen</li> <li>- Drugs and Medicines (RF &amp; GF)</li> <li>- Chemicals and Reagents (RF &amp; GF)</li> <li>- Medical Supplies (RF)</li> </ul> </li> </ul> |

| <p> b.2 Repeat Order<br/> b.2.1 Approved Justification<br/> b.2.2 Notice of Award (Repeat Order)<br/> b.2.3 Notice to Proceed<br/> b.3 Shopping<br/> b.3.1 Price Quotations<br/> b.3.2 Abstract of Canvass (Sealed/Open)<br/> b.4 Negotiated Procurement – <i>Small Value Procurement</i><br/> b.4.1 Abstract of Sealed/Open Canvass<br/> b.4.2 Price/Bid Offer/s<br/> b.5 Negotiated Procurement – <i>Two Failed Biddings</i><br/> b.5.1 Notice of Award<br/> b.5.2 Notice to Proceed<br/> b.6 Negotiated Procurement – <i>Emergency Cases</i><br/> b.6.1 Approved justification<br/> <br/> 6. BAC Resolution/Certificate for Negotiated Procurement (53.1) (if applicable)<br/> 7. Sales Invoice (SI) duly noted by IASSS for the deliveries made – 1 original<br/> 8. Delivery Receipt (DR) duly noted by IASSS for the deliveries – 1 original<br/> 9. Valid Certificate of Product Registration (CPR) – 1 photocopy (if applicable)<br/> 10. Valid Certificate of Analysis (COA) (for drugs and medicines) – 1 photocopy<br/> 11. Supply Contract (for Laundry Services – 1 photocopy </p> |   |                 |                 |  |
|---|---|-----------------|-----------------|--|
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                         |
| 1. Forward all pertinent documents to the PSD Supply Section for the preparation of the DV  | 1. Receive, check and record the forwarded documents      | None            | 5 mins          | <i>Administrative Staff, SSS/GSS - PSD</i> |
|   | 2. Check and verify the completeness of the documents and | None            | 40 mins         | <i>Section Head, SSS/GSS – PSD</i>         |

|               |  |      |                     |  |
|---------------|--|------|---------------------|--|
|               | instruct Admin Staff to prepare the DV; Attach checklist and all pertinent documents prior to DV preparation   |      |                     |  |
|               | 3.Prepare the DV through the FMIS and attach all pertinent documents; forward to Section Head for review/initial   | None | 25 mins             | <i>Administrative Staff, SSS/GSS - PSD</i>     |
|               | 4.Review and record DV; encode pertinent information in the DV Monitoring Report<br><br>Affix initial in the DV and forward to Division Chief for signature. | None | 15 mins             | <i>Section Head, SSS/GSS – PSD</i>             |
|               | 5.Review and sign  | None | 10 mins             | <i>Division Chief, PSD</i>                     |
|               | 6.Record and release signed DV and other pertinent documents to Accounting Services Division   | None | 10 mins             | <i>Administrative Staff, Admin. Office-PSD</i> |
| <b>TOTAL:</b> |  | None | 1 hour and 45 mins* |  |

\*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

## 9. Processing of Disbursement Voucher for Payment of Delivered Supplies and Materials (Direct Charges)

Facilitate the preparation of Disbursement Voucher (DV) for delivered supplies and materials due for payment (direct charges)

| <b>Office or Division:</b>  | Property and Supply Division                                     |
|---|--|
| <b>Classification:</b>  | Simple   |
| <b>Type of Transaction:</b>   | G2G  |
| <b>Who may avail:</b>   | Concerned Supplier   |
| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
| <p>➤ Documents received during acceptance of delivery (stamped - certified true copy and duly signed by the issuing office):</p> <ol style="list-style-type: none"> <li>1. Approved Purchase Order (PO) duly noted by IASSS for the deliveries made – 1 original</li> <li>2. Approved Purchase Request – 1 photocopy; and/or</li> <li>3. Approved Request to Deliver (RD) – 1 photocopy (if applicable)</li> <li>4. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification)</li> <li>5. Other required documents to be obtained from Purchasing Office based on Mode of Procurement (stamped – certified true copy)               <ol style="list-style-type: none"> <li>a. Competitive Bidding                   <ol style="list-style-type: none"> <li>a.1 Notice of Award (NOA)</li> <li>a.2 Notice to Proceed (NTP)</li> <li>a.3 Performance Bond (PB)</li> <li>a.4 Transmittal Sheet (TS)</li> <li>a.5 Other Pertinent Bidding Documents</li> </ol> </li> <li>b. Alternative Mode of Procurement:                   <ol style="list-style-type: none"> <li>b.1 Direct Contracting                       <ol style="list-style-type: none"> <li>b.1.1 Approved Price Quotation</li> <li>b.1.2 Certificate of Exclusive Distributorship</li> <li>b.1.3 Approved Justification</li> </ol> </li> <li>b.2 Repeat Order                       <ol style="list-style-type: none"> <li>b.2.1 Approved</li> </ol> </li> </ol> </li> </ol> </li> </ol> | Property and Supply Division and All Requisitioning Offices/Unit |

| <p>Justification</p> <p>b.2.2 Notice of Repeat Order</p> <p>b.2.3 Notice to Proceed</p> <p>b.3 Shopping</p> <p>b.3.1 Price Quotations</p> <p>b.3.2 Abstract of Canvass (Sealed/Open)</p> <p>b.4 Negotiated Procurement – <i>Small Value Procurement</i></p> <p>b.4.1 Abstract of Sealed/Open Canvass</p> <p>b.4.2 Price/Bid Offer/s</p> <p>b.5 Negotiated Procurement – <i>Two Failed Biddings</i></p> <p>b.5.1 Notice of Award</p> <p>b.5.2 Notice to Proceed</p> <p>b.6 Negotiated Procurement – <i>Emergency Cases</i></p> <p>b.6.1 Approved justification</p> <p>b.6.2 Approved price quotation</p> <p>6. BAC Resolution/Certificate for Negotiated Procurement (53.1) (if applicable)</p> <p>7. Sales Invoice (SI) duly noted by IASSS for the deliveries made – 1 original</p> <p>8. Delivery Receipt (DR) duly noted by IASSS for the deliveries – 1 original</p> <p>9. Valid Certificate of Product Registration (CPR) – 1 photocopy (if applicable)</p> <p>10. Supply Contract – 1 photocopy (if applicable)</p> |   |                 |                 |                             |
|---|---|-----------------|-----------------|-----------------------------|
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE          |
| 1. Forward all pertinent documents to PSD relative to the deliveries accepted   | 1. Review, check and verify the completeness of the documents;<br><br>Attach the checklist and all pertinent documents and forward to requisitioning unit/office; | None            | 15 mins         | Section Head, SSS/GSS – PSD |

|               |  |      |                      |  |
|---------------|--|------|----------------------|--|
|               | 2. Record and forward all pertinent documents to requisitioning unit/office  | None | 10 mins.             | <i>Administrative Staff, SSS/GSS - PSD</i>         |
|               | 3. Receive, check and record the forwarded documents   | None | 10 mins              | <i>Administrative Staff, Concerned Office/Unit</i> |
|               | 4. Check and verify the completeness of the documents and instruct Admin Staff to prepare the DV   | None | 40 mins              | <i>Section Head, Concerned Office/Unit</i>         |
|               | 5. Prepare the DV through the FMIS and attach all pertinent documents; forward to Section Head for review/initial  | None | 20 mins              | <i>Administrative Staff, Concerned Office/Unit</i> |
|               | 6. Review and record DV; encode pertinent information in the DV Monitoring Report<br><br>Affix initial in the DV and forward to Head of Office/Unit for signature. | None | 15 mins              | <i>Section Head of Concerned Office/Unit</i>       |
|               | 7. Review and sign   | None | 10 mins              | <i>Head of Department Office/Unit</i>              |
|               | 8. Record and release signed DV and other pertinent documents to Accounting Services Division  | None | 10 mins              | <i>Administrative Staff, Concerned Office/Unit</i> |
| <b>TOTAL:</b> |  | None | 2 hours and 10 mins* |  |

\*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.



## 10. Processing of Disbursement Voucher for Payment of Delivered Equipment/Semi-Expendable/Spare Parts and Accessories

Facilitate the preparation of Disbursement Voucher (DV) for delivered equipment/semi-expendable/spare parts and accessories due for payment

| <b>Office or Division:</b>   | Property and Supply Division                               |
|--|--|
| <b>Classification:</b>   | Simple   |
| <b>Type of Transaction:</b>  | G2G  |
| <b>Who may avail:</b>  | Concerned Supplier   |
| CHECKLIST OF REQUIREMENTS  | WHERE TO SECURE  |
| <p>➤ Documents received during acceptance of delivery (stamped - certified true copy and duly signed by the issuing office):</p> <ol style="list-style-type: none"> <li>1. Approved Purchase Order (PO) – 1 original</li> <li>2. Approved Purchase Request – 1 photocopy</li> <li>3. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification)</li> <li>4. Brochure/Catalogue –1 photocopy (if applicable)</li> <li>5. Other required documents based on Mode of Procurement (stamped – certified true copy)               <ol style="list-style-type: none"> <li>a. Competitive Bidding                   <ol style="list-style-type: none"> <li>a.1 Notice of Award (NOA)</li> <li>a.2 Notice to Proceed (NTP)</li> <li>a.3 Performance Bond (PB)</li> <li>a.4 Transmittal Sheet (TS)</li> <li>a.5 Other Pertinent Bidding Documents</li> </ol> </li> <li>b. Alternative Mode of Procurement:                   <ol style="list-style-type: none"> <li>b.1 Direct Contracting                       <ol style="list-style-type: none"> <li>b.1.1 Approved Price Quotation</li> <li>b.1.2 Certificate of Exclusive Distributorship</li> <li>b.1.3 Approved Justification</li> <li>b.1.4 BAC Resolution</li> </ol> </li> <li>b.2 Repeat Order                       <ol style="list-style-type: none"> <li>b.2.1 Approved</li> </ol> </li> </ol> </li> </ol> </li> </ol> | Equipment Section, PSD and All Requisitioning Offices/Unit |

|   |               |         |            |        |
|---|---------------|---------|------------|--------|
| <div>Justification</div> <div>b.2.2 Notice of Repeat Order</div> <div>b.2.3 Notice to Proceed</div> <div>b.3 Shopping</div> <div>b.3.1 Price Quotations</div> <div>b.3.2 Abstract of Canvass (Sealed/Open)</div> <div>b.4 Negotiated Procurement</div> <div>– <i>Small Value Procurement</i></div> <div>b.4.1 Abstract of Sealed/Open Canvass</div> <div>b.4.2 Price/Bid Offer/s</div> <div>b.5 Negotiated Procurement –</div> <div><i>Two Failed Biddings</i></div> <div>b.5.1 Notice of Award</div> <div>b.5.2 Notice to Proceed</div> <div>b.6 Negotiated Procurement</div> <div>– <i>Emergency Cases</i></div> <div>b.6.1 Approved justification</div> <div>b.6.2 Approved price quotation</div> <div>6. BAC Resolution/Certificate for Negotiated Procurement (53.1) (if applicable)</div> <div>7. Sales Invoice (SI) duly noted by IASSS for the deliveries made – 1 original</div> <div>8. Delivery Receipt (DR) duly noted by IASSS for the deliveries – 1 original</div> <div>9. Supply Contract – 1 photocopy</div> <div>10. Accomplished Inspection and Acceptance Report (IAR) – 1 original</div> <div>11. Accomplished Requisition Issue Slip (RIS) – 1 original</div> <div>12. Accomplished Property and Acknowledgement Receipt (PAR) – 1 photocopy</div> <div>13. Accomplished Inventory Custodian Slip (ICS) - 1 photocopy</div> <div>14. Certificate of Completion for the Installation and Commissioning – 1 original (if applicable)</div> <div>15. Certificate of Acceptance – 1 original</div> <div>16. Certificate of Training – 1 photocopy</div> <div>17. Other pertinent documents that may be required by Accounting Services Division</div> |               |         |            |        |
| CLIENT STEPS  | AGENCY ACTION | FEES TO | PROCESSING | PERSON |

|   |  | BE PAID | TIME     | RESPONSIBLE                                 |
|---|--|---------|----------|---|
| 1. Forward all pertinent documents to PSD relative to the deliveries accepted | 1. Review, check and verify the completeness of the documents;<br><br>Attach the checklist and all pertinent documents and forward to requisitioning unit/office;  | None    | 15 mins  | Section Head, SSS/GSS – PSD                 |
|   | 2. Record and forward all pertinent documents to requisitioning unit/office  | None    | 10 mins. | Administrative Staff, SSS/GSS - PSD         |
|   | 3. Receive, check and record the forwarded documents   | None    | 10 mins  | Administrative Staff, Concerned Office/Unit |
|   | 4. Check and verify the completeness of the documents and instruct Admin Staff to prepare the DV   | None    | 40 mins  | Section Head, Concerned Office/Unit         |
|   | 5. Prepare the DV through the FMIS and attach all pertinent documents; forward to Section Head for review/initial  | None    | 20 mins  | Administrative Staff, Concerned Office/Unit |
|   | 6. Review and record DV; encode pertinent information in the DV Monitoring Report<br><br>Affix initial in the DV and forward to Head of Office/Unit for signature. | None    | 15 mins  | Section Head of Concerned Office/Unit       |
|   | 7. Review and sign   | None    | 10 mins  | Head of Department Office/Unit              |
|   | 8. Record and release signed DV and other pertinent documents to Accounting  | None    | 10 mins  | Administrative Staff, Concerned Office/Unit |

|  |                   |      |                         |  |
|--|-------------------|------|-------------------------|--|
|  | Services Division |      |                         |  |
|  | <b>TOTAL:</b>     | None | 2 hours and<br>10 mins* |  |

\*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note: Completion of documents may vary depending on the required tasks to be performed and certification to be provided as what is stated in the Terms and Conditions of the Contract.

## 11. Processing of Disbursement Voucher for Consigned Goods

Facilitate the preparation of Disbursement Voucher (DV) for consigned goods (regular and just-in-time transactions)

|  |                              |                               |  |
|--|------------------------------|-------------------------------|--|
| <b>Office or Division:</b>   | Property and Supply Division |                               |  |
| <b>Classification:</b>   | Simple                       |                               |  |
| <b>Type of Transaction:</b>  | G2G                          |                               |  |
| <b>Who may avail:</b>  | Concerned Supplier           |                               |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |                              | <b>WHERE TO SECURE</b>        |  |
| <b>Consignment Office (Complete Delivery)</b>  |                              |                               |  |
| <div>1. Sales Report (SR) – 1 original</div> <div>2. Delivery Receipt (DR)/Sales Invoice (SI) – 1 original</div> <div>3. Approved Consignment Order (CO) with notation from the IASSS – 1 original</div> <div>4. Approved Price Quotation (for new items or with price adjustment)– 1 original</div> <div>5. Consignment Agreement (CA), notarized – 1 photocopy (with crosschecked/certified true copy)</div> <div>6. Approved Consignment List (CL) – 1 photocopy (with crosschecked/certified true copy)</div> <div>7. Valid Certificate of Product Registration (CPR) – 1 photocopy (for Drugs and Medicines and Medical Supplies)</div> <div>8. Inspection and Acceptance Report (IAR) – 1 original</div> |                              | PSD- Consignment Office (CO)  |  |
| <b>Consignment Office (Partial Delivery)</b>   |                              |                               |  |
| <div>1. Sales Report (SR) – 1 original</div> <div>2. Delivery Receipt (DR) - 1 photocopy (with crosschecked/certified true copy)</div> <div>3. Sales Invoice (SI) – 1 original</div> <div>4. Approved Consignment Order (CO) with notation from the IASSS – 1 photocopy (with crosschecked/certified true copy)</div> <div>5. Approved Price Quotation (for new items or with price adjustment) – 1 photocopy (with crosschecked/certified true copy)</div> <div>6. Consignment Agreement (CA), notarized – 1 photocopy (with crosschecked/certified true copy)</div> <div>7. Approved Consignment List (CL) – 1</div>   |                              | PSD - Consignment Office (CO) |  |

| photocopy (with crosschecked/<br>certified true copy)<br>8. Valid Certificate of Product<br>Registration (CPR) – 1 photocopy (for<br>Drugs and Medicines and Medical<br>Supplies)<br>9. Inspection and Acceptance Report<br>(IAR) – 1 photocopy (with<br>crosschecked/certified true copy)   |  |                    |                    |   |
|--|--|--------------------|--------------------|---|
| CLIENT STEPS   | AGENCY ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                   |
| 1. Forward all<br>pertinent<br>document to PSD<br>Consignment<br>Office for the<br>preparation of the<br>DV<br><b>For Complete/Final<br/>Payment</b> – attach<br>original DR,<br>Approved CO, IAR<br>duly certified/noted by<br>IASSS<br><b>For Partial Payment</b><br>– attach 1 photocopy<br>of DR, Approved CO,<br>IAR duly<br>certified/noted by<br>IASSS (stamped -<br>certified true copy/<br>crosschecked from<br>the original) | 1. Receive, check and<br>record the<br>completeness of the<br>documents forwarded  | None               | 5 mins             | <i>Administrative<br/>Staff, CO-PSD</i> |
|  | 2. Check and verify<br>the movement of the<br>consigned item<br>through Open-ERP in<br>preparation of SR   | None               | 40 mins            | <i>Administrative<br/>Staff, CO-PSD</i> |
|  | 3. Prepare and print<br>the SR by encoding all<br>required entry field in<br>the monitoring report<br>and affix signature on<br>the SR to be<br>forwarded to the<br>Consignment OIC. | None               | 10 mins            | <i>Administrative<br/>Staff, CO-PSD</i> |
|  | 4. Review, record/<br>encode on the  | None               | 10 mins            | OIC, CO - PSD                           |

|               |   |      |                             |  |
|---------------|---|------|-----------------------------|--|
|               | Consignment Monitoring Report and affix signature   |      |                             |  |
|               | 5. Inform the company representative of the availability of SR and to submit Sales Invoice  | None | 5 mins                      | <i>Administrative Staff, CO-PSD</i>            |
|               | 6. Receive the Sales Invoice from the company representative and will affix signature on the SR   | None | 2 days                      | <i>Administrative Staff, CO-PSD</i>            |
|               | 7. Forward, photocopy of SR, SI and all pertinent documents for DV preparation  | None | 10 mins                     | <i>Administrative Staff, CO-PSD</i>            |
|               | 8. Receive, check SR/SI and other pertinent documents and prepare DV, affix initial to be forwarded to Consignment OIC for initial. Attach checklist and all attached photocopy (documents) are for crosschecked from the original copy | None | 30 mins                     | <i>Administrative Staff, CO-PSD</i>            |
|               | 9. Review and initial DV and update the consignment monitoring report and forward to Division Head for signature  | None | 15 mins                     | OIC, CO - PSD                                  |
|               | 10. Review and sign   | None | 10 mins                     | Division Head, PSD                             |
|               | 11. Release and record all pertinent documents to Accounting Services Division for payment  | None | 10 mins                     | <i>Administrative Staff, Admin. Office-PSD</i> |
| <b>TOTAL:</b> |   | None | 2 days, 2 hour and 25 mins* |  |

\*Actual delivery time of the related service may vary from the actual processing time as the line item per transaction/volume of transactions handled is not considered in the determination of the processing time.

# **Property and Supply Division**

## **Internal Services**



## 1. Provision of Supplies and Materials (Newly Acquired)

Facilitate preparation of Purchase Request/Request to Deliver Awarded Items and issuance of newly acquired supplies and materials to respective Requesting Units/Offices

| <b>Office or Division:</b>  | Property and Supply Division   |
|---|--|
| <b>Classification:</b>  | Highly Technical   |
| <b>Type of Transaction:</b>   | G2G  |
| <b>Who may avail:</b>   | Requisitioning Unit/Office   |
| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
| <ol style="list-style-type: none"> <li>1. Purchase Request (PR) – 1 original and 2 photocopies</li> <li>2. Request to Deliver for Awarded Items with attached photocopy of Notice of Award (NOA) – 1 original and 2 photocopies (if with available NOA)</li> <li>3. Approved Project Procurement Management Plan (PPMP) – 1 photocopy</li> <li>4. Approved Supplemental Project Procurement Management Plan (SPPMP) – 1 photocopy</li> <li>5. Stock Position Sheet (SPS) – 1 original and 1 photocopy</li> <li>6. Purchase Order (PO) – 1 original and 7 photocopies</li> <li>7. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy</li> <li>8. Other Pertinent Documents related to deliveries and based on the approved mode of procurement, to be secured from Purchasing Office (refer to checklist)</li> <li>9. Notice to Supplier (NTS) – 1 photocopy (if applicable)</li> <li>10. Request for Inspection – 1 original and 1 photocopy</li> <li>11. Accomplished Inspection and Acceptance Report (IAR) – 1 original and 6 photocopies</li> <li>12. Requisitioning Issue Slip (RIS) – 1 original and 2 photocopies</li> </ol> | <p><b><u>Property and Supply Division</u></b></p> <ul style="list-style-type: none"> <li>➤ General Supplies Section <ul style="list-style-type: none"> <li>- Office Supplies</li> <li>- Inks and Toners</li> <li>- Commissary Supplies</li> <li>- Housekeeping/Janitorial Supplies</li> <li>- Construction Supplies</li> <li>- Linen Raw Materials</li> </ul> </li> <li>➤ Special Supplies Section <ul style="list-style-type: none"> <li>- Medical Supplies Floor Stock</li> <li>- Medical Oxygen and Other Gases</li> <li>- Liquid Oxygen</li> </ul> </li> <li>➤ Drugs and Medicines Unit, Special Supplies Section <ul style="list-style-type: none"> <li>- Drugs and Medicines (RF &amp; GF)</li> <li>- Chemicals and Reagents (RF &amp; GF)</li> <li>- Medical Supplies Unit, Special Supplies Section</li> </ul> </li> <li>➤ Medical Supplies Unit, Special Supplies Section <ul style="list-style-type: none"> <li>- Medical Supplies (RF)</li> <li>- Medical Devices/Implants</li> </ul> </li> </ul> |
| <ol style="list-style-type: none"> <li>13. Sales Invoice (SI) – 1 original and 7 photocopies</li> <li>14. Delivery Receipt (DR) – 1 original and 7 photocopies</li> <li>15. Valid Certificate of Product Registration (CPR) (if applicable) – 1</li> </ol>  | Concerned Supplier   |

| photocopy<br>16. Valid Certificate of Analysis (COA) (for drugs and medicines) – 1 photocopy  |  |                 |                 |  |
|---|--|-----------------|-----------------|--|
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Determine the need for stock replenishment/ provision of the needs the requesting unit/office and submit the request to the PSD Admin Office | 1. Prepare Purchase (PR) Request, Stock Position Sheet (SPS) and attached photocopy of approved PPMP/SPPMP<br><br>Prepare Request to Deliver for Awarded Items, Stock Position Sheet (SPS) and attached photocopy of Notice of Award (NOA) | None            | 1 hour          | <i>Administrative Staff/</i><br>Administrative Officer of concerned Department/ Office/Unit  |
|   | 2. Forward PR with complete attachment for funding and approval<br><br>Forward Request to Deliver (RD) with complete attachment for approval of the Head of Unit   | None            | 30 mins         | <i>Administrative Staff/</i><br>Administrative Officer of concerned Department/ Office/Unit  |
|   | 3. Receive/record PR; review/ recommend approval and forward to Accounting Services Division (ASD)/Budget Services Division (BSD) for fund availability  | None            | 1 day           | <i>Administrative Staff, Executive Offices;</i><br>Respective Deputy Director based on the Level of Approving Authority            |
|   | 4. Receive PR, record, certify fund availability, approve funding and forward to ODDFS/DO for initial/approval   | None            | 2 days          | <i>Administrative Assistant/</i><br><i>Administrative Officer/Division Chief</i><br>- Accounting Services Division/Budget Services |

|  |  |      |   | Division   |
|--|--|------|---|--|
|  | 5. Receive/record PR; review and affix initial/signature and forward to Purchasing Office  | None | 3 days  | <i>Administrative Staff</i> , Executive Office; Deputy Director for Administration/ Deputy Director for Fiscal Services/PGH Director |
|  | 6. Receive/record approve PR and forward to BAC for resolution<br><br>Receive/record RD and forward to Buyer in charge for processing  | None | 1 day   | <i>Administrative Staff</i> , Purchasing Office  |
|  | 7. Receive/record PR and process accordingly   | None | Refer to RA 9184 for the procurement timeline | Bids and Awards Committee I (BAC-I)  |
|  | 8. Prepare PO and forward to requesting unit/office  | None | 1 day   | <i>Administrative Staff/Supervisor /Unit Head</i> , Purchasing Office  |
|  | 9. Receive/record Purchase Order forwarded by Purchasing Office; prepare BURS/OBRS for initial/signature of the Section Head/Division Chief and forward to Accounting Services Division/<br>Budget Services Division | None | 1 day   | <i>Administrative Staff</i> , GSS/SSS/ Admin Office, PSD; Section Head/Division Chief, PSD   |
|  | 10. Receive PO, record, certify fund availability, approve funding and forward to ODDA/ ODDFS/DO for   | None | 2 days  | <i>Administrative Assistant/ Administrative Officer/Division Chief</i> - Accounting  |

|  |  |      |          |   |
|--|--|------|----------|---|
|  | initial/approval   |      |          | Services Division/Budget Services Division  |
|  | 11. Receive/record PO; affix initial/approval and forward to Purchasing Office   | None | 3 days   | <i>Administrative Staff</i> , Executive Offices; Respective Deputy Director based on the Level of Approving Authority; PGH Director |
|  | 12. Fax approved PO and inform supplier to pick-up the document and deliver the goods as per PO specifications/delivery schedule/delivery point                  | None | 30 mins  | <i>Administrative Staff</i> , Purchasing Office   |
|  | 13. Receive copy of PO from Purchasing Office; prepare Notice to Supplier (NTS) if necessary/applicable and seek initial/approval of Section Head/Division Chief | None | 30 mins  | <i>Administrative Staff</i> , Admin Office/GSS/SSS, PSD; Section Head/Division Chief, PSD   |
|  | 14. Acknowledge receipt of PO/NTS and schedule delivery  | None | variable | Concerned Supplier  |
|  | 15. Receive, accept/acknowledge delivery based on the approved PO and completeness of documents  | None | 50 mins  | <i>Administrative Staff</i> / Storekeeper/ Supply Officer, PSD  |
|  | 16. Prepare IAR/Notice of Inspection and forward to Section Head for initial and Division Chief for signature  | None | 30 mins  | <i>Administrative Staff</i> , SSS – PSD/Section Head/Division Chief   |
|  | 17. Inspect delivered item/s   | None | 1 hour   | <i>IASS Staff</i> / Storekeeper -   |

|               |   |      |   |   |
|---------------|---|------|---|---|
|               |   |      |   | PSD   |
|               | 18. Accomplish IAR and forward to PSD   | None | 3 days  | IASS  |
|               | 19. Receive and record accomplished IAR; segregate copies for Accounting Services Division, Commission on Audit (COA); DMU/MSU/GSS Warehouse and file copy; attach original IAR as part of the documents needed for processing of payment | None | 30 mins   | <i>Administrative Staff/</i><br>Storekeeper-SSS, PSD                    |
|               | 20. Record delivered item/s on the stock card   | None | 15 mins   | <i>Administrative Staff/</i><br>Storekeeper-SSS, PSD                    |
|               | 21. Encode delivery in the Open ERP   | None | 15 mins   | <i>Administrative Staff,</i> PSD  |
|               | 22. Fill in item/s based on the approved RIS received   | None | 1 hour<br>(depending on the number of line items)                                     | <i>Administrative Aide</i><br>VI/IV/III/I/Supply Officer – SSS/GSS, PSD |
|               | 23. Issue/deliver goods to respective areas and have the RIS acknowledge receipt of the item/s  | None | 2 hours   | <i>Administrative Aide III/I –</i><br>SSS/GSS, PSD                      |
|               | 24. Post issued item/s on the stock card/Open ERP   | None | 30 mins   | <i>Administrative Staff,</i> PSD  |
|               | 25. Prepare Report of Supplies and Materials Issued (RSMI) and submit to Accounting Services Division   | None | 30mins  | <i>Administrative Staff/</i><br>Storekeeper-SSS, PSD                    |
| <b>TOTAL:</b> |   | None | - Purchase Request (PR) preparation up to approval;<br>PO preparation up to approval; |   |

|  |  |   |  |
|--|--|---|--|
|  |  | <p>Receipt of delivery up to issuance of goods to requesting unit/s = 18 days, 1 hour and 50 mins. *</p> <p>- Request to Deliver (RD) preparation up to approval; PO preparation up to approval; Receipt of delivery up to issuance of goods to requesting unit/s = 12 days, 1 hour and 50mins. *</p> |  |
|--|--|---|--|

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

**Note:**

- Refer to the procurement timeline stated in RA 9184 for BAC activities as this is not included in the total number of days.
- Delivery of goods from the supplier may vary based on the conditions indicated in the Purchase Order.
- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

## 2. Provision of Consigned Goods

Process Consignment Request Slip (CRS) and issuance of consigned goods to respective requisitioning unit

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>   | Property and Supply Division   |   |                        |  |
| <b>Classification:</b>   | Complex  |   |                        |  |
| <b>Type of Transaction:</b>  | G2G  |   |                        |  |
| <b>Who may avail:</b>  | Requisitioning Unit/Office   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |  |
| <ol style="list-style-type: none"> <li>1. Approved Consignment Request Slip (CRS) – 1 original and 1 photocopy</li> <li>2. Approved Consignment Order - 1 original and 1 photocopy</li> <li>3. Consignment Agreement (CA) – 1 photocopy</li> <li>4. Consignment List (CL) - 1 photocopy</li> <li>5. Notice to Supplier (NTS) – 1 photocopy (if applicable)</li> <li>6. Delivery Receipt (DR) – 1 original and 2 photocopies</li> <li>7. Valid Certificate of Product Registration (CPR) (if applicable) – 1 photocopy</li> <li>8. Valid Certificate of Analysis (COA) (for drugs and medicines) – 1 photocopy</li> <li>9. Request for Inspection – 1 original and 1 photocopy</li> <li>10. Accomplished Inspection and Acceptance Report (IAR) – 1 original and 6 photocopies</li> <li>11. Requisitioning Issue Slip (RIS) – 1 original and 2 photocopies</li> </ol> |  | PSD Consignment Office (CO)<br>PSD Special Supplies Section (SSS) |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Forward duly approved Consignment Request Slip (CRS) to the PSD Consignment Office  | 1. Receive and record CRS  | None  | 5 mins                 | <i>Administrative Staff</i><br>- Consignment Office, PSD                         |
|  | 2. Check if the requested item is included on the CL of a particular consignor | None  | 20 mins                | <i>Administrative Assistant/Administrative Officer</i> - Consignment Office, PSD |
|  | 3. Coordinate with the possible consignor                                      | None  | 20 mins                | Administrative Assistant/  |

|  |  |      |         |  |
|--|--|------|---------|--|
|  | with regard to availability of stocks and delivery schedule  |      |         | <i>Administrative Officer - Consignment Office, PSD</i>  |
|  | 4. Prepare, record and initial CO  | None | 20 mins | <i>Administrative Assistant/ Administrative Officer - Consignment Office, PSD</i>                        |
|  | 5. Review, record and initial/sign   | None | 20 mins | <i>Head, Consignment Office/ Division Chief, PSD</i>   |
|  | 6. Forward CO for approval of the Deputy Director for Fiscal Services (DDFS) and PGH Director        | None | 10 mins | <i>Administrative Staff, Administrative Office, PSD</i>  |
|  | 7. Affix initial and sign  | None | 1 day   | Deputy Director for Fiscal Services and PGH Director   |
|  | 8. Pick-up approved CO, scan & email to respective consignor and forward to Special Supplies Section | None | 30 mins | <i>Administrative Staff - Consignment Office, PSD</i>  |
|  | 9. Acknowledge receipt of CO and prepare Notice to Supplier (NTS) (if applicable)                    | None | 15 mins | <i>Administrative Staff, DMU/MSU, SSS - PSD</i>  |
|  | 10. Receive delivery based on the approved CO and required attachments                               | None | 45 mins | <i>Storekeeper/ Supply Officer, Drugs and Medicines Unit (DMU)/Medical Supplies Unit (MSU) SSS - PSD</i> |
|  | 11. Prepare Request for Inspection and Inspection  | None | 30 mins | <i>Administrative Staff - DMU/MSU,</i>   |



|  |   |      |   |  |
|--|---|------|---|--|
|  | Acceptance Report (IAR); forward to Section Head for initial and Division Chief for signature   |      |   | SSS – PSD/<br><i>Section Head/<br/>Division Chief</i>  |
|  | 12. Inspect delivered item/s with assistance from PSD Staff   | None | 1 hour  | <i>IASS Staff/<br/>Storekeeper -<br/>PSD</i>   |
|  | 13. Accomplish IAR and forward to PSD   | None | 3 days  | IASS   |
|  | 14. Receive and record accomplished IAR; segregate copies for Accounting Services Division, Commission on Audit (COA); DMU/MSU Warehouse and file copy; attach original IAR as part of the documents needed for processing of payment | None | 30 mins   | <i>Administrative<br/>Staff/<br/>Storekeeper-<br/>SSS, PSD</i>                                   |
|  | 16. Post/record delivered item/s on the stock card; check/validate entries and affix initial  | None | 15 mins.  | <i>Administrative<br/>Staff/<br/>Storekeeper/<br/>Supply Officer,<br/>DMU/MSU –<br/>SSS, PSD</i> |
|  | 17. Encode delivery in the Open ERP based on the forwarded IAR  | None | 15 mins   | <i>Administrative<br/>Staff,<br/>DMU/MSU –<br/>SSS, PSD</i>                                      |
|  | 18. Fill in and issue item/s based on the approved RIS received   | None | 1 hour<br>(variable -<br>depending on<br>the total number<br>of line items per<br>RIS)                          | <i>Administrative<br/>Aide<br/>VI/IV/III/I/Supply<br/>Officer –<br/>DMU/MSU -<br/>SSS, PSD</i>   |
|  | 19. Deliver consigned goods to respective areas and have the respective Pharmacy Staff acknowledge receipt of the goods in the RIS  | None | 2 hours<br>(variable -<br>depending on<br>the bulk of the<br>goods and total<br>number of line<br>item per RIS) | <i>Administrative<br/>Aide III/I –<br/>DMU/MSU -<br/>SSS, PSD</i>                                |

|               |   |      |                            |  |
|---------------|---|------|----------------------------|--|
|               |   |      |                            |  |
|               | 20. Post/record issued items in the Open ERP based on the duly acknowledge RIS; check/validate entries and affix initial/remarks; attach original RIS as part of the documents needed for processing of payment | None | 30 mins                    | <i>Administrative Staff/<br/>Storekeeper/<br/>Supply Officer,<br/>DMU/MSU –<br/>SSS, PSD</i> |
| <b>TOTAL:</b> |   | None | 5 days, 1 hour and 5 mins* |  |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note:

- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

### 3. Release/Issuance of Newly Delivered Equipment/Semi-Expendable, Spare Parts and Accessories

Facilitate the issuance of newly delivered equipment/semi-expendable items, spare parts and accessories to respective requisitioning unit

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Property and Supply Division  |                        |                        |   |
| <b>Classification:</b>  | Complex   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2G   |                        |                        |   |
| <b>Who may avail:</b>   | Requisitioning Unit/Office  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |   |
| <ol style="list-style-type: none"> <li>1. Complete documentation of the delivery c/o Equipment Section, PSD</li> <li>2. Request for Inspection – 1 original and 1 photocopy</li> <li>3. Accomplished Inspection and Acceptance Report (IAR) – 1 original and 6 photocopies</li> <li>4. Requisitioning Issue Slip (RIS) – 1 original and 2 photocopies</li> <li>5. Property and Acknowledgement Receipt (PAR) – 1 original, 5 photocopies.</li> <li>6. Inventory Custodian Slip (ICS) - 1 original, 5 photocopies</li> </ol> |   | PSD Equipment Section  |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                 |
| 1. Submit a schedule of the delivery of equipment to the PSD Equipment Section  | 1. Receive and process pertinent documents for newly delivered item/s | None                   | 30 mins                | <i>Administrative Assistant/ Supply Officer, ES - PSD</i> |
|   | 2. Prepare Request for Inspection, IAR, PAR/ICS and RIS               | None                   | 30 mins                | <i>Administrative Staff/ Storekeeper, ES-PSD</i>          |
|   | 3. Check and initial/sign IAR, PAR/ICS                                | None                   | 30 mins                | ES-PSD Section Head/Division Chief                        |
|   | 4. Coordinate with IASSS and forward the IAR/Request for Inspection   | None                   | 15 mins                | <i>Supply Officer, ES-PSD</i>                             |
|   | 5. Receive IAR/Request for Inspection                                 | None                   | 10 mins                | IASS Staff  |
|   | 6. Inspect the delivery   | None                   | 3 days                 | <i>Storekeeper/</i>                                       |

|               |  |      |                             |   |
|---------------|--|------|-----------------------------|---|
|               | and certify the IAR to be forwarded to PSD   |      |                             | Supply Officer, ES-PSD<br>IASS Staff                      |
|               | 7. Receive certified IAR   | None | 5 mins                      | <i>Administrative Assistant, ES-PSD</i>                   |
|               | 8. Coordinate availability of the item/s for pick-up   | None | 15 mins                     | End-users/<br>Requisition Office/<br>Identified Recipient |
|               | 9. Issue deliveries to the end-user/identify recipient and have the RIS acknowledge receipt of the items | None | 30 mins                     | <i>Storekeeper/<br/>Supply Officer, ES-PSD</i>            |
|               | 10. Forward PAR/ICS to the accountable officer for signature to acknowledge accountability               | None | 15mins                      | <i>Storekeeper, ES-PSD</i>                                |
|               | 11. Return accomplished PAR/ICS  | None | 2 days                      | End-users/<br>Requisition Office/<br>Identified Recipient |
|               | 12. Check and receive the accomplished PAR/ICS for documentation   | None | 10 mins                     | <i>Storekeeper/<br/>Storekeeper, ES-PSD</i>               |
| <b>TOTAL:</b> |  | None | 5 days, 3 hours and 10mins* |   |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

#### 4. Receipt and Issuance of Donated Goods/Equipment/Semi-Expendable Item/s)

Facilitate the acceptance/receipt of donated goods and equipment/semi-expendable item/s and issuance to respective end-users.

| <b>Office or Division:</b>  | Property and Supply Division   |   |                 |   |
|---|--|---|-----------------|---|
| <b>Classification:</b>  | Simple   |   |                 |   |
| <b>Type of Transaction:</b>   | G2G  |   |                 |   |
| <b>Who may avail:</b>   | Department/Offices/Units/Other Agencies  |   |                 |   |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE   |                 |   |
| <ol style="list-style-type: none"> <li>1. Duly approved/noted Letter Request of Donation - 1 original and 1 photocopy</li> <li>2. Deed of Donation - 1 original and 1 photocopy (if applicable)</li> <li>3. Sales Invoice (SI)/Delivery Receipt (DR) – 1 photocopy</li> <li>4. Request for Inspection – 1 original and 1 photocopy</li> <li>5. Accomplished Inspection and Acceptance Report (IAR) – 1 original and 6 photocopies</li> <li>6. Requisitioning Issue Slip (RIS) – 1 original and 2 photocopies</li> </ol> |  | PSD General Supplies Section (GSS)<br>Special Supplies Section (SSS)<br>Equipment Section (ES), |                 |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Forward letter request of donation/deed of donation with photocopy of SI/DR to the PSD Equipment Section   | 1. Receive and record letter request/deed of donation  | None  | 15 mins         | Administrative Staff, Admin Office, PSD                         |
|   | 2. Affix notation on the letter and forward to concerned section for validation/ coordination with concerned office                            | None  | 10 mins         | Division Chief/ Section Head, GSS/SSS/ES - PSD                  |
|   | 3. Prepare Request for Inspection and Inspection Acceptance Report (IAR); forward to Section Head for initial and Division Chief for signature | None  | 30 mins         | Administrative Staff – GSS/SSS/ES; Section Head/ Division Chief |

|  |  |      |   |   |
|--|--|------|---|---|
|  |  |      |   |   |
|  | 4. Inspect delivered item/s with assistance from PSD Staff   | None | 1 hour  | IASS Staff/<br>Storekeeper –<br>GSS/SSS/ES,<br>PSD  |
|  | 5. Accomplish IAR and forward to PSD   | None | 2 days  | IASS  |
|  | 6. Receive and record accomplished IAR; segregate copies for Accounting Services Division, Commission on Audit (COA) and file copy   | None | 30 mins   | Administrative Staff/<br>GSS/SSS/ES;<br>PSD   |
|  | 7. Acknowledge/ accept the donated item/s;<br><ul style="list-style-type: none"> <li>- Affix initial/sign the Sales Invoice/Delivery Receipt (c/o end-users)</li> <li>- Post/record /encode in the stock card/Open ERP (c/o PSD)</li> <li>-</li> </ul> | None | 20 mins   | Concerned Department/<br>Office/Unit;<br>PSD –<br>GSS/SSS   |
|  | 8. Issue donated goods to respective areas and have the respective end-user/s acknowledge receipt of the goods in the RIS (drugs and medicines/ medical supplies); End-user/s to pick-up donated item/s with   | None | 1 hour<br>(variable - depending on the bulk of the goods and total number of line item per RIS) | Administrative Aide III/I –<br>DMU/MSU -<br>SSS/GSS, PSD;<br>Concerned Department/<br>Office/Unit |

|               |  |      |                              |   |
|---------------|--|------|------------------------------|---|
|               | accomplished RIS   |      |                              |   |
|               | 9. Post/record issued items based on the duly acknowledge RIS; check/validate entries and affix initial/remarks; attach original RIS as part of the documents needed by Accounting Services Division | None | 30 mins                      | Administrative Staff/<br>Storekeeper/<br>Supply Officer,<br>DMU/MSU –<br>SSS/GSS, PSD |
| <b>TOTAL:</b> |  | None | 2 days, 4 hours and 15 mins* |   |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

## 5. Processing of Request to Pull-Out Item/s

Facilitate the request to pull-out items with product complaints, near expiring product, rejected deliveries and for return/replacement.

|   |   |  |                        |   |
|---|---|--|------------------------|---|
| <b>Office or Division:</b>  | Property and Supply Division  |  |                        |   |
| <b>Classification:</b>  | Simple  |  |                        |   |
| <b>Type of Transaction:</b>   | G2G   |  |                        |   |
| <b>Who may avail:</b>   | Requesting Units/Offices  |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |   |
| 1. Accomplished Pull-Out Form – 1 original with the required attachments to serve its purpose: <ul style="list-style-type: none"> <li>➤ Product Complaint Form – 1 photocopy</li> <li>➤ Notice of Rejected Delivery – 1 photocopy</li> <li>➤ Return Voucher– 1 photocopy</li> <li>➤ Letter Request from the supplier – 1 original</li> </ul> 2. Purchase Order (PO)/Consignment Order (CO) – 1 photocopy<br>3. Sales Invoice (SI)/Delivery Receipt (DR) – 1 photocopy |   | PSD – Equipment Section (ES), Special Supplies Section (SSS), General Supplies Section (GSS) |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Accomplished pull-out form with the required attachments and Submit to the PSD Supply Section  | 1. Receive accomplished pull-out form   | None   | 10 mins                | Administrative Staff, ES/SSS/GSS, PSD         |
|   | 2. Check and verify item/s for pull-out   | None   | 30mins                 | Supply Officer, ES/SSS/GSS, PSD               |
|   | 3. Receive, record and forward pull-out form for validation and initial of the Section Head | None   | 15 mins                | Administrative Staff/Section Head, ES/SSS/GSS |
|   | 4. Receive, record pull-out form and forward for approval of the Division Chief             | None   | 15 mins                | Administrative Staff/Division Chief, PSD      |
|   | 5. Receive approved pull-out form and coordinate with Supplier on the schedule of pull-out  | None   | 30 mins                | Supply Officer, ES/SSS/GSS, PSD               |



|               |  |      |                      |  |
|---------------|--|------|----------------------|--|
|               |  |      |                      |  |
|               | 6. Pull-out the item/s as coordinated with PSD   | None | Within 7 to 10 days  | Concerned Supplier                                   |
|               | 7. Check, record and release item for pull-out, acknowledge by the company representative      | None | 15 mins              | Administrative Staff/Supply Officer, ES/SSS/GSS, PSD |
|               | 8. Acknowledge receipt of Credit Memo (CM); replacement of the item/s and document accordingly | None | 30 mins              | Administrative Staff/Supply Officer, ES/SSS/GSS, PSD |
| <b>TOTAL:</b> |  | None | 2 hours and 25 mins* |  |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note: Supplier is expected to pull-out the item/s within 7 – 10 calendar days, failure to do so will mean automatic issuance of a Debit Memo/cancellation of PO/NOA and documentation of performance relative to deliveries.

## 6. Manufacture and Issuance of Requested Linen

Determine the need for the requested linen, manufacture and issue as validated

|   |  |   |                        |                                  |
|---|--|---|------------------------|----------------------------------|
| <b>Office or Division:</b>  | Property and Supply Division   |   |                        |                                  |
| <b>Classification:</b>  | Highly Technical   |   |                        |                                  |
| <b>Type of Transaction:</b>   | G2G  |   |                        |                                  |
| <b>Who may avail:</b>   | Requisitioning Units/Offices   |   |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                            |                        |                                  |
| 1. Requisition and Issue Slip (RIS) – 1 original and 3 photocopies<br>2. Approved Letter Request – 1 original |  | PSD – Manufacturing Unit (MU), Linen Section (LS) |                        |                                  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Submit accomplished RIS/ approved letter request to the PSD Linen Section                                  | 1. Receive accomplished RIS/ and approved letter request and forward to Section Head for endorsement   | None  | 10mins                 | Administrative Assistant, MU-PSD |
|   | 2. Verify stock/raw materials at Stock Room if available and at GSS  | None  | 15 mins                | Administrative Assistant, MU-PSD |
|   | 3. Coordinate concerns with the end-user/ requisitioning unit/ office the complete specification of the request                                  | None  | 20 mins                | Master Cutter, MU-PSD            |
|   | 4. Prepare JOR (compute estimated raw materials), MU-RIS (for the requisition of raw materials at GSS) and forward to Section Head for signature | None  | 1 hour                 | Administrative Assistant, MU-PSD |
|   | 5. Check and sign JOR/MU-RIS and to be forwarded to Division Chief for approval  | None  | 5 mins                 | Section Head, LS-PSD             |
|   | 6. Check and approved JOR/MU-RIS   | None  | 10 mins                | Division Chief, PSD              |
|   | 7. Forward approved JOR/MU-RIS to GSS to facilitate request  | None  | 5 mins                 | Administrative Assistant, MU-PSD |
|   | 8. Receive and prepare JOR/MU-RIS  | None  | 30 mins                | Storekeeper, GSS-PSD             |
|   | 9. Issue raw materials and acknowledge by  | None  | 30 mins                | Storekeeper, GSS-PSD             |

|               |  |      |                               |   |
|---------------|--|------|-------------------------------|---|
|               | signing at MU-RIS  |      |                               |   |
|               | 10. Check and receive raw materials and endorse to Master Cutter/Master Tailor and for marking                                     | None | 1 hour                        | Administrative Assistant, MU-PSD        |
|               | 11. Receive and process by Master Cutter/ Master Tailor to cut/set pattern and sew/manufacture the request and endorse for marking | None | 16 days                       | Master Cutter/ Master Tailor, MU-PSD    |
|               | 12. Receive and mark all manufactured linen  | None | 4 days                        | Administrative Aide, MU-PSD             |
|               | 13. Coordinate with the end-users/ requisitioning unit/ office the availability of the request and for release                     | None | 10 mins                       | Administrative Assistant, MU-PSD        |
|               | 14. Check and release the manufactured linen   | None | 30 mins                       | Administrative Assistant, MU-PSD        |
|               | 15. Check, receive and acknowledge by signing on the accomplished RIS  | None | 5 mins                        | End-users/ Requisitioning unit/Office   |
|               | 16. Record issued linen for control and monitoring   | None | 20 mins                       | Manufacturing Staff, Linen Section, PSD |
|               | 17. Prepare Report of Supplies and Materials Issued (RSMI) and submit to Accounting Services Division                              | None | 20 mins                       | Administrative Assistant, MU-PSD        |
| <b>TOTAL:</b> |  | None | 20 days, 5 hours and 35 mins* |   |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

## 7. Receipt of Soiled and Issuance of Clean Linen

Facilitate receipt of soiled and issuance of clean linen to respective wards/areas/offices

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>   | Property and Supply Division   |   |                        |   |
| <b>Classification:</b>   | Complex  |   |                        |   |
| <b>Type of Transaction:</b>  | G2G  |   |                        |   |
| <b>Who may avail:</b>  | Department/Office/Unit   |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                   |  | <b>WHERE TO SECURE</b>                      |                        |   |
| 1. Daily Laundry List (DLL) - 1 original                           |  | PSD – Laundry Unit (LU), Linen Section (LS) |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                     |
| 1. Forward soiled linen and accomplish DLL to the PSD Laundry Unit | 1. Receive and record the accomplished DLL   | None  | 10 mins                | Administrative Aide, LU-PSD/Laundry Contractor                |
|  | 2. Supervise and assist the Laundry Contractor in receiving/handling the soiled linen and counter checking the items being receive | None  | 30 mins                | Administrative Aide/Supply Officer, LU-PSD                    |
|  | 3. Receive the soiled linen as acknowledge by signing on DLL   | None  | 30 mins                | Administrative Aide/Supply Officer, LU-PSD/Laundry Contractor |
| 2. Forward acknowledged DLL to the PSD Linen Section               | 4. Check and receive the acknowledged DLL for the issuance of Clean Linen and endorse to the Laundry Staff                         | None  | 10mins                 | Supply Officer, LU-PSD  |
|  | 5. Prepare clean linen for issuance based on the DLL soiled linen returned   | None  | 20mins                 | Administrative Aide, LU-PSD                                   |
|  | 6. Issuetheclean linen and acknowledge release by signing on DLL   | None  | 30 mins                | Laundry Staff, Supply Officer, Laundry Unit, PSD              |
|  | 7. Receive and acknowledge receipt of the clean linen by signing the DLL   | None  | 10mins                 | End-user/ Requisitioning Unit/Office                          |
|  | 8. Record, encode, prepare and initial on  | None  | 30 mins                | Administrative Aide/  |

|               |                                    |      |                         |                        |
|---------------|------------------------------------|------|-------------------------|------------------------|
|               | the Daily Laundry<br>Summary (DLS) |      |                         | Storekeeper,<br>LU-PSD |
| <b>TOTAL:</b> |                                    | None | 2 hours and<br>50 mins* |                        |

\*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

## 8. Processing of Clearance and Accountability Release

Facilitate the processing of clearance and accountability release to ensure that the employee has been cleared and has fulfilled all the responsibilities/accountabilities under his/her custody.

|   |   |  |                        |  |
|---|---|--|------------------------|--|
| <b>Office or Division:</b>  | Property and Supply Division  |  |                        |  |
| <b>Classification:</b>  | Simple  |  |                        |  |
| <b>Type of Transaction:</b>   | G2G   |  |                        |  |
| <b>/Who may avail:</b>  | All Retiring Employees and Employee's Planning to Resign/Transfer to other Department/Office/Unit or Agency |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |  |
| <b>A. Employees without equipment/ semi-expendable accountability:</b><br>1. Employees Clearance Form/Receipt of Accountability Release – 1 original<br><br><b>B. Employees with Equipment/Semi-Expendable Accountability</b><br>1. Employees Clearance Form/ Receipt of Accountability Release – 1 original<br>2. Property Acknowledgement Receipt (PAR)/Inventory Custodian Slip (ICS) – 1 original and 2 photocopies<br>3. Inventory Report of Equipment/Semi-Expendable/ Physical Inventory of Equipment/Semi-Expendable – 1 original and 2 photocopies |   | Human Resource Development Division (HRDD)<br>PSDEquipment Section |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| <b>A. Employees without equipment/ semi-expendable accountability</b>   |   |  |                        |  |
| 1. Forward Employees Clearance Form or Receipt of Accountability Release to the PSD Equipment Section   | 1. Receive Employees Clearance Form or Receipt of Accountability Release                                    | None   | 10 mins                | Administrative Staff, ES-PSD               |
|   | 2. Check and verify record if with accountability   | None   | 2 hours                | Storekeeper/ Supply Officer, ES-PSD        |
|   | 3. Check and Initial/sign on the Employees  | None   | 30 mins                | Storekeeper/ Supply Officer /Section Head, |

|   |   |      |                      |   |
|---|---|------|----------------------|---|
|   | Clearance Form or Receipt of Accountability Release   |      |                      | ES-PSD<br>Division Chief, PSD   |
|   | 4. Record and release Employees Clearance Form or Receipt of Accountability Release   | None | 10 mins              | Administrative Staff, ES-PSD  |
| <b>TOTAL:</b>   |   | None | 2 hours and 50 mins* |   |
| <b>B. Employees with Equipment/ Semi-Expendable Accountability</b>                                    |   |      |                      |   |
| 1. Forward Employees Clearance Form or Receipt of Accountability Release to the PSD Equipment Section | 1. Receive Employees Clearance Form or Receipt of Accountability Release  | None | 10 mins              | Administrative Staff, ES-PSD  |
|   | 2. Check and verify record if with accountability   | None | 2 hours              | <i>Supply Officer, ES-PSD</i>   |
|   | 3. Prepare and forward Inventory of Equipment/ Semi-Expendable/ Physical Inventory of Equipment/Semi-Expendable, PAR/ICS          | None | 2 hours              | <i>Storekeeper/ Supply Officer, ES-PSD</i>  |
|   | 4. Receive and accomplish the Inventory of Equipment/ Semi-Expendable/ Physical Inventory of Equipment/Semi-Expendable or PAR/ICS | None | 5 days               | <i>Accountable Officer</i>  |
|   | 5. Conduct inventory schedule for the turn-over/Physical Count of the Equipment & SE to new accountable officer                   | None | 4 hours              | <i>Storekeeper, ES-PSD</i><br><br><i>Accountable Officer</i><br><br>New Accountable |

|               |  |      |                             |   |
|---------------|--|------|-----------------------------|---|
|               |  |      |                             | Officer   |
|               | 6. Receive, check and review the PAR/ICS signed by the new accountable officer   | None | 30 mins                     | <i>Supply Officer, ES-PSD</i>                                 |
|               | 7. Review and initial/sign on the Employees Clearance Form or Receipt of Accountability Release with attached new PAR/ICS of new accountable officer | None | 30 mins                     | <i>All Staff/Section Head, ES-PSD<br/>Division Chief, PSD</i> |
|               | 8. Release of Employees Clearance Form or Receipt of Accountability Release  | None | 10 mins                     | <i>Supply Officer, Equipment Section, PSD</i>                 |
| <b>TOTAL:</b> |  | None | 6 days, 1 hour and 20 mins* |   |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.



## 9. Processing Request to Update Property and Accountability

Facilitate request to update the accountability of each employee for all issued hospital property and to avoid holding of clearance for the retiring/resigning employees.

|   |  |                              |                        |   |
|---|--|------------------------------|------------------------|---|
| <b>Office or Division:</b>  | Property and Supply Division   |                              |                        |   |
| <b>Classification:</b>  | Simple   |                              |                        |   |
| <b>Type of Transaction:</b>   | G2G  |                              |                        |   |
| <b>Who may avail:</b>   | All Employee   |                              |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>       |                        |   |
| 1. Request Form to Update Accountability – 1 original and 1 photocopy<br>2. Updated Inventory of Equipment/Semi-Expendable/ Physical Inventory of Equipment/Semi-Expendable – 1 photocopy |  | PSD – Equipment Section (ES) |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Present Request Form to Update Accountability to the PSD Equipment Section   | 1. Receive and record request  | None                         | 5mins                  | <i>Administrative Staff, ES-PSD</i>   |
|   | 2. Check, review and verify if with accountability   | None                         | 4 hours                | <i>Assigned Supply Officer, ES-PSD</i>  |
|   | 3. Prepare an updated Inventory of Equipment/ Semi-Expendable/Physical Inventory of Equipment/Semi-Expendable as attachment to the Request Form to Update Accountability | None                         | 30 mins                | <i>Storekeeper, ES-PSD</i>  |
|   | 4. Check and sign updated Inventory of Equipment/ Semi-Expendable/Physical Inventory of Equipment/Semi-Expendable  | None                         | 20mins                 | <i>Assigned Storekeeper/ Supply Officer, Section Head, ES-PSD<br/>Division Chief, PSD</i> |
|   | 5. Record and release updated Inventory of Equipment/ Semi-Expendable/Physical Inventory of  | None                         | 10 mins                | <i>Assigned Supply Officer, Equipment Section, PSD</i>                                    |

|               |  |      |  |  |
|---------------|--|------|--|--|
|               | Equipment/Semi-Expendable  |      |  |  |
|               | 6. Receive the updated Inventory of Equipment/ Semi-Expendable/Physical Inventory of Equipment/Semi-Expendable   | None | 5 mins                                     | <i>Concerned Employee</i>                      |
|               | 7. Check and validate completeness of the listed Inventory of Equipment/ Semi-expendable on record<br><br>Submit written report for unaccounted Equipment/ Semi-Expendable for checking<br><br>Inform PSD for item/s already condemned/for condemned/ transferred to other accountable officer for issuance of new PAR/ICS | None | Variable (timeline not to exceed 2 months) | <i>Accountable Officer/Requesting Employee</i> |
| <b>TOTAL:</b> |  | None | 5 hours and 10 mins*                       |  |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

**Note:**

- A certification shall be issued to employee/s that has no accountability stating, “as of \_\_\_\_\_ (date), no record found of any hospital property under your custody. This certification is not valid as clearance or basis for release of any accountability from the hospital. The official hospital clearance shall be issued by the PGH Human Resource Development Division.
- Employees with accountability and who is planning to retire, resign or transfer to other department, office, unit or agency can start to process and transfer his/her accountability to the new accountable officer, to avoid holding of his/her clearance and for immediate processing of the official clearance once filed.

## 10. Inventory Taking/Tagging of Equipment/Semi-Expendable Item/s

Facilitate the inventory taking/tagging of equipment/semi-expendable item/s to maintain up to date record, ensure maximum utilization of the unit and proper handling of hospital properties.

|  |   |                              |  |   |
|--|---|------------------------------|--|---|
| <b>Office or Division:</b>   | Property and Supply Division  |                              |  |   |
| <b>Classification:</b>   | Complex (Offices/Units);<br>Highly Technical (Clinical Department/Large Areas)  |                              |  |   |
| <b>Type of Transaction:</b>  | G2G   |                              |  |   |
| <b>Who may avail:</b>  | All Departments, Offices and Units  |                              |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>       |  |   |
| 1. Inventory List of Equipment/Semi-Expendable – 1 original and 2 photocopies<br>2. Confirmation letter on the Schedule of Inventory – 1 original<br>3. Property Acknowledgement Receipt (PAR)/Inventory Custodian Slip (ICS) – 1 original and 2 photocopies (for renewal/new accountable officer) |   | PSD – Equipment Section (ES) |  |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>                               |
| 1. Acknowledge the letter regarding the schedule to conduct the physical count of equipment and SE to the PSD Equipment Section  | 1. Coordinate with the accountable officer/ representative on the schedule of inventory to be conducted, prepare and forward the List of Inventory for advance checking and verification of their equipment/semi-expendable   | None                         | 1 hour (Offices/Units)<br><br>3 hours (Clinical Department/ Large Areas)     | Supply Officer, ES-PSD                                  |
|  | 2. Conduct the physical inventory of equipment/semi-expendable based on the inventory list of equipment/semi-expendable forwarded and list down all concerns relating to the inventory list to be forwarded to Supply Officer | None                         | 2 hours** (Offices/Units)<br><br>3 days** (Clinical Department/ Large Areas) | Storekeeper, ES-PSD and Accountable Officer             |
|  | 3. Prepare sign and forward letter informing accountable  | None                         | 2 hours  | Supply Officer/ Section Head, ES and Division Head, PSD |

|  |  |      |  |  |
|--|--|------|--|--|
|  | <p>personnel of the unaccounted/missing equipment under his/her accountability and to locate the whereabouts on or before the given period.</p> <p>Endorsement to the Office of the Director shall be effected for cases of no feedback/response before the given time.</p>                                    |      |  |  |
|  | <p>4. Verify and locate the unaccounted/missing equipment/SE; report unregistered equipment/semi-expendable and other item/s found but not on the list</p>   | None | <p>3 days<br/>(Offices/Units)</p> <p>5 days<br/>(Clinical Department/<br/>Large Areas)</p> | <i>Accountable Officer</i>                         |
|  | <p>5. Check/verify and conduct physical inventory for equipment/semi-expendable item/s that cannot be located and items that are found in the area but not on the inventory list</p>   | None | 2 hours  | <i>Storekeeper, ES-PSD</i>                         |
|  | <p>6. Update record in consideration of the new accountable officer; issue new/renew PAR/ICS and proceed with the tagging of equipment;</p> <p>Update the area for item/s found during physical inventory but not registered, as new PAR/ICS shall be issued to the accountable officer for documentation.</p> | None | 2 hours  | <i>Storekeeper/<br/>Supply Officer,<br/>ES-PSD</i> |
|  | 7. Review and  | None | 4 hours  | <i>Accountable</i>                                 |

|               |   |      |   |  |
|---------------|---|------|---|--|
|               | sign/acknowledge the correctness of the updated list of Equipment/SE as a result of the physical inventory and tagging of properties. |      |   | <i>Officer and Head of the Accountable Office</i>              |
|               | 8. Review, check and initial/sign the List of Inventory as acknowledged by the Head of the Office                                     | None | 2 hours   | <i>Supply Officer, Section Head, ES and Division Head, PSD</i> |
| <b>Total:</b> |   | None | ➤ 4 days and 7 hours*<br>(Offices and Units)<br>➤ 9 days and 7 hours<br>(Clinical Department/<br>Large Areas) |  |

\* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

\*\* Availability of the Accountable Officer/Representative will affect the schedule and completion of the inventory and tagging of equipment/semi-expendable item/s.

Note: Concern on the possible delay on the conduct of the inventory taking/tagging may be as follows:

1. Unlocated equipment/semi-expendable
2. Found items in the area but not on the List of Equipment
3. List of Equipment accountable not updated
4. Tagging of the equipment (no tag/unreadable tag)
5. Unregistered equipment/semi-expendable

## 11. Receiving and Documentation of Waste Materials Report (WMR)

Facilitate the receipt and documentation of unusable hospital equipment/SE with no PGH property number.

|  |   |                         |                        |   |
|--|---|-------------------------|------------------------|---|
| <b>Office or Division:</b>   | Property and Supply Division  |                         |                        |   |
| <b>Classification:</b>   | Simple  |                         |                        |   |
| <b>Type of Transaction:</b>  | G2G   |                         |                        |   |
| <b>Who may avail:</b>  | All Departments, Offices and Units  |                         |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Waste Material Report (WMR) – 1 original, 3 photocopies   |   | Equipment, Section, PSD |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Coordinate the turn-over of the waste materials with validation and recommendation from IASS Staff/Officer to the PSD Equipment Section | 1. Check and verify accomplished WMR duly validated by the IASS Staff/Officer, recommending disposal of waste material for re-sale or re-issuance shall be accepted | None                    | 5 mins                 | <i>Supply Officer in charge of condemned equipment/SE, ES-PSD</i>                       |
|  | 2. Receive materials for turn-over and acknowledge by signing on the WMR  | None                    | 1 hour                 | <i>Supply Officer in charge of condemned equipment/SE, ES-PSD</i>                       |
|  | 3. Initial accomplished/acknowledged WMR and forward to Division Chief for approval   | None                    | 15 mins                | <i>Supply Officer in charge of condemned equipment/SE, ES-PSD; Section Head, ES-PSD</i> |
|  | 4. Receive and record WMR   | None                    | 5 mins                 | <i>Administrative Aide, Administrative Office - PSD</i>                                 |
|  | 5. Review and sign the WMR and forward to Supply Officer in charge of condemned equipment/SE, ES - PSD  | None                    | 15 mins                | <i>Division Chief, PSD</i>  |
|  | 6. Receive and record necessary information   | None                    | 5 mins                 | <i>Supply Officer in charge of condemned equipment/SE,</i>                              |

|               |   |      |         |  |
|---------------|---|------|---------|--|
|               |   |      |         | ES-PSD   |
|               | 7. Segregate the waste materials for resale and/or for re-issuance to other users | None | 1 hour  | <i>Administrative Aide and Supply Officer, ES-PSD</i>      |
|               | 8. Distribute copies of the received/ acknowledged WMR to the respective offices  | None | 2 hours | <i>Administrative Assistant, ES-PSD</i>                    |
|               | 9. Prepare the consolidated list and Report of Waste Materials                    | None | 30 mins | Supply Officer in charge of condemned equipment/SE, ES-PSD |
| <b>TOTAL:</b> |   | None | 5 hours |  |

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**Note:**

- Item/s considered as trash/thrown to garbage should be disposed immediately in the presence of the IASS Staff/Officer
- Waste material/s that can be accommodated within the limited space of PSD Bodega Area will be accepted but for waste material/s in bulk belonging to a specific end-user will be considered “as is where is” after documentation. However, waste materials shall remain under the custody/control of the concerned end-user.

## 12. Receiving and Documentation of Condemned Equipment

Facilitate receipt of unserviceable PGH equipment

|   |  |                         |                        |   |
|---|--|-------------------------|------------------------|---|
| <b>Office or Division:</b>  | Property and Supply Division   |                         |                        |   |
| <b>Classification:</b>  | Simple   |                         |                        |   |
| <b>Type of Transaction:</b>   | G2G  |                         |                        |   |
| <b>Who may avail:</b>   | All Departments, Offices and Units   |                         |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Reverted Equipment Form (REF) – 1 original and 3 photocopies   |  | Equipment, Section, PSD |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1. Coordinate the turn-over of the condemned equipment to the PSD Equipment Section   | 1. Check and verify the Property Number and description if it conforms to the data stated in the REF and PAR/ICS   | None                    | 25 mins                | <i>Storekeeper/ Supply Officer, ES-PSD</i>            |
| 2. Turn-over the condemned equipment to the PSD Equipment Section together with the REF as evaluated by the Technical Staff of OETS/IT Office including copy of PAR/ICS | 2. Check, verify and acknowledge receipt of the condemned equipment by signing on the REF if it conforms to the data stated in the REF and to the attached PAR/ICS | None                    | 1 hour                 | <i>Administrative Aide and Supply Officer, ES-PSD</i> |
|   | 3. Tag for easy identification in the store room and take pictures for presentation to COA during inspection and appraisal of items                                | None                    | 40 mins                | <i>Administrative Aide and Supply Officer, ES-PSD</i> |
|   | 4. Classify and place all similar condemned equipment in one area and pile accordingly   | None                    | 30 mins                | <i>Administrative Aide and Supply Officer, ES-PSD</i> |
|   | 5. Return all copies of acknowledged REF to the PSD Administrative Officer/Staff in charge for recording/ documentation and  | None                    | 4 hours                | <i>Administrative Officer, ES-PSD</i>                 |



|               |  |      |                      |   |
|---------------|--|------|----------------------|---|
|               | cancellation of the PAR/ICS  |      |                      |   |
|               | 6. Forward all copies of the REF for signature of the Equipment Section Head and the Division Chief, PSD | None | 10 mins              | <i>Administrative Officer, ES-PSD</i>                 |
|               | 7. Review and initial/sign REF   | None | 20 mins              | <i>Head Section, ES and Division Chief, PSD</i>       |
|               | 8. Record and forward signed REF   | None | 5 mins               | <i>Administrative Aide, Administrative Office-PSD</i> |
|               | 9. Receive and record signed REF   | None | 5 mins               | <i>Administrative Officer/PSD Staff</i>               |
| <b>TOTAL:</b> |  | None | 6 hours and 15 mins* |   |

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Note: Control number and date are indicated on the REF and record the received condemned equipment in the record book.

### 13. Processing of the Inventory and Inspection Report of Unserviceable Property (IIRUP)/List of Equipment/Semi-Expendable for Disposal

Facilitate the preparation and approval of the IIRUP/List of Equipment/Semi-Expendable Item/s for Disposal

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Property and Supply Division   |                        |                        |  |
| <b>Classification:</b>   | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>  | G2G  |                        |                        |  |
| <b>Who may avail:</b>  | PGH Administration/Disposal and Appraisal Committee  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |  |
| 1. Inventory and Inspection Report of Unserviceable Property (IIRUP)/<br>2. Summary List of Condemned Equipment/Semi-Expendable - 1 original and 3 photocopies<br>3. Approved Reverted Equipment Form (REF) - 1 photocopy<br>4. Approved Waste Material Report (WMR) – 1 photocopy |  | PSD Equipment, Section |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1 Coordinate with PSD Equipment Section to conduct regular disposal of unserviceable equipment/semi-expendable item/s  | 1. Prepare the IIRUP based on the REF/WMR received on the given period   | None                   | 1 hour                 | Storekeeper/<br>Supply Officer,<br>ES-PSD  |
|  | 2. Forward all copies of the IIRUP for review and signature of the Equipment Section Head and the Division Chief, PSD          | None                   | 30 mins                | Head Section,<br>ES and Division<br>Chief, PSD   |
|  | 3. Record and forward signed IIRUP to the Office of the Deputy Director for Administration Office of the Director for approval | None                   | 5 mins                 | Administrative<br>Aide,<br>Administrative<br>Office-PSD  |
|  | 4. Receive, record the document; secure initial/approval of DDA/PGH Director<br><br>Forward approved IIRUP to PSD              | None                   | 1 day                  | Administrative<br>Staff, Executive<br>Offices<br><br>Deputy Director<br>for<br>Administration/ |

|               |   |      |                      |  |
|---------------|---|------|----------------------|--|
|               |   |      |                      | PGH Director   |
|               | 5. Receive, record and forward to assigned Supply Officer, PSD  | None | 15 mins              | <i>Administrative Staff, ES-PSD</i>                              |
|               | 6. Received approved IIRUP and prepare the Summary List of Condemned Equipment/ Semi-expendable Item/s<br><br>Forward to Section Head for signature | None | 1 hour               | <i>Supply Officer, ES-PSD</i><br><br><i>Section Head, ES-PSD</i> |
|               | 7. Forward approved original IIRUP and Summary List of Condemned Equipment/ Semi-Expendable to the Disposal and Appraisal Committee (DAC)           | None | 15 mins.             | <i>Administrative Staff, ES-PSD</i>                              |
|               | 8. Receive and facilitate process of appraisal and disposal in coordination with BAC II   | None | 15 mins              | <i>Administrative Staff, DAC</i>                                 |
| <b>TOTAL:</b> |   | None | 6 hours and 15 mins* |  |

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# **Public Assistance and Auxiliary Services**

## **External Services**

## 1. Action on the preparation of disbursement voucher for PLDT Accounts

The Telephone & Paging Section, Public Assistance & Auxiliary Services prepares the disbursement voucher and the Obligation Request &/or Budget Utilization Request of the PGH ISDN Line and PGH Paid Direct Lines. The processing of payment for PLDT of the Private Paid Direct Lines should be prepared and process by the concerned secretaries or Administrative Officer of the different units/sections.

|   |   |                        |  |  |
|---|---|------------------------|--|--|
| <b>Office or Division:</b>  | Public Assistance & Auxiliary Services  |                        |  |  |
| <b>Classification:</b>  | Complex   |                        |  |  |
| <b>Type of Transaction:</b>   | G2B   |                        |  |  |
| <b>Who may avail:</b>   | PLDT  |                        |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |  |  |
| A) Statement of Accounts  |   | PLDT                   |  |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                         | <b>PERSON RESPONSIBLE</b>  |
| 1. Deliver the ISDN & the complete PGH Paid Direct Lines PLDT Statement of Account. | 1. Accept & receive the PLDT Statement of Accounts (SOA).<br>✓ Separate the ISDN Lines SOA,<br>✓ the Cash Division direct line SOA,<br>✓ Pharmacy Department direct lines SOA<br>✓ Collate the remaining PGH Paid Consolidated Direct Lines SOA as per PLDT Listings.           | None                   | 120 minutes                                    | In-Charge CEO II / Head Telephone & Paging Section   |
|   | 1.2 Prepare the disbursement voucher and the Obligation Request of PGH ISDN Line SOA.<br><b>(This is cannot be done if the Internet and/or UIS is down or very slow.)</b><br>✓ Submit to PAAS Chief for Approval<br>✓ Upon approval record & submit to Budget Services Division | None                   | 120 minutes<br><br>5 minutes<br><br>15 minutes | Head Telephone & Paging Section<br><br><br>PAAS Chief Office of the Chief<br><br>Head Telephone & Paging Section |

|  |  |      |                |  |
|--|--|------|----------------|--|
|  | 1.3 Prepare the disbursement voucher of Cash Division & Pharmacy Department SOA. Record & submit at the concerned offices for Budget Utilization Request preparation.<br><b><i>(This is cannot be done if the Internet and/or UIS is down or very slow.)</i></b> | None | 120 minutes    | Head Telephone & Paging Section                                  |
|  | 1.4 Encode the PGH Paid Consolidated Direct Lines SOA on the payment list, print and submit to Bookkeeping Section.  | None | 60 minutes     | Head Telephone & Paging Section                                  |
|  | 1.5 Check one by one the PGH Consolidated Direct Lines SOA versus the payment list. Then return to TPS Office.   | None | 5 working days | Administrative Aide VI, Bookkeeping Section, Accounting Division |
|  | 1.6 Revised the payment list of the PGH Paid Consolidated Direct Lines SOA, if there is correction, then print in triplicate copies.   | None | 15 minutes     | Head Telephone & Paging Section                                  |
|  | 1.7 Prepare the disbursement voucher & Obligation Request of the PGH Paid Consolidated Direct Lines SOA.<br><b><i>(Disbursement Voucher preparation cannot be done if the Internet connection &amp;/or UIS is down or very slow.)</i></b>                        | None | 30 minutes     | Head Telephone & Paging Section                                  |

|               |   |      |                        |  |
|---------------|---|------|------------------------|--|
|               | 1.8 Submit to PAAS Chief for signature of Disbursement Voucher & Obligation Request form. | None | 5 minutes              | PAAS Chief<br>Office of the<br>Chief         |
|               | 1.9 Upon approval record & submit to Budget Services Division.                            | None | 15 minutes             | CEO on duty<br>Telephone &<br>Paging Section |
| <b>TOTAL:</b> |   | None | 6 days & 25<br>minutes |  |

## 2. Action on the preparation of disbursement voucher for equipment Preventive Maintenance provider

The Telephone & Paging Section, Public Assistance & Auxiliary Services prepares the disbursement voucher and the Budget Utilization Request of the Siemens Hi-Path 4000 IP-PBX equipment & Bosch Plena Voice Alarm & Public Address System equipment preventive maintenance & engineering services.

| <b>Office or Division:</b>  | Public Assistance & Auxiliary Services   |                                   |                              |  |
|---|--|-----------------------------------|------------------------------|--|
| <b>Classification:</b>  | Complex  |                                   |                              |  |
| <b>Type of Transaction:</b>   | G2B  |                                   |                              |  |
| <b>Who may avail:</b>   | PLDT   |                                   |                              |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                   |                              |  |
| A) Billing Statement / Invoice (one original copy)  |  | Preventive Maintenance Contractor |                              |  |
| B) Service Report/s – one (1) photo copy  |  | Preventive Maintenance Contractor |                              |  |
| C) Notarized Preventive Maintenance Agreement Contract – one (1) photo copy   |  | Bids and Awards Committee         |                              |  |
| D) BAC Resolution – one (1) photo copy  |  | Bids and Awards Committee         |                              |  |
| E) Notice to Proceed – one (1) photo copy   |  | Bids and Awards Committee         |                              |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                   | PROCESSING TIME              | PERSON RESPONSIBLE   |
| 1. Submit the following at the office of Telephone & Paging Section:<br>a) Billing Statement/Invoice,<br>b) Service Report/s,<br>c) notarized Preventive Maintenance Agreement<br>d) BAC Resolution<br>e) Notice to Proceed | 1. Accept, receive & check completeness of all the documents.  | None                              | 10 minutes                   | Head Telephone & Paging Section  |
|   | 1.1 Prepare the Preventive Maintenance Certification, sign and attach all the documents. Submit to PAAS Chief for signature. | None                              | 30 minutes<br><br>15 minutes | Head Telephone & Paging Section<br><br>PAAS Chief<br>Office of the Chief |
|   | 1.2 Record & send to OETS, ODDA, & Director's Office for   | None                              | 15 minutes                   | CEO on duty<br>Telephone & Paging Section                                |



|               |  |      |                             |  |
|---------------|--|------|-----------------------------|--|
|               | approval of the Preventive Maintenance Certificate.  |      |                             |  |
|               | 1.3 Approve the Preventive Maintenance Certificate.  | None | 5 working days              | OETS Chief Deputy Director for Administration & PGH Director |
|               | 1.4 Deliver the completely signed & approved Preventive Maintenance Certificate with complete attachment.  | None | 60 minutes                  | Administrative Aide Message Section, OCS                     |
|               | 1.5 Accept & check completeness of the documents. Prepare Disbursement Voucher & Budget Utilization Request.<br><b><i>(DV preparation cannot be done if the Internet and/or UIS is down or very slow.)</i></b> | None | 120 minutes                 | Head Telephone & Paging Section                              |
|               | 1.6 Submit to PAAS Chief for signature of DV & BUR.  | None | 5 minutes                   | PAAS Chief Office of the Chief                               |
|               | 1.7 Record & submit the complete documents to the Budget Services Division.  | None | 15 minutes                  | Head Telephone & Paging Section                              |
| <b>TOTAL:</b> |  | None | 5 days,4 hours & 30 minutes |  |

### 3. Accommodation of Special Unit Patient's Watchers at the Bantay Antayan

Provision of clean, safe and comfortable seat / space to the ICU patients' watchers

|   |   |                                  |                        |                            |
|---|---|----------------------------------|------------------------|----------------------------|
| <b>Office or Division:</b>  | Public Assistance and Auxiliary Services Division (PAAS)  |                                  |                        |                            |
| <b>Classification:</b>  | Simple  |                                  |                        |                            |
| <b>Type of Transaction:</b>   | G2C   |                                  |                        |                            |
| <b>Who may avail:</b>   | Special Unit patient's watchers   |                                  |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>           |                        |                            |
| Watcher's I.D. issued by the nurse in the ICU                                       |   | Concerned Special Unit Area, PGH |                        |                            |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present the watcher's I.D. issued by the Nurse to the BantayAntayan Receptionist | 1. Check the watcher's I.D.   | None                             | 5 minutes              | Receptionist BantayAntayan |
| 2. Fill-up Registration Form  | 2. Issue Registration Form and explain / assist on how to properly accomplish the Registration Form | None                             | 30 minutes             | Receptionist BantayAntayan |
| 3. Submit Registration Form to the Receptionist                                     | 3. Check completeness and accuracy of filled-up Registration Form                                   | None                             | 5 minutes              | Receptionist BantayAntayan |
|   | 3.1. Assign a seat corresponding to the ICU and bed number of the patient                           | None                             | 5 minutes              | Receptionist BantayAntayan |
| 4. Familiarize self with the BantayAntayan House Rules and Regulations              | 4. Orient the watcher on the BantayAntayan House Rules and Regulations                              | None                             | 30 minutes             | Receptionist BantayAntayan |
| <b>TOTAL:</b>   |   | None                             | 1 hr.15 minutes        |                            |

#### 4. Issuance of Visitor's Pass

Issue Visitor's Pass to clientele/s with business transaction/s at the **main building** passing through the main Information lobby

|   |   |   |                        |                                 |
|---|---|---|------------------------|---------------------------------|
| <b>Office or Division:</b>  | Public Assistance and Auxiliary Services Division (PAAS)            |   |                        |                                 |
| <b>Classification:</b>  | <b>Simple</b>   |   |                        |                                 |
| <b>Type of Transaction:</b>   | <b>G2C</b>  |   |                        |                                 |
| <b>Who may avail:</b>   | <b>General Public</b>   |   |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |                                 |
| Valid personal Identification Card (ID) of the visitor e.g. Government Issued Identification Card such a GSIS / SSS / Office / School / Driver's license/TIN, SC, PWD.<br><i>(Photo copied / scanned IDs and NBI/Police/Barangay Certificates are not acceptable)</i> |   | BIR, Post Office, DFA, PSA, SSS, GSIS, HMDF, LTO, Affiliated School, Office / Agency, SCAO, Municipal Hall, Comelec, PhilHealth |                        |                                 |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1. Go to the Information Section counter to secure a Visitor's Pass   | 1. Screens the visitor.   | None  | 3 minutes              | Staff on Duty Information Lobby |
| 2. Present valid ID to the staff on duty  | 2. Receives & checks validity of Identification Card                | None  | 2 minutes              | Staff on Duty Information Lobby |
|   | 2.1 Issue Visitor's Pass to client in exchange of valid personal ID | None  | 2 minutes              | Staff on Duty Information Lobby |
| <b>TOTAL:</b>   |   | None  | 7 minutes              |                                 |

#### ADVISORY:

1. Due to the pandemic, everyone who has valid official business and wishes to enter the main building will surrender one valid ID per visitor in exchange of a Visitor's Pass, regardless whether they are or they have a charity or pay patient.
2. Issuance of Visitor's Pass to Pay Ward visitor/s starts at 9:00 AM-12:00 NN and 4:00 PM up to 7:00 PM only.
3. Visitor's Pass should be returned to the Information Counter at the Main Lobby before leaving the premises **on or before 9 p.m. on the same day**, otherwise, personal ID/s will be turned over to the Security Office.
4. Personal ID may be claimed **only** once the Visitor's Pass is surrendered to the Information Section **and** it is advised that visitors can get their valid ID at the Security Office.
5. Visitors are advice to read instructions at the back of the Visitor's Pass.

## 5. Provision of Wheelchairs

Provision of wheelchairs to Patients who will undergo treatment/diagnostic procedures in the main hospital building.

| <b>Office or Division:</b>  | Public Assistance and Auxiliary Services Division (PAAS)                     |  |                 |                                 |
|---|--|--|-----------------|---------------------------------|
| <b>Classification:</b>  | Simple   |  |                 |                                 |
| <b>Type of Transaction:</b>   | G2C  |  |                 |                                 |
| <b>Who may avail:</b>   | PGH Patients and relatives   |  |                 |                                 |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE  |                 |                                 |
| A. Valid Identification Card (ID) of the borrower e.g. Government Issued Identification Card such as GSIS/SSS/Employment/School/Driver's license/TIN/SC, PWD. <i>(Photo copied / scanned IDs and NBI/Police/Barangay Certificates are not acceptable)</i> for patients who will undergo treatment / diagnostic procedures in the main hospital building and for patient's visitors as approved by the area nurse, and as per memo on Visiting Hours |  | BIR, Post Office, DFA, PSA, SSS, GSIS, HDMF, LTO, Affiliated School, Office / Agency, SCAO, Municipal Hall, Comelec, PhilHealth  |                 |                                 |
| B. Patient's Blue Card <b>for old patient</b> and two (2) Valid Identification Cards (IDs) <b>for new patient who are at the main lobby borrowing wheelchairs for transport to DEM, OPD, CI, SOJR.</b>  |  | 1. Department Out Patient Services (DOPS), PGH (for Patient's Blue Card)<br>2. BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, School, Office/Agency, SCAO/PWD, Comelec, PhilHealth (for valid ID) |                 |                                 |
| C. 1. Accomplished Borrower's Slip Form for <i>Physician/Nurse/Ward Personnel</i><br>2. Valid ID  |  | 1. Information Section, Main Lobby, Administration Bldg. PGH<br>2. BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, School, Office/Agency, SCAO/PWD, Comelec, PhilHealth (for valid ID)             |                 |                                 |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE              |
| 1. Go to the Information Section counter to borrow wheelchair   | 1. Screen request for wheelchair.  | None   | 2 minutes       | Staff on Duty Information Lobby |
| 2.a Present the required valid identification card <b>or</b> Patient's Blue Card to the Information   | 2. If wheelchair is Available:<br>a Check and receive complete requirement/s | None   | 3 minutes       | Staff on Duty Information Lobby |

|  |  |      |            |                                       |
|--|--|------|------------|---------------------------------------|
| Section<br>2.b Receives<br>Borrower's Slip Form                        | b Advise patient /<br>relative regarding<br>Borrower's Slip Form.  |      |            |                                       |
| 3. Affix signature on<br>the Whereabouts<br>of Wheelchairs<br>Logbook. | 3. The Information<br>staff-on-duty shall<br>log in the<br>Whereabouts of<br>Wheelchairs<br>Logbook the<br>following:<br>a. Code Number of<br>wheelchair<br>b. Time the<br>wheelchair is<br>borrowed<br>c. Name of patient<br>d. Printed name of<br>the person who is<br>borrowing the<br>wheelchair<br>e. Destination of<br>Patient<br>f. Address,<br>telephone or cell<br>phone number of<br>the patient /<br>borrower.<br>g. Signature of the<br>person who is<br>borrowing the<br>wheelchair | None | 5 minutes  | Staff on Duty<br>Information<br>Lobby |
| <b>TOTAL:</b>  |  | None | 10 minutes |                                       |

**ADVISORY:**

1. Wheelchairs assigned at the Information Section shall cater **only** to patients who will undergo treatment/diagnostic procedures in the main hospital building.
2. The DOPS, DEM, CI, SOJR and other departments / wards shall utilize their own wheelchairs for their patient's needs.
3. Personal ID may be claimed **only** once the wheelchair is returned to the Information Section.)
4. For patient/s who are **already** in the DOPS, DEM, CI, SOJR and other departments / wards: In case there is a need to borrow wheelchair from the Information Section, the Physician-on-duty / Nurse-on-duty shall directly coordinate with the Information staff and accomplish the **Borrower's Slip form for Physician/Nurse/Ward Personnel** and returns to the Information staff-on-duty together with the patient/relative's valid ID.

# **Public Assistance and Auxiliary Services**

## **Internal Services**

## 1. Request for Paging

Paging is intended for the Official announcements (e.g. flag ceremony, hospital programs and activities); HEICS Standard Emergency Code Nomenclature and Disaster coordination and other catastrophic occurrences. Paging is exclusive for PGH personnel. Request for paging to call for personnel who are out of post, calls for patients, watchers and visitors and personal greetings are NOT ALLOWED.

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Public Assistance & Auxiliary Services   |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C, G2G   |                        |                        |   |
| <b>Who may avail:</b>   | UP-PGH Personnel   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| A) Accomplished & signed official Paging Request Form (PGH Form No.Q-093007) – original copy  |  | TPS-PAAS Office        |                        |   |
| B) Letter of request (original copy) for paging announcement/s that is not included in the Paging Request Guidelines intended use approved by the Deputy Director for Administration.   |  | Requesting personnel   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Fill-up & sign the official Paging Request Form and submit to TPS-PAAS office / present <b>approved</b> letter of request for paging <b>announcement that is not included</b> in the Paging Request Guidelines intended use to TPS-PAAS office | 1. Accept & check accuracy & completeness of the signatories of the filled-up official Paging Request Form | None                   | 3 minutes              | CEO on duty<br>Telephone & Paging Section |
|   | 2. Screen and edit for accuracy, clarity and concise announcement.   | None                   | 20 minutes             | CEO on duty<br>Telephone & Paging Section |
|   | 3. Page the announcement request on the intended / requested time.   | None                   | 2 minute               | CEO on duty<br>Telephone & Paging Section |
| <b>TOTAL:</b>   |  | None                   | 25 minutes             |   |

## 2. Request for Broadcast Messaging

Broadcast Messaging is exclusive for PGH medical, nursing, paramedical, administrative personnel, allied medical trainees and other PGH support groups. Broadcast Messaging is intended for the Official announcements (e.g. hospital programs and activities); HEICS Standard Emergency Code Nomenclature and Disaster coordination and other catastrophic occurrences. Request for Broadcast Messages to call for personnel who are out of post, calls for patients, watchers and visitors and personal greetings are NOT ALLOWED.

| <b>Office or Division:</b>  | Telephone & Paging Section, Public Assistance & Auxiliary Services  |                      |                 |   |
|---|---|----------------------|-----------------|---|
| <b>Classification:</b>  | Simple  |                      |                 |   |
| <b>Type of Transaction:</b>   | G2C, G2G  |                      |                 |   |
| <b>Who may avail:</b>   | UP-PGH Personnel  |                      |                 |   |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE      |                 |   |
| A) Accomplished & signed official Broadcast Messaging Form (PGH Form No.Q-0930075) – original copy  |   | TPS-PAAS Office      |                 |   |
| B) Request letter (original copy) for Broadcast Messaging not allowed &/or not included on the Broadcast Messaging intended use favorably endorsed by the Department Chair or Administrative Officer and approved by the Deputy Director for Administration.                            |   | Requesting personnel |                 |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID      | PROCESSING TIME | PERSON RESPONSIBLE                        |
| 1. Fill-up the official Broadcast Messaging Form with the Chair &/or Supervisor signature & approval and submit to TPS-PAAS office. / present <b>approved</b> letter request for Broadcast Messaging Request that is not included on the Guidelines on Broadcast Messaging intended use | 1. Accept & check accuracy & completeness of the signatories of the filled-up official Broadcast Messaging Request Form<br>✓ Request form should be approved & signed by the Department / Division Chair &/or Supervisor / approval of the Deputy Director for Administration | none                 | 5 minutes       | CEO on duty<br>Telephone & Paging Section |
|   | 1.1 Screen and edit for accuracy, clarity and concise broadcast messaging.  | None                 | 20 minutes      | CEO on duty<br>Telephone & Paging Section |
|   | 1.2 Log-in and open   | None                 | 5 minutes       | CEO on duty                               |



|               |  |      |            |   |
|---------------|--|------|------------|---|
|               | the Broadcast Messaging service provider website.<br><b><i>(This will not be done if the Data Application is down or slow.)</i></b>  |      |            | Telephone & paging Section                |
|               | 1.3. Pick one by one names of intended broadcast message/s receiver. <b><i>(Only those who registered their names, cellular phone numbers and department at the Information System Office can receive broadcast messages from PGH through their cellular phones)</i></b> | None | 10 minutes | CEO on duty<br>Telephone & Paging Section |
|               | 1.4. Encode and send the broadcast messages request.<br><b><i>(This will not be done if the Data Apps is down or slow.)</i></b>  | None | 20 minutes | CEO on duty<br>Telephone & Paging Section |
| <b>TOTAL:</b> |  | None | 1 hour     |   |

### 3. Local Telephone Apparatus Repair / Replacement

Provides operational local telephone apparatus to the units/offices/sections of the hospital. .

|   |   |                            |                        |   |
|---|---|----------------------------|------------------------|---|
| <b>Office or Division:</b>  | Public Assistance & Auxiliary Services  |                            |                        |   |
| <b>Classification:</b>  | Complex   |                            |                        |   |
| <b>Type of Transaction:</b>   | G2G   |                            |                        |   |
| <b>Who may avail:</b>   | UP-PGH Personnel  |                            |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>     |                        |   |
| A) The defective Siemens Telephone Apparatus  |   | End-user                   |                        |   |
| B) Filled-up, signed & PSD received/approved Reverted Equipment Form (photo copy)         |   | Property & Supply Division |                        |   |
| C) Property Custodian Slip or Property Acknowledgement (Original Copy)                    |   | Telephone & Paging Section |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Bring the defective telephone apparatus at the Telephone & Paging Section, PAAS Office | 1. Accept & record the defective telephone apparatus  | None                       | 10 minutes             | Any CEO on duty<br>Telephone & Paging Section                     |
|   | 1.1 Repair, replace defective parts & test the functionality of the telephone apparatus.  | None                       | 3 days                 | In-charged CEO III, II, & I on duty<br>Telephone & Paging Section |
|   | 1.2 When repaired, install and test again the telephone apparatus at the end-user local line area.<br>a. If the local line has dial tone, end-user will accept the apparatus & sign the TPS Logbook 215-B<br>b. If the end-user local line has no dial tone, advice the end-user to submit JOR to OETS for the local line repair. The end-user will accept the apparatus & sign the TPS Logbook 215-B | None                       | 1 day                  | In-charged CEO III, II, & I on duty<br>Telephone & Paging Section |
|   | 1.3 If the apparatus is beyond repair, advise the end-user to   | None                       | 2 minutes              | In-charged CEO III, II, & I on duty<br>Telephone &                |

|   |  |      |                           |  |
|---|--|------|---------------------------|--|
|   | process the reverting of the telephone apparatus.  |      |                           | Paging Section   |
| 2. Submit completely filled-up, signed & approved Reverted Equipment Form to TPS office   | 2. Accept the completely filled-up, signed & approved Reverted Equipment Form  | None | 1 minute                  | In-charged CEO III, II, & I on duty Telephone & Paging Section |
|   | 2.1 Install the new telephone apparatus.   | None | 4 hours                   | In-charged CEO III, II, & I on duty Telephone & Paging Section |
| 3. Sign the Property Custodian Slip or Property Acknowledgement Receipt & the TPS Logbook 215-A & submit to in-charged CEO on duty. | 3. Accept the completely signed Property Custodian Slip or Property Acknowledgement Receipt & have the end-user receive the new telephone apparatus by signing the TPS Logbook 215-A | None | 15 minutes                | In-charged CEO III, II, & I on duty Telephone & Paging Section |
| <b>TOTAL:</b>   |  | None | 4 days 4 hours 28 minutes |  |

#### 4. Action on the request for replacement of defective PLDT telephone apparatus of PGH Paid Direct Lines

Provides operational PLDT telephone apparatus to the units/offices/sections of the hospital

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Public Assistance & Auxiliary Services  |                        |                        |  |
| <b>Classification:</b>  | Highly Technical  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2G   |                        |                        |  |
| <b>Who may avail:</b>   | UP-PGH Personnel  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |  |
| A. Telephone number of PLDT defective apparatus   |   | End-user               |                        |  |
| B. PLDT defective apparatus unit  |   | End-user               |                        |  |
|   |   |                        |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Bring the unit of PLDT telephone apparatus at the Telephone & Paging Section & give the complete telephone number of the unit.<br><br>(Only the PGH Paid Direct Lines are being reported by TPS for replacement. The Private Paid Direct Lines should be the responsibility of the concerned unit/office Secretaries & Administrative Officers.) | 1. Accept & record the unit of defective PLDT telephone apparatus   | None                   | 3 minutes              | CEO on duty Telephone & Paging Section |
|   | 1.1 Report to PLDT Customer Service 177 telephone line or email.<br>✓ Record the PLDT ticket number for follow up | None                   | 10 minutes             | CEO on duty Telephone & Paging Section |

|  |  |      |            |   |
|--|--|------|------------|---|
|  | reference, the name of the Customer Services Assistant, the time & date the call was made.   |      |            |   |
|  | 1.2 Follow-up report when the new unit is not delivered within the week or until it is delivered.<br><br>(Delivery time of PLDT telephone apparatus is undetermined. It is on the PLDT, Inc. timeline, when the telephone apparatus is available. )  | None | 10 minutes | CEO on duty<br>Telephone & Paging Section |
|  | 1.3 Once delivered, surrender the old and defective unit to PLDT personnel.  | None | 3 minutes  | CEO on duty<br>Telephone & Paging Section |
|  | 1.4 Accept & receive the new PLDT telephone apparatus.   | None | 1 minute   | CEO on duty<br>Telephone & Paging Section |
|  | 1.5 Check the telephone apparatus functionality then sign the PLDT delivery receipt.   | None | 30 minutes | CEO on duty<br>Telephone & Paging Section |
|  | 1.6 Install the new PLDT telephone apparatus and test again the telephone apparatus at the end-user local line area.<br>a. If the PLDT line has dial tone, end-user will accept the apparatus & sign the TPS Logbook 215-B<br>b. If the end-user PLDT line has no dial tone, advice the end- | None | 2 hours    | CEO on duty<br>Telephone & Paging Section |

|               |   |      |                        |  |
|---------------|---|------|------------------------|--|
|               | user to submit JOR to OETS for the local line repair. The end-user will accept the apparatus & sign the TPS Logbook 215-B |      |                        |  |
| <b>TOTAL:</b> |   | None | 2 hours,<br>57 minutes |  |

## 5. Action on Request for Dormitory Accommodation

Prompt response and appropriate action on request for Dormitory Accommodation.

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>  | Public Assistance and Auxiliary Services Division (PAAS)  |   |                        |  |
| <b>Classification:</b>  | Simple  |   |                        |  |
| <b>Type of Transaction:</b>   | G2G   |   |                        |  |
| <b>Who may avail:</b>   | PGH Employees   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                                      |                        |  |
| Letter request for Dormitory Accommodation endorsed by concerned Dean of College / Chair/Chief of the Department and Deputy Office. |   | Concerned individual requesting for dormitory accommodation |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Submit Letter request for Dormitory Accommodation  | 1. Receive letter request complete with proper endorsement  | None  | 5 minutes              | Admin. Officer V<br>Office of the Head |
|   | 1.1 Check endorsement from the Deputy Director for Administration:<br>➤ for comments / recommendations = prepare the needed response letter | None  | 1 day                  | Admin. Officer V<br>Office of the Head |
|   | ➤ for appropriate action = endorse Letter request to the Office of the Director for approval  | None  | 30 minutes             | Admin. Officer V<br>Office of the Head |
| <b>TOTAL:</b>   |   | None  | 1 day and 35 minutes   |  |

## 6. Action on Renewal of Dormitory Accommodation

Prompt response and appropriate action on request for Renewal of Dormitory Accommodation.

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>  | Public Assistance and Auxiliary Services (PAAS)   |   |                        |  |
| <b>Classification:</b>  | Simple  |   |                        |  |
| <b>Type of Transaction:</b>   | G2G   |   |                        |  |
| <b>Who may avail:</b>   | PGH Dormitory Resident/s  |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                    |                        |  |
| Accomplished Form of Application for Admission / Renewal to the Dormitory       |   | Residence Halls Office, Nurse's Home, PGH |                        |  |
| Signed Dormitory Agreement Form   |   | Residence Halls Office, Nurse's Home, PGH |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Bring documents with complete requirements to the Office of the Head of PAAS | 1. Receive document/s with complete requirements  | None                                      | 5 minutes              | Admin. Officer V<br>Office of the Head |
|   | 1.1 Check/review for completeness of entry, signature / initial of resident and Dormitory Manager | None                                      | 30 minutes             | Admin. Officer V<br>Office of the Head |
|   | 1.2 Affix signature for Recommending Approval   | None                                      | 5 minutes              | Admin. Officer V<br>Office of the Head |
|   | 1.3 Send document to the Office of the Deputy Director for Approval                               | None                                      | 30 minutes             | Admin. Officer V<br>Office of the Head |
| <b>TOTAL:</b>   |   | None                                      | 1 hr. 10 minutes       |  |



## 7. Action on Request for Clearance

Provision of clearance from accountability to Public Assistance and Auxiliary Services Division of Resigned, Retired and Expired Employees

|  |  |  |                        |                                 |
|--|--|--|------------------------|---------------------------------|
| <b>Office or Division:</b>   | Public Assistance and Auxiliary Services Division (PAAS)   |  |                        |                                 |
| <b>Classification:</b>   | Simple   |  |                        |                                 |
| <b>Type of Transaction:</b>  | G2G  |  |                        |                                 |
| <b>Who may avail:</b>  | Resigned, Retired and Expired Employees  |  |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                         |                        |                                 |
| 1. Clearance Form  |  | Human Resource and Development Division (HRDD) |                        |                                 |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1. Present the Clearance Form to the Dormitory Manager at the Residence Halls Office, Nurse's Home | 1. Dormitory Manager received Clearance Form and check list of dormitory residents. If employee is in the list, check the 201 File of the employee and verify the following:<br>Check-out form and verify if the employee has already moved out of the dormitory<br>Keys – if the employee has already returned the keys<br>If the employee has already moved-out and has returned the keys, sign the Clearance Form | None   | 20 minutes             | Dormitory Manager, Nurse's Home |
|  | 2. If the employee has already moved-out and returned the keys, sign the Clearance and hand over the client giving her/him instruction to the next signatory   | None   | 5 minutes              | Dormitory Manager, Nurse's Home |
| 2. Bring the Clearance Form to the Telephone and Section's Office                                  | Receive and check List of Telephone Apparatus Accountability in the database. If   | None   | 10 minutes             | Head of TPS                     |

|               |   |      |            |  |
|---------------|---|------|------------|--|
|               | employee is cleared of any telephone accountability, the Head of TPS signs the clearance and forward clearance to the Head of PAAS for signature. If there is pending accountability, employee is advised to request transfer of accountability to another person/submit copy of Reverted Equipment Form. |      |            |  |
| <b>TOTAL:</b> |   | None | 35 minutes |  |

## 8. Dormitory Accommodation

Provision of clean, comfortable and safe temporary abode/bed slots to qualified employees.

|   |   |  |  |
|---|---|--|--|
| Office or Division:   | Public Assistance and Auxiliary Services Division (PAAS)  |  |  |
| Classification:   | Simple  |  |  |
| Type of Transaction:  | G2G   |  |  |
| Who may avail:  | <div>1. Medical Officers/ Fellows /Interns</div> <div>2. Medical Officers from other Hospitals</div> <div>2. Nurses, Nursing Attendants and Midwives</div> <div>3. Selected Administrative and Paramedical personnel who are on shifting (24/7 operation area, assigned in ward of patients with infectious disease, those with permanent address in the province)</div> <div>4. Students from U.P. Extension Campuses</div> <div>5. Foreign Students</div> |  |  |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |  |
| A. For Nurses, Nursing Attendants and Midwives <div>&gt; Admission Slip from the Deputy Director for Nursing</div>  |   | Office of the Deputy Director for Nursing, Administrative Bldg., PGH |  |
| B. For Medical Officers / Fellows <div>&gt; Letter request for dormitory accommodation favorably endorsed by the Chair of Department, Deputy Director for Health Operations and Deputy Director for Administration and duly approved by the Director</div> For Medical Interns <div>&gt; Letter request for dormitory accommodation favorably endorsed by the Deputy Director for Health Operations and Deputy Director for Administration and duly approved by the Director</div> For Medical Officer from other hospital <div>&gt; Letter request for dormitory accommodation favorably endorsed by the Chair of Department, Deputy Director for Health Operations and Deputy Director for Administration and duly approved by the Director with MOA attachment</div> |   | Concerned individual requesting for dormitory accommodation          |  |
| C. For Selected Administrative and Paramedical <div>Staff on shifting (24/7 operation area, assigned in ward of patients with infectious disease and those with permanent address in the province)</div>  |   | Individual requesting for dormitory accommodation                    |  |

| <p>&gt; Letter request for dormitory accommodation favorably endorsed by the Deputy Director for Administration / Health Operations and duly approved by the Director</p>   |  |  |                 |  |
|---|--|--|-----------------|--|
| <p>D. For Students from U.P. Extension Campuses:</p> <p>&gt; Letter request for dormitory accommodation favorably endorsed by the Deputy Director for Nursing, Deputy Director for Administration and duly approved by the Director</p>   |  | Dean/Coordinator of concerned Extension Campus   |                 |  |
| <p>E. Students from Foreign countries</p> <p>&gt; Letter request for dormitory accommodation favorably endorsed by the Dean of concerned College and duly approved by the U.P. Manila Chancellor; favorable endorsed by Deputy Director for Health Operations/Nursing and Deputy Director for Administration and duly approved by the Director.</p> |  | Concerned individual requesting for dormitory accommodation  |                 |  |
| <p>F. Two (2) pieces recent colored passport size pictures</p>  |  | Concerned individual requesting for dormitory accommodation  |                 |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE                                 |
| <p>1. Go to the Dormitory Manager and follow up approved letter request for dormitory accommodation.</p>  | <p>1. Check if approved letter has been forwarded to/received by the RHS office.</p> <p>1.1 If request has been forwarded / received, checked for availability of bed slot;</p> <p>1.2 If not yet forwarded / received, inform the applicant and instruct him/her to follow-up/call up RHS office; advise applicant re: requirement/s.</p> <p>1.3 If no slot is available,</p> | <p><b>Rate per month</b></p> <p>A. <u>For Lodging:</u><br/>ph200.00</p> <p>B. <u>For Appliances</u><br/>:</p> <p>Electric Fan:<br/>&gt;6"-10" = 65.00<br/>&gt;12" = 80.00<br/>&gt;14" = 85.00<br/>&gt;16"-18"=95.00</p> <p>Television:</p> | 30 minutes      | Dormitory Manager<br>Residence Halls Section (RHS) |

|   |   |  |            |   |
|---|---|--|------------|---|
|   | advise applicant that she / he will be notified as soon as there is an available bed slot and instruct him/her re: requirement/s.   | >14"-<br>15"=75.00<br>>17"-<br>18"=80.00<br><br>Personal Refrigerator = 150.00<br><br>Laptop = 55.00 |            |   |
| 2 Go with the Dormitory Manager for ocular inspection of the room & facilities. | 2. If bed slot and requirements are available, proceed with the ocular inspection of the designated room for the applicant; If the applicant is interested after the ocular inspection, show the different facilities of the dormitory and orient her/him on the dormitory rules & regulations, and Dormitory/appliances rates.                                   |  | 2 hours    | Dormitory Manager Residence Halls Section (RHS) |
| 3. Accomplish the required forms  | 3. After ocular inspection, have the applicant accomplish the required forms. Give clear and accurate instructions on how to accomplish the dormitory forms:<br>a. Application for Admission to the Dormitory Form<br>b. Dormitory Agreement Form<br>c. Checking-in Form<br>d. Registering-in of Electrical Appliances Form<br>e. Dormitory Rules and Regulations |  | 30 minutes | Dormitory Manager Residence Halls Section (RHS) |

|   |   |  |                   |   |
|---|---|--|-------------------|---|
| 4. Submit accomplished forms and the requirement/s to the Dormitory Manager | 4. Check forms and requirement/s  |  | 5 minutes         | Dormitory Manager Residence Halls Section (RHS) |
| 5. Receive keys and acknowledge receipt in the designated logbook           | 5. Issue keys and request applicant to acknowledge receipt of keys in the designated logbook. |  | 10 minutes        | Dormitory Manager Residence Halls Section (RHS) |
| <b>TOTAL</b>  |   |  | 3 hrs.&15 minutes |   |

**ADVISORY:**

1. Cost of duplicating keys will be shouldered by the applicant.
2. Upon checking-out of dormitory user, keys must be surrendered to the Dormitory Manager. The cost of duplicating keys will not be refunded to the former dormitory user. It shall be the property of the Residence Halls Section.
3. Any changes in the rates of electrical appliances is subject to the discretion of the Hospital Rates Committee.
4. Dormitory Accommodation fee and charges for electrical appliances will be deducted from the salary of dormitory user.
5. Dormitory accommodation fee is waived for non-plantilla Medical Fellows and Medical Interns. However, they shall be charged accordingly for the electrical consumption of the appliances they will use in the dormitory.
6. Rates applicable **only** if Dormitory electrical capacity (wattage) is capable of handling them.
7. Accommodation is subject for renewal every year.

## 9. Request for Clearance

Provision of clearance from accountability to the Dormitory of Resigned, Retired and Expired Employees

|   |   |  |                        |                                  |
|---|---|--|------------------------|----------------------------------|
| <b>Office or Division:</b>  | Public Assistance and Auxiliary Services Division (PAAS)  |  |                        |                                  |
| <b>Classification:</b>  | Simple  |  |                        |                                  |
| <b>Type of Transaction:</b>   | G2G   |  |                        |                                  |
| <b>Who may avail:</b>   | Resigned, Retired and Expired Employees who availed of the dormitory services   |  |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                         |                        |                                  |
| 1. Clearance Form   |   | Human Resource and Development Division (HRDD) |                        |                                  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Present the Clearance Form to the Dormitory Manager at the RHS Office, Nurse's Home. | 1. Dormitory Manager received Clearance Form and check list of dormitory residents. If employee is in the list, check the 201 File of the Employee & verify the following:<br>> Check-out form and verify if the employees has already moved out of the dormitory<br>> Keys - if the employee has already returned the keys<br>> If the employee has already moved-out and has returned the keys, sign the Clearance Form | None   | 20 minutes             | Dormitory Manager<br>Nurses Home |
|   | 1.1. If the employee has already moved-out and returned the keys, sign the Clearance Form and hand over the Clearance Form to the client giving him/her instruction to the next signatory.  | None   | 5 minutes              | Dormitory Manager<br>Nurses Home |
| 2. Bring Clearance Form to the TPS  | 2. Receive and check list of <i>Inventory</i>   | None   | 2 hours                | Staff-in-Charge<br>Telephone and |

|               |   |  |                    |                |
|---------------|---|--|--------------------|----------------|
| office        | <i>Custodian Slip (ICS) for Telephone Apparatus Accountability.</i> If employee is cleared of any telephone accountability, the Head of TPS signs the clearance and forward clearance to the Chief of PAAS for signature. If there is pending accountability, employee is advised what next step to take. |  |                    | Paging Section |
| <b>TOTAL:</b> |   |  | 2 hours 25 minutes |                |



## 10. Request for repair of defective facility/ies of Dormitory

Facilitation of immediate repair of defective facility/ies of dormitory.

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Public Assistance and Auxiliary Services Division (PAAS)   |                        |                        |   |
| <b>Classification:</b>   | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>  | G2G  |                        |                        |   |
| <b>Who may avail:</b>  | Dormitory Residents  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |   |
| None   |  | None                   |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Report to the dormitory staff the facility/ies that need/s to be repaired | 1. Check the facility/ that needs to be repaired   | None                   | 30 minutes             | Staff on duty Residence Hall Section (RHS)                              |
|  | 1.1. If facility/ies is/are found to be non-functioning, report to the Dormitory Manager   | None                   | 30 minutes             | Staff on Duty Residence Hall Section (RHS)                              |
|  | 1.2. Prepare Job Order Request (JOR) and record in the JOR logbook.  | None                   | 10 minutes             | Dormitory Manager/Staff on duty in the absence of the Dormitory Manager |
|  | 1.3. Forward JOR to the Office of the Engineering and Technical Services (OETS).<br><b>Note:</b> RHS staff follows-up request with the Office of the Engineering and Technical Services (OETS) after a reasonable time has lapsed from the date of receipt of the JOR by OETS. | None                   | 30 minutes             | Staff on duty Residence Hall Section (RHS)                              |
| <b>TOTAL:</b>  |  |                        | 1 hr. and 40 minutes   |   |

## 11. Issuance of entrusted office keys -

Provision to authorized employees of entrusted office keys from the different offices for safekeeping to the Information Section.

|   |  |  |                        |                                 |
|---|--|--|------------------------|---------------------------------|
| <b>Office or Division:</b>  | Public Assistance and Auxiliary Services Division (PAAS)   |  |                        |                                 |
| <b>Classification:</b>  | Simple   |  |                        |                                 |
| <b>Type of Transaction:</b>   | G2G  |  |                        |                                 |
| <b>Who may avail:</b>   | PGH Employees  |  |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                                 |
| 1. Valid PGH Identification Card (ID) of the Borrower, for verification only.<br>2. Authorization letter from the Chief/Head of Office for borrowers after office hour, weekends and holidays, and designated alternate/s borrower.       |  | 1. Employee borrowing the key<br>2. Chief/Head of concerned office/s who entrusted their keys to the Information Section Counter |                        |                                 |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1. Go to the Information Section counter and ask the staff for the key to be borrowed presenting PGH ID to the staff ( <i>and authorization letter if during weekends, holidays and after office hour and borrower is an alternate</i> ). | 1. Check borrower's PGH ID and refer to concerned office's list of authorized personnel to borrow keys. If borrower is not included in the list, ask for an authorization letter from the chief / head of the office. During weekends, holidays, and after office hour, ask for an authorization letter from the chief / head of the office. | none   | 2 minutes              | Staff on duty Information Lobby |
| 2. Logs in the pertinent information at the Key Borrowers Logbook and affix signature   | 2. Check entry to the logbook before handling the key to the authorized borrower. Do not hand key if entry is obscure.<br>( <i>Once the key has been signed out from the Information Section, it should</i>  | none   | 3 minutes              | Staff on duty Information Lobby |

|               |  |  |           |  |
|---------------|--|--|-----------|--|
|               | <i>only be returned to the Information Section after office hours. The concerned office should have only one (1) set of key/s entrusted to the Information Section. No staff should have a spare/duplicate key.)</i> |  |           |  |
| <b>TOTAL:</b> |  |  | 5 minutes |  |

**ADVISORY:**

1. The chief/chair of concerned office submits to the Information Section the name/s of the authorized representative/s entrusted to borrow the keys.
2. If authorized representative/s is/are not available, the chief/chair of the concerned office should write an authorization letter addressed to the Information Section designating the alternate.
3. Borrowers after office hour, weekends and holidays, shall present an authorization letter from the Chief/Head of the Office to the Information Section's staff-on-duty.  
**Authorization through text messaging or telephone call is not acceptable.**
4. Once the key has been signed out from the Information Section, it should only be returned to the Information Section after office hours.
5. The concerned office should have only one (1) set of key/s entrusted to the Information Section. **No staff should have a spare/duplicate key.**
6. **In case of emergency cases that patients' and personnel's safety is compromised, authorization letter is no longer needed.**

# **Security Services Division**

## **External Services**

## 1. Investigation of Untoward Incidents

Investigation and report writing for untoward incidents

|   |  |  |                        |                                  |
|---|--|--|------------------------|----------------------------------|
| <b>Office or Division:</b>  | Security Services Division (SSD)   |  |                        |                                  |
| <b>Classification:</b>  | Complex  |  |                        |                                  |
| <b>Type of Transaction:</b>   | G2C, G2G   |  |                        |                                  |
| <b>Who may avail:</b>   | All UP-PGH Offices, Outsourced Staff, and the Public with official business at UP-PGH  |  |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>   |                        |                                  |
| Present any of the following:<br>Memorandum/order (1 original)<br>Request letter for investigation (1 original)<br>Verbal complaint   |  | Administration<br>Requesting unit or person<br>Victim or complainant |                        |                                  |
|   |  |  |                        |                                  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Forward Memo/request letter to the Security Office, or proceed to Security Office to file the complaint, or call thru telephone and state the untoward incident details. | 1. Record the untoward incident and assign the Shift investigator for verification and/or investigation  | None   | 20 Minutes             | <i>Shift Desk Officer</i><br>SSD |
| 2. Give statements and necessary facts to the assigned investigator   | 2. Conduct ocular inspection when necessary and/or proceed to the investigation proper<br>2.1. Interview the complainant, suspect, witnesses, etc.<br>2.2. Gather evidences and other relevant facts                   | None   | 3 Days                 | <i>Shift Investigator</i><br>SSD |
| 3. Await the result of investigation  | 3. Evaluate the evidences, facts and findings gathered and accomplish an investigation report with corresponding recommendations to the Chief of Police.<br>3.1 Evaluate the report and endorse the same to designated | None   | 2 Days                 | <i>Shift Investigator</i><br>SSD |
|   |  | None   | 1 Day                  | <i>Chief of Police</i><br>SSD    |

|               |  |      |                       |  |
|---------------|--|------|-----------------------|--|
|               | authorities,<br>concerned units or<br>departments; and/or<br>person/s. |      |                       |  |
| <b>TOTAL:</b> |  | None | 6 Days,<br>20 Minutes |  |

## 2. Screening and Approval of Duties of Private Security Guards

Screening, evaluating, testing and confirmation of duties of privately hired security guards

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Security Services Division (SSD)   |                        |                        |   |
| <b>Classification:</b>   | Complex  |                        |                        |   |
| <b>Type of Transaction:</b>  | G2B  |                        |                        |   |
| <b>Who may avail:</b>  | All privately hired security guards of the current Security Services Provider of UP-PGH  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |   |
| All requirements listed on the checklist from Security Services Provider based on the Security Services Contract |  | The Security Agency    |                        |   |
| 24-hour On-the-job training at UP-PGH Certification  |  | The Security Agency    |                        |   |
|  |  |                        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Submit all the documents required   | 1. Verifysubmitted documents<br>1.1. If complete: Proceed to the interview and testing<br>1.2. If incomplete: return the documents to the applicant for completion   | None                   | 30 Minutes             | <i>Screening Officer</i><br>SSD                             |
| 2. Proceed to initial interview and testing  | 2. Conduct interview and/or testing based on Basic Security guard training, UP-PGH on-the-job training and some other relevant information   | None                   | 3 Days                 | <i>Screening Officer</i><br>SSD                             |
| 3. Proceed to final interview and testing  | 3. Conduct final interview and/or testing based on Basic Security guard training, UP-PGH on-the-job training and some other relevant information<br>3.1. If passed: sign the application form of the applicant and forward the same with the attached documents to the | None                   | 2 Days                 | <i>Deputy Chief of Police and/or Chief of Police</i><br>SSD |

|               |   |      |                       |  |
|---------------|---|------|-----------------------|--|
|               | security agency for deployment<br>3.2. If failed: return the application form and documents of the applicant to the security agency |      |                       |  |
| <b>TOTAL:</b> |   | None | 5 Days,<br>30 Minutes |  |



### 3. Response to Ongoing Incident

Response and action taken to ongoing incident

|  |  |                        |                        |                                |
|--|--|------------------------|------------------------|--------------------------------|
| <b>Office or Division:</b>   | Security Service Division (SSD)  |                        |                        |                                |
| <b>Classification:</b>   | Simple   |                        |                        |                                |
| <b>Type of Transaction:</b>  | G2C, G2G   |                        |                        |                                |
| <b>Who may avail:</b>  | All UP-PGH Offices, Outsourced Staff, and the Public with official business at UP-PGH                                |                        |                        |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |                                |
| Report and details of the ongoing incident   |  | N/A                    |                        |                                |
|  |  |                        |                        |                                |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |
| 1. Report the available details of the ongoing incident<br><br>*If incident need further action and investigation, see Process on Investigation of Untoward Incidents. | 1. Verify the report, assess the necessary steps to be taken and deploy needed workforce in response to the incident | None                   | 5 Minutes              | <i>Shift Supervisor</i><br>SSD |
| <b>TOTAL:</b>  |  | None                   | 5 Minutes              |                                |

# **Security Services Division**

## **Internal Services**

## 1. Issuance of UP Manila and PGH Vehicular Stickers

Screening of required documents and installation of stickers to the vehicle

|   |   |   |                        |                           |
|---|---|---|------------------------|---------------------------|
| <b>Office or Division:</b>  | Security Services Division (SSD)  |   |                        |                           |
| <b>Classification:</b>  | Simple  |   |                        |                           |
| <b>Type of Transaction:</b>   | G2G   |   |                        |                           |
| <b>Who may avail:</b>   | All staff of UP Manila and PGH including outsourced personnel   |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |                           |
| The subject vehicle that is for sticker application   |   | Owner   |                        |                           |
| Printed claim stub (Claim stub is forwarded to the applicant once online application is approved) (1 original)  |   | <p>For PGH, application form can be access through the link provided in the Memo issued by the Director.</p> <p>For UP Manila, application form can be access through the link provided in the Memo issued by the Chancellor.</p> |                        |                           |
| Payment receipt form (1 original)   |   | <p>For PGH stickers only/ PGH Cashiers</p> <p><b>Note:</b> For UPM stickers, payments are made online prior to the issuance of claim stub</p>   |                        |                           |
| Photocopy of PGH/UP Manila ID (1 copy)  |   | Applicant   |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Bring the vehicle to the Security Office   | 1. Verify the subject vehicle   | None  | 3 Minutes              | Shift Desk Officer SSD    |
| 2. For UPM Sticker:<br>Submit the printed copy of claim stub and photocopy of UP Manila ID to on-duty police staff<br><br>For PGH Sticker:<br>Submit the printed copy of claim stub with attached payment receipt and photocopy of PGH ID to on-duty police staff | 2. Verify the accuracy and completeness of the documents submitted<br>2.1. If complete, attach the sticker to the subject vehicle<br>2.2. If incomplete, return the documents to the applicant for completion | None  | 7 Minutes              | Shift Desk Officer SSD    |
| <b>TOTAL:</b>   |   | None  | 10 Minutes             |                           |

## 2. Accomplishment of Contingency and/or Action Plan for Special Events

Preparation and submission of Contingency and/or action plan for the proposed special event

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>  | Security Services Division (SSD)   |   |                        |  |
| <b>Classification:</b>  | Complex  |   |                        |  |
| <b>Type of Transaction:</b>                                       | G2G  |   |                        |  |
| <b>Who may avail:</b>   | The UP-PGH Administration, UP-PGH Event Organizer  |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                  |  | <b>WHERE TO SECURE</b>                          |                        |  |
| Memo/order<br>Request Letter                                      |  | UP-PGH Administration<br>UP-PGH Event Organizer |                        |  |
|   |  |   |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                      |
| 1. Forward Memo/<br>order or request letter<br>to Security Office | 1. Evaluate and<br>assess requirements<br>of the memo/order or<br>request letter and<br>conduct ocular<br>inspection when<br>necessary | None  | 5 Days                 | <i>Deputy Chief of<br/>Police<br/>SSD</i>                      |
| 2. Wait for the<br>submission of<br>Contingency/ Action<br>Plan   | 2. Prepare and<br>Submit Contingency/<br>Action Plan   | None  | 2 Days                 | <i>Deputy Chief of<br/>Police/<br/>Chief of Police<br/>SSD</i> |
| <b>TOTAL:</b>   |  | None  | 7 Days                 |  |

# **Accounting Services Division**

## **External Services**

## 1. Issuance of Final Hospital Bill

To release/issue final hospital bill of pay ward patient for discharge

|  |   |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Accounting Service Division                           |                        |                        |   |
| <b>Classification:</b>   | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>  | G2C   |                        |                        |   |
| <b>Who may avail:</b>  | Pay ward patients                                     |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |   |
| Notice for the Availability of Hospital bill<br>(for discharge of pay ward patient)                      |   | Nurses Station         |                        |   |
|  |   |                        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1. First , take a vacant chair with corresponding number as guide to who will be next to be entertained. | 1.Call the number of patient to be served             | None                   | 1 Minute               | <i>Clerk on duty</i><br>Billing and Collection Office |
| 2. Present the Notice of the Availability of Hospital bill at the counter                                | 2.Receive and verify the Notice presented             | None                   | 2 Minutes              | <i>Clerk on duty</i><br>Billing and Collection Office |
| 3. Receive the Final Hospital bill and Order of Payment  | 3. Issue the Final Hospital bill and Order of Payment | None                   | 5 Minutes              | <i>Clerk on duty</i><br>Billing and Collection Office |
| <b>TOTAL:</b>  |   | None                   | 8 Minutes              |   |

## 2. Issuance of Hospital Clearance

To release hospital clearance for Pay ward patients scheduled for discharge

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   | Accounting Services Division                                    |  |                        |  |
| <b>Classification:</b>   | Simple  |  |                        |  |
| <b>Type of Transaction:</b>  | G2C   |  |                        |  |
| <b>Who may avail:</b>  | Pay ward patients scheduled for discharge                       |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                         |                        |  |
| Official Receipts  |   | Cash Services Division                         |                        |  |
| Complete/Fully filled out PhilHealth forms   |   | Pay/Service Ward Billing Office/Nurses Station |                        |  |
| Approved Financial Assistance voucher  |   | Service Ward Billing Office                    |                        |  |
| Approved Guaranty (SD) Form  |   | Admitting Office/Billing Section               |                        |  |
| Approved LOA (HMO)   |   | HMO Office with MOA                            |                        |  |
| Approved PCSO Guaranty Letter  |   | Medical Social Service                         |                        |  |
| Other Approved Guaranty Letter   |   | LGU's / Guaranteeing Office with MOA           |                        |  |
|  |   |  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                              |
| 1. Present the required documents (based on the checklist) whichever is applicable | 1. Check/verify document presented and Issue Hospital Clearance | None   | 5 Minutes              | <i>Clerk on duty</i><br>Billing and Collection Section |
| <b>TOTAL:</b>  |   | None   | 5 Minutes              |  |

### 3. Availment of PhilHealth Benefits

To avail PhilHealth benefits, if applicable

|  |  |  |                        |   |
|--|--|--|------------------------|---|
| <b>Office or Division:</b>   |  | Accounting Services Division                               |                        |   |
| <b>Classification:</b>   |  | Simple   |                        |   |
| <b>Type of Transaction:</b>  |  | G2C  |                        |   |
| <b>Who may avail:</b>  |  | Pay (Billing) and Service ward patients (Malasakit)        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                                     |                        |   |
| Complete and fully filled out PhilHealth forms: CF1, CF2, CSF, CF4/3   |  | CF1/CF4 and 3 - Billing Section<br>CF2/CSF- Nurses Station |                        |   |
| Optional as needed:<br>• Member's Data Record (MDR)<br>• Birth Certificate (dependent)<br>• Clinical Abstract/ OR Records/ Discharge Summary |  | PHIC Office/Portal<br>PHIC Member, PSA<br>Nurses Station   |                        |   |
|  |  |  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Present the fully filled out PhilHealth forms and other required documents  | 1. Check, validate and receive PhilHealth forms and issue acknowledgement receipts | None   | 10 Minutes             | For Pay ward:<br><i>Billing Clerk on duty</i><br>Billing Office<br><br>For Service ward:<br><i>Junior Office Aide on duty</i><br>Malasakit Center |
| <b>TOTAL:</b>  |  | None   | 10 Minutes             |   |



#### 4. Issuance of Cheque/Cash with Refunds

To release cheque or cash for payment of refunds

|  |  |  |                        |   |
|--|--|--|------------------------|---|
| <b>Office or Division:</b>   | Accounting Services Division   |  |                        |   |
| <b>Classification:</b>   | Complex  |  |                        |   |
| <b>Type of Transaction:</b>  | G2C  |  |                        |   |
| <b>Who may avail:</b>  | Client/patient with refund   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |   |
| Refund for Excess hospital payment/<br>PhilHealth case rate:<br>• 1 Photocopy of two (2) valid IDs   |  | Government Offices / Company (Employer)  |                        |   |
| Refund for Procedure not Done:<br>• 1 photocopy of valid ID<br>• Original Official Receipt of payment<br>• Original Request from (diagnostics)<br>• Refund form duly signed by Area Supervisor |  | Government Offices/Company (Employer)<br>Payee/Cash Division<br>Requesting Hospital Unit<br>Billing Office |                        |   |
| Claimant of refund is not the payee:<br>• Authorization letter<br>• 1 photocopy of two valid ID's of the person authorized   |  | Claimant/Payee<br>Government Offices /Company (Employer)   |                        |   |
| Other requirement, as necessary<br>• Birth certificate<br>• Marriage contract<br>• Death certificate   |  | Philippine Statistics Authority<br>Philippine Statistics Authority<br>Medical Records Division             |                        |   |
|  |  |  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1. Present all required documents whichever is applicable  | 1. Check/ verify and accept the complete documents and issue acknowledgement receipt | None   | 7 Days                 | Clerk<br>Billing<br>Other units under Fiscal Services |
| <b>TOTAL:</b>  |  | None   | 7 Days                 |   |

## 5. Availment of Allowable Discounts

To avail necessary/allowable discounts, if applicable

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>   | Accounting Services Division                               |   |                        |   |
| <b>Classification:</b>   | Simple   |   |                        |   |
| <b>Type of Transaction:</b>  | G2C  |   |                        |   |
| <b>Who may avail:</b>  | Pay ward patients  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                                    |                        |   |
| Senior Citizens' ID or any other Government issued ID with Date of Birth (1 photocopy)   |  | Personal / Local Government Unit/Other Government offices |                        |   |
| Persons with Disability: PWD ID (1 photocopy)  |  | Personal / DSWD   |                        |   |
| Certification as government employee, and for government employee dependent; birth certificate of child (below 21 years old)/ marriage contract for spouse |  | Concerned Government Offices                              |                        |   |
|  |  |   |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                       | <b>FEES TO BE PAID</b>                                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1. Present the original ID for verification and submit a photocopy of the ID, whichever is applicable  | 1. Check, validate and receive a photocopy of ID presented | None  | 2 Minutes              | <i>Clerk on duty</i><br>Billing and Collection Office |
| <b>TOTAL:</b>  |  | None  | 2 Minutes              |   |

## 6. Checking/Validation of PhilHealth Eligibility of Service Ward Patients

To conduct interview and validate if patient is qualified for PhilHealth benefits

|  |  |                         |                        |   |
|--|--|-------------------------|------------------------|---|
| <b>Office or Division:</b>   | Accounting Services Division   |                         |                        |   |
| <b>Classification:</b>   | Simple   |                         |                        |   |
| <b>Type of Transaction:</b>  | G2C  |                         |                        |   |
| <b>Who may avail:</b>  | Service ward/ OPD patients   |                         |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |   |
| PhilHealth ID  |  | PHIC Member/PHIC Office |                        |   |
| Member Data Record (MDR)   |  | PHIC Office             |                        |   |
|  |  |                         |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1. Get a number stub at the queuing machine and wait for the number to be called | 1. Call the number to be served  | None                    | 1 Minute               | <i>Junior Office Aide on duty</i><br>Malasakit Center |
| 2. Present PhilHealth ID or MDR, whichever is available                          | 2. Conduct interview, check and validate through PHIC Portal if eligible for PhilHealth benefits<br>• If YES, give a checklist of requirements (refer to Process on Availment of PhilHealth Benefits)<br>• If NO, inform the member of deficiencies and the required documents to be eligible of PhilHealth benefits and give checklist of requirements (refer to Process on Availment of PhilHealth Benefits) | None                    | 15 Minutes             | <i>Junior Office Aide on duty</i><br>Malasakit Center |
| <b>TOTAL:</b>  |  | None                    | 16 Minutes             |   |

## 7. Issuance of Hospital Clearance for Service Ward Patients

To issue hospital clearance for patient schedule for discharge.

|  |  |   |                        |                            |
|--|--|---|------------------------|----------------------------|
| <b>Office or Division:</b>   | Accounting Services Division - Service Ward Billing Office (Malasakit)                       |   |                        |                            |
| <b>Classification:</b>   | Simple   |   |                        |                            |
| <b>Type of Transaction:</b>  | G2C  |   |                        |                            |
| <b>Who may avail:</b>  | Service ward In-patients   |   |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |                            |
| 1. Hospital bill covered by PhilHealth:<br>a) Notice of Discharge<br>b) Complete and properly filled-out PhilHealth forms and required documents   |  | Nurses Station<br>PHIC Member/Nurses Station  |                        |                            |
| 2. Hospital bill covered by Medical Assistance Fund (MAF) aside from PhilHealth, if applicable.<br>a) Notice of Discharge<br>b) Clinical Abstract for expired patient and HAMA(Home against medical advice) form for HAMA patients<br>c) Patient's blue card or ID w/MCA stub<br>d) MSS evaluation or white card<br>e) Justification from the doctor<br>f) MAP voucher |  | Nurses Station<br>Nurses Station<br><br>MAP Office or DEMS Palistahan<br>Medical Social Service<br>Attending Physician<br>MAP clerk in Malasakit Center |                        |                            |
|  |  |   |                        |                            |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| <b><u>For Hospital bill covered by PhilHealth :</u></b><br>1. Present the Notice of Discharge and required documents, whichever is applicable  | 1. Check/validate the documents presented, issues/releases Hospital clearance for discharge. | None  | 10 minutes             | Junior Office Aide on duty |

|               |  |      |            |  |
|---------------|--|------|------------|--|
|               |  |      |            |  |
| <b>TOTAL:</b> |  | None | 10 minutes |  |

## 8. Processing of Medical Assistance (Service Ward and OPD Patients)

To process medical assistance of Service Ward and OPD Patients

| <b>Office or Division:</b>  | Accounting Services Division, Medical Assistance Office   |                 |                 |                               |
|---|---|-----------------|-----------------|-------------------------------|
| <b>Classification:</b>  | Complex   |                 |                 |                               |
| <b>Type of Transaction:</b>   | G2C   |                 |                 |                               |
| <b>Who may avail:</b>   | PGH – Service Ward-OPD Patients who requested medical assistance in the MSS   |                 |                 |                               |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE |                 |                               |
| 1. Blue Card  |   | OPD-Palistahan  |                 |                               |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn. | 1.Call the number to be entertained   | None            | 5 minutes       | MAP clerk in Malasakit Center |
| 2. Submit the patient's blue card   | 2. Verify status of referral in the computer & pull out the MAP voucher   | None            | 30 minutes      | MAP clerk in Malasakit Center |
| 3.Wait the blue card with attached MAP stub and acknowledge the received assistance         | 3.1 <b><u>For Drug &amp; Medicine</u></b><br>Attach the MAP stub in the blue card and instructed the patient to proceed to the Pharmacy to claim the medicine.  | None            | 15 minutes      | MAP clerk in Malasakit Center |
|   | 3.2 <b><u>For Laboratories and Procedures</u></b><br>Attach the MAP stub in the blue card and instructed the client to proceed to designated cost center to get charge slip & back to Malasakit Center for funding. |                 |                 |                               |
| <b>TOTAL:</b>   |   | None            | 50 minutes      |                               |

## 9. Processing of Medical Assistance (Pay Inpatients)

To process medical assistance of Pay Inpatients

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   | Accounting Services Division, Medical Assistance Office   |  |                        |  |
| <b>Classification:</b>   | Complex   |  |                        |  |
| <b>Type of Transaction:</b>  | G2C   |  |                        |  |
| <b>Who may avail:</b>  | PGH – Payward In-Patients who seek medical assistance from DOH  |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>   |                        |  |
| 1. DOH-Indorsement<br>2. Approved justification/reasons of admission to payward<br>3. Social case summary<br>4. Approved MSS referral<br>5. Original or certified true copy of clinical abstract<br>6. Patient's ID/ blue card<br>7. Patient's hospital bill<br>8. Others as per MOA |   | DOH<br>Attending physician<br><br>Client's municipality<br>Medical Social Service<br>Medical records<br><br>Client<br>Billing office |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                      |
| 1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn.  | 1.Call the number to be entertained   | None   | 5 minutes              | MAP clerk in-charge in DOH at Malasakit Center |
| 2. Present all required documents  | Check/validate and accept the complete documents & issue acknowledgment receipt. Email to DOH-Central for validation. Prepare MAP voucher then forward to signatories | None   | 3 days                 | MAP clerk in-charge in DOH at Malasakit Center |
| 3.Acknowledge received assistance  | Issue MAP stub and instructed the patient to present to billing office  | None   | 15 minutes             | MAP clerk in-charge in DOH at Malasakit Center |
| <b>TOTAL:</b>  |   | None   | 3 days and 20 minutes  |  |

## 10. Processing of Medical Assistance (Inter-Hospital Referral)

To process medical assistance for Inter-Hospital Referral

| <b>Office or Division:</b>  | Accounting Services Division, Medical Assistance Program (MAP) Office  |                      |                 |                        |
|---|--|----------------------|-----------------|------------------------|
| <b>Classification:</b>  | Complex  |                      |                 |                        |
| <b>Type of Transaction:</b>   | G2C  |                      |                 |                        |
| <b>Who may avail:</b>   | Non-PGH patients who are referred by other hospital for Laboratories & Procedures  |                      |                 |                        |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE      |                 |                        |
| 1. Indorsement Letter   |  | Donor                |                 |                        |
| 2. Letter of endorsement from the Chief of the Hospital/Medical Center Chief, approved by PGH -Deputy Director for Health Operation |  | Originating hospital |                 |                        |
| 3. Updated medical social worker case summary report  |  | Originating hospital |                 |                        |
| 4. Updated medical abstract   |  | Originating hospital |                 |                        |
| 5. Laboratory/Procedure Request Form  |  | Originating hospital |                 |                        |
| 6. Patient's ID   |  | Originating hospital |                 |                        |
| 7. Others as per MOA  |  | Patient              |                 |                        |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID      | PROCESSING TIME | PERSON RESPONSIBLE     |
| 1. Sign in the Client logbook at the MAP desk and wait for his turn   | 1.Call the client to be entertained  | None                 | 5 minutes       | Administrative Aide IV |
| 2. Submit the required documents  | a) Receive the requirement, check the completeness and validate the patient's eligibility for medical assistance.<br>b) Process the MAP Voucher. | None                 | 15 minutes      | Administrative Aide IV |
| 3.Acknowledge the received assistance   | a) Send an electronic mail to the cost center<br>b) Instruct the client to go to the cost center for the schedule/management of lab/procedures   | None                 | 10 minutes      | Administrative Aide IV |
| <b>TOTAL:</b>   |  | None                 | 30 minutes      |                        |



## 11. Processing of Medical Assistance (PCSO Referral)

To process medical assistance with PCSO referral

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>   | Accounting Services Division, Medical Assistance Office   |   |                        |   |
| <b>Classification:</b>   | Complex   |   |                        |   |
| <b>Type of Transaction:</b>  | G2C   |   |                        |   |
| <b>Who may avail:</b>  | PGH – Service Ward Patients with PCSO referral  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |   |
| 1. Approved PCSO guarantee letter - original & (2) xerox copy<br>2. Documents submitted to IMAP<br><br>3. Patient's ID & Blue Card - 2 xerox copies<br>4. Pagkilala sa tinanggap na tulong (PGH form No. Q-200010) – 2 copies<br>5. Claimant's ID – 1 xerox copy |   | PCSO helpdesk in PGH Malasakit Center<br><br>PCSO helpdesk in PGH Malasakit Center<br><br>Patient & OPD Palistahan for blue card<br><br>MAP staff in PGH Malasakit Center<br><br>Claimant |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                 |
| 1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn.  | 1.Call the number to be entertained   | None  | 5 minutes              | MAP clerk in-charge in Various Donors in Malasakit Center |
| 2. Present all required documents  | Check/validate and accept the complete documents & issue acknowledgment receipt. Prepare Patient's Ledger then forward to signatories | None  | 3 days                 | MAP clerk in-charge in Various Donors in Malasakit Center |
| 3.Acknowledge the received assistance  | Issue Patient's Ledger and instructed the patient to present to cost center   | None  | 15 minutes             | MAP clerk in-charge in Various Donors in Malasakit Center |
| <b>TOTAL:</b>  |   | None  | 3 days and 20 minutes  |   |

## 12. Processing of Medical Assistance with Referrals from LGUs, Foundations and Private Donors with Funds

To process medical assistance with referrals from LGUs, Foundations and Private Donors with funds

| <b>Office or Division:</b>  | Accounting Services Division, Medical Assistance Program (MAP) Office   |                 |                              |                        |
|---|---|-----------------|------------------------------|------------------------|
| <b>Classification:</b>  | Simple  |                 |                              |                        |
| <b>Type of Transaction:</b>   | G2C   |                 |                              |                        |
| <b>Who may avail:</b>   | PGH – Patients referred by donors with existing funds   |                 |                              |                        |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE |                              |                        |
| 1. Endorsement letter/ Donor's Form and/or Check from Donor – original & 1 xerox copy           |   | Donor           |                              |                        |
| 2. Patient's ID/Blue Card & claimant's ID (1 xerox copy)  |   | Patient         |                              |                        |
| 3. Official Receipt for patient with check (Original & 1 xerox copy)                            |   | Cash Division   |                              |                        |
| 4. Patient's request (RX, Lab/ Procedures request form/Hospital bill) – original & 1 xerox copy |   | Doctor          |                              |                        |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME              | PERSON RESPONSIBLE     |
| 1. Sign in the client logbook at the MAP desk and wait for his turn.                            | 1.Call the number to be entertained   | None            | 5 minutes                    | Administrative Aide IV |
| 2. Submit the required documents  | a) Receive the documents, check the completeness and validate the patient's eligibility for medical assistance.<br>b) Verify the availability of funds then process the assistance. | None            | 15 minutes<br><br>10 minutes | Administrative Aide IV |
| 3.Acknowledge the received assistance   | Issue Patient's Ledger and instructed the patient to present to cost center   | None            | 10 minutes                   | Administrative Aide IV |
| <b>TOTAL:</b>   |   | None            | 40 minutes                   |                        |

### 13. Funding of Patient's Request

To fund patient's request with approved referrals

|   |  |   |                        |                               |
|---|--|---|------------------------|-------------------------------|
| <b>Office or Division:</b>  | Accounting Services Division, Medical Assistance Office  |   |                        |                               |
| <b>Classification:</b>  | Simple   |   |                        |                               |
| <b>Type of Transaction:</b>   | G2C  |   |                        |                               |
| <b>Who may avail:</b>   | All patients with charge slip/RX & MAP stub/Patient's Ledger                                       |   |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                          |                        |                               |
| 1. Blue Card<br>2. Patient's Ledger/MAP stub<br>3. Charge slip/PGH Rx                       |  | OPD-Palistahan<br>MAP office<br>PGH Cost Center |                        |                               |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn. | 1.Call the number to be entertained  | None  | 5 minutes              | MAP clerk in Malasakit Center |
| 2. Submit the required documents  | Check/validate and accept the complete documents. Stamp fund available then forward to signatories | None  | 30 minutes             | MAP clerk in Malasakit Center |
| 3.Wait the funded request   | Issue funded request & instructed to proceed to designated cost center                             | None  | 5 minutes              | MAP clerk in Malasakit Center |
| <b>TOTAL:</b>   |  | None  | 40 minutes             |                               |

# **Accounting Services Division**

## **Internal Services**

## 1. Issuance of Certificate of Contribution/ Reconciliation of GSIS Records

Reconciliation of discrepancies between PGH and GSIS records

|  |  |  |   |   |
|--|--|--|---|---|
| <b>Office or Division:</b>   | Accounting Service Division  |  |   |   |
| <b>Classification:</b>   | Simple for those below 5 years in service;<br>Complex for those more than 5 years in service   |  |   |   |
| <b>Type of Transaction:</b>  | G2G  |  |   |   |
| <b>Who may avail:</b>  | PGH current and previous employees   |  |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                       |  | <b>WHERE TO SECURE</b>                                     |   |   |
| Service Record   |  | HRDD (may provide employee with GSIS number for reference) |   |   |
| Premium/ Loan Payment History  |  | GSIS   |   |   |
|  |  |  |   |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>               |
| 1. Present the Service Record and Premium/ Loan Payment history record | 1. Receive and verify the documents presented<br>1.1 Check and verify record from prior year's remittances<br>1.2 Prepare and issue the certificate to requesting employee | None   | 3 Days (for <5 years in service);<br>7 Days (for ≥5 years in service) | <i>Staff on duty</i><br>Payroll Section |
| <b>TOTAL:</b>  |  | None   | 3 Days (for <5 years in service);<br>7 Days (for ≥5 years in service) |   |

## 2. Issuance of Certificate of PhilHealth Contribution

To be used by employees for PHIC claims and/or for accreditation purposes

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                        | Accounting Service Division                                  |                        |                        |   |
| <b>Classification:</b>                            | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                       | G2C, G2G   |                        |                        |   |
| <b>Who may avail:</b>                             | PGH current and previous employees                           |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                  |  | <b>WHERE TO SECURE</b> |                        |   |
| PhilHealth Number                                 |  | Payroll Section/ HRDD  |                        |   |
|   |  |                        |                        |   |
| <b>CLIENT STEPS</b>                               | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Request Certificate of PhilHealth Contribution | 1. Check and verify record from prior year's remittances     | None                   | 15 Minutes             | <i>Staff on duty</i><br>Payroll Section |
|   | 1.1 Prepare and issue the certificate to requesting employee | None                   | 2 Minutes              | <i>Staff on duty</i><br>Payroll Section |
| <b>TOTAL:</b>                                     |  | None                   | 17 Minutes             |   |

### 3. Issuance of NHMFC/ Acquired Assets Certificate

To be used by NHMFC/Acquired assets records reconciliation

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>             | Accounting Service Division                                  |                        |                        |   |
| <b>Classification:</b>                 | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>            | G2C , G2G  |                        |                        |   |
| <b>Who may avail:</b>                  | PGH current and previous employees                           |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>       |  | <b>WHERE TO SECURE</b> |                        |   |
| None                                   |  | N.A.                   |                        |   |
|  |  |                        |                        |   |
| <b>CLIENT STEPS</b>                    | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Request for issuance of certificate | 1. Check and verify record from prior year's remittances     | None                   | 15 Minutes             | <i>Staff on duty</i><br>Payroll Section |
|  | 1.1 Prepare and issue the certificate to requesting employee | None                   | 2 Minutes              | <i>Staff on duty</i><br>Payroll Section |
| <b>TOTAL:</b>                          |  | None                   | 17 Minutes             |   |

#### 4. Issuance of Certificate of PAG-IBIG Contribution/ Loans with Official Receipt

To be used to reconcile records with Pag-IBIG

|   |  |                        |                        |                               |
|---|--|------------------------|------------------------|-------------------------------|
| <b>Office or Division:</b>                    | Accounting Service Division                                  |                        |                        |                               |
| <b>Classification:</b>                        | Simple   |                        |                        |                               |
| <b>Type of Transaction:</b>                   | G2C, G2G   |                        |                        |                               |
| <b>Who may avail:</b>                         | PGH Employees  |                        |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>              |  | <b>WHERE TO SECURE</b> |                        |                               |
| Employee ESAV                                 |  | Pag-IBIG               |                        |                               |
| Subsidiary Ledger                             |  | Accounting Services    |                        |                               |
| SOA   |  | Pag-IBIG               |                        |                               |
|   |  |                        |                        |                               |
| <b>CLIENT STEPS</b>                           | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Submit Employee ESAV and SOA from Pag-IBIG | 1. Receive and verify the documents presented                | None                   | 2 Minutes              | Staff on duty Payroll Section |
|   | 1.1 Check and verify record from prior year's remittances    | None                   | 1 Day                  | Staff on duty Payroll Section |
|   | 1.2 Prepare and issue the certificate to requesting employee | None                   | 3 Minutes              | Staff on duty Payroll Section |
| <b>TOTAL:</b>                                 |  | None                   | 1 day, 5 Minutes       |                               |



## 5. Issuance of Certificate of Name Discrepancy (HDMF)

To be used to reconcile records with Pag-IBIG

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                     | Accounting Service Division                                  |                        |                        |   |
| <b>Classification:</b>                         | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                    | G2C, G2G   |                        |                        |   |
| <b>Who may avail:</b>                          | PGH Employees  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>               |  | <b>WHERE TO SECURE</b> |                        |   |
| Note from Pag-IBIG Employees Records           |  | Pag-IBIG               |                        |   |
|  |  |                        |                        |   |
| <b>CLIENT STEPS</b>                            | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Present note from Pag-IBIG Employees Record | 1. Receive and verify the documents presented                | None                   | 20 Minutes             | <i>Staff on duty</i><br>Payroll Section |
|  | 1.1 Process and issue the certificate to requesting employee | None                   | 3 Minutes              | <i>Staff on duty</i><br>Payroll Section |
| <b>TOTAL:</b>                                  |  | None                   | 25 Minutes             |   |

## 6. Issuance of Certificate of Employees Compensation

To be used by employees for different transactions

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Accounting Service Division                                  |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C, G2G   |                        |                        |   |
| <b>Who may avail:</b>   | PGH Employees  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| None  |  | N.A.                   |                        |   |
|   |  |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Request from payroll section his/her certificate of employees compensation | 1. Verify employee name and payroll records                  | None                   | 15 Minutes             | <i>Staff on duty</i><br>Payroll Section |
|   | 1.1 Prepare and issue the certificate to requesting employee | None                   | 2 Minutes              | <i>Staff on duty</i><br>Payroll Section |
| <b>TOTAL:</b>   |  | None                   | 17 Minutes             |   |

## 7. Verification of Payslip

To be used by employees for different transactions

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                                     | Accounting Service Division                            |                        |                        |   |
| <b>Classification:</b>   | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                                    | G2C  |                        |                        |   |
| <b>Who may avail:</b>  | PGH Employees  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                               |  | <b>WHERE TO SECURE</b> |                        |   |
| Photocopy of Payslip   |  | Employee               |                        |   |
|  |  |                        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Present to payroll section the photocopy of his/her payslip | 1. Verify employee name and payroll records            | None                   | 10 minutes             | <i>Staff on duty</i><br>Payroll Section |
|  | 1.1 Stamp and issue the certified true copy of payslip | None                   | 2 minutes              | <i>Staff on duty</i><br>Payroll Section |
| <b>TOTAL:</b>  |  | None                   | 12 minutes             |   |

## 8. Issuance of Income Tax Return Copy

To be used by employees for different transactions

|   |   |                        |   |   |
|---|---|------------------------|---|---|
| <b>Office or Division:</b>  | Accounting Service Division                     |                        |   |   |
| <b>Classification:</b>  | Simple (Current Year);<br>Complex (Prior Years) |                        |   |   |
| <b>Type of Transaction:</b>   | G2C   |                        |   |   |
| <b>Who may avail:</b>   | PGH Employees                                   |                        |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |   |   |
| Authorization letter if requested through a representative  |   | Employee               |   |   |
|   |   |                        |   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                            | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>               |
| 1. Request from payroll section the copy of his/her income tax return personally or thru presentation of authorization letter | 1. Verify employee name and payroll records     | None                   | <i>Simple:</i><br>10 Minutes<br><i>Complex:</i><br>6 Days               | <i>Staff on duty</i><br>Payroll Section |
|   | 1.1 Process and issue employee's ITR            | None                   | 2 Minutes   | <i>Staff on duty</i><br>Payroll Section |
| <b>TOTAL:</b>   |   | None                   | <i>Simple:</i><br>12 Minutes<br><i>Complex:</i><br>6 Days,<br>2 Minutes |   |

## 9. Issuance of Certificate of Last Salary Received

To be used by employees for different transactions

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Accounting Service Division  |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |   |
| <b>Who may avail:</b>   | PGH Employees  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| Authorization letter if requested through a representative              |  | Employee               |                        |   |
|   |  |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| 1. Request from payroll section the certificate of last salary received | 1. Verify employee name and payroll records                          | None                   | 1 Hour                 | <i>Staff on duty</i><br>Payroll Section |
|   | 1.1 Prepare and issue employee's certificate of last salary received | None                   | 2 Minutes              | <i>Staff on duty</i><br>Payroll Section |
| <b>TOTAL:</b>   |  | None                   | 1 Hour,<br>2 Minutes   |   |

## 10. Remittance of Doctor's Professional Fees

To provide doctors in the hospital their remittance of professional fees

|  |   |                            |                        |   |
|--|---|----------------------------|------------------------|---|
| <b>Office or Division:</b>   | Accounting Service Division   |                            |                        |   |
| <b>Classification:</b>   | G2C   |                            |                        |   |
| <b>Type of Transaction:</b>  | Complex   |                            |                        |   |
| <b>Who may avail:</b>  | Doctors   |                            |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>     |                        |   |
| Certificate of Registration  |   | Bureau of Internal Revenue |                        |   |
| Debit Card Account Number  |   | DBP                        |                        |   |
| Professional Fee Form  |   | Billing                    |                        |   |
|  |   |                            |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. For new doctors, forward COR (Certificate of Registration) and Debit Card Account Number to Bookkeeping Section | 1. File and record the document   | None                       | 1 Day                  | <i>Staff on duty</i><br>Bookkeeping Section |
| 2. Forward all the issued PF forms to Billing Section  | 2. Update the Hospital Bills of patients and forward the PF form to Bookkeeping | None                       | 1 Day                  | <i>Staff on duty</i><br>Billing Section     |
| 3. Wait for the remittance of Professional Fees every month  | 3. Prepare the remittance according to PF Form and Report of Collection         | None                       | 5 Days                 | <i>Staff on duty</i><br>Bookkeeping Section |
| <b>TOTAL:</b>  |   | None                       | 7 Days                 |   |

## 11. Issuance of Employee's Clearance

Clearance of Retired/Resigned Employees

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Accounting Service Division  |                        |                        |  |
| <b>Classification:</b>  | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |  |
| <b>Who may avail:</b>   | PGH Employees  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |  |
| Accomplished Clearance form   |  | HRDD                   |                        |  |
|   |  |                        |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Present the Clearance form to the following personnel for verification:<br>Rowena Prado,<br>Leah Dela Rosa,<br>Felomina Ponce,<br>Lyan Anisco,<br>Julie Malgapo,<br>Agnes Jacinto,<br>Elizabeth Cardenas | 1. Verify financial obligations<br><br>1.1 Issue processed Clearance form then advise employee to return form to HRDD for approval | None                   | 1 Day                  | <i>Staff-in-charge/<br/>Accounting Staff<br/>Accounting Office</i> |
| <b>TOTAL:</b>   |  | None                   | 1 Day                  |  |

## 12. Processing of DV for Payment to Suppliers of Drugs & Medicines, Chemicals & Reagents, Office/ Medical/ Housekeeping Supplies

Release of Processed Disbursement Voucher for Payment

|  |  |  |  |                                |
|--|--|--|--|--------------------------------|
| <b>Office or Division:</b>   | <b>Accounting Services Division</b>  |  |  |                                |
| <b>Classification:</b>   | Highly Technical   |  |  |                                |
| <b>Type of Transaction:</b>  | G2G  |  |  |                                |
| <b>Who may avail:</b>  | Property and Supply Division; End-User Division/Department/Unit                            |  |  |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |  |                                |
| 1.Disbursement Voucher, Original Copy  |  | 1.Client   |  |                                |
| 2.Purchase Order, Original Copy  |  | 2.Purchasing Office  |  |                                |
| 3.Budget Clearance (OBR/BUR), Original Copy  |  | 3.Prepared by Client, Certified by Budget Division                             |  |                                |
| 4.Purchase Request, CTC  |  | 4.Client   |  |                                |
| 5.Delivery Receipt, Original Copy  |  | 5.Supplier   |  |                                |
| 6.RIS, if applicable, Original Copy  |  | 6.End-User Division/Department/Unit  |  |                                |
| 7.Inspection and Acceptance Report, Original Copy  |  | 7.Prepared by Client, with notation of IASSS                                   |  |                                |
| 8.Sales Invoice, Original Copy   |  | 8.Supplier   |  |                                |
| 9.Other Attachments according to the Mode of Procurement, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001 |  | 9.Responsible Unit such as the BAC/ Purchasing Office/ PSD/ End-User/ Supplier |  |                                |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>      |
| 1. Submits Disbursement Voucher and related attachments  | 1. Receives, records, and forwards DV to Disbursement Section                              | None   | 30 minutes   | Receiving and Releasing Staff  |
|  | 1.1 Pre-audits, checks, verifies completeness and correctness of all attachments to the DV | None   | 3 to 7 days (Depending on volume and complexity of DVs received) | Disbursement Voucher Processor |
|  | 1.2 Inputs relevant DV data to the FMIS and prints related Tax Certificates                | None   | 30-60 minutes (Depending on the volume of processed DVs)         | Disbursement Staff             |
|  | 1.3 Initials on Box C of DV  | None   | 1-2 hours  | Disbursement Accountant        |
|  | 1.4 Prints final copies of DV  | None   | 30-60 minutes  | Accounting – Bookkeeping Staff |
|  | 1.5 Certifies on Box C of processed DV   | None   | 1-2 days   | Chief Accountant               |
|  | 1.6 Records and  | None   | 30 minutes   | Accounting                     |



|               |  |      |                     |                                  |
|---------------|--|------|---------------------|----------------------------------|
|               | releases processed<br>DV for approval of<br>the<br>DDA/DDFS/Director |      |                     | Receiving and<br>Releasing Staff |
| <b>TOTAL:</b> |  | None | 9 days & 5<br>hours |                                  |

### 13. Processing of DV for Payment to Suppliers of Food Commissaries

Release of Processed Disbursement Voucher for Payment

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Office or Division:</b>   | <b>Accounting Services Division</b>  |  |  |  |
| <b>Classification:</b>   | Highly Technical   |  |  |  |
| <b>Type of Transaction:</b>  | G2G  |  |  |  |
| <b>Who may avail:</b>  | Property and Supply Division/ Dietary Department   |  |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |  |  |
| 1.Disbursement Voucher, Original Copy  |  | 1.Client   |  |  |
| 2.Purchase Order, Original Copy  |  | 2.Purchasing Office  |  |  |
| 3.Budget Clearance (OBR/BUR), Original Copy  |  | 3.Prepared by Client, Certified by Budget Division                                       |  |  |
| 4.Purchase Request, CTC  |  | 4.Client   |  |  |
| 5.RIS, if applicable, Original Copy  |  | 5.Dietary Department   |  |  |
| 6.DR and/or Statement of Account, whenever applicable, Original Copy   |  | 6. Supplier  |  |  |
| 7.Inspection and Acceptance Report, Original Copy  |  | 7.PSD or Dietary Department, with notation of IASSS or duly authorized representative    |  |  |
| 8.Sales Invoice, Original Copy   |  | 8.Supplier   |  |  |
| 9.Other Attachments according to the Mode of Procurement, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001 |  | 9.Responsible Unit such as the BAC/ Purchasing Office/ PSD/ Dietary Department/ Supplier |  |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>                |
| 1. Submits Disbursement Voucher and related attachments  | 1. Receives, records, and forwards DV to Disbursement Section                              | None   | 30 minutes   | Receiving and Releasing Staff            |
|  | 1.1 Pre-audits, checks, verifies completeness and correctness of all attachments to the DV | None   | 3 to 7 days (Depending on volume and complexity of DVs received) | Disbursement Voucher Processor           |
|  | 1.2 Inputs relevant DV data to the FMIS and prints related Tax Certificates                | None   | 30-60 minutes (Depending on the volume of processed DVs)         | Disbursement Staff                       |
|  | 1.3 Initials on Box C of DV  | None   | 1-2 hours  | Disbursement Accountant                  |
|  | 1.4 Prints final copies of DV  | None   | 30 to 60 minutes   | Accounting – Bookkeeping Staff           |
|  | 1.5 Certifies on Box C of processed DV   | None   | 1-2 days   | Chief Accountant                         |
|  | 1.6 Records and releases processed DV for approval of the DDA/DDFS/Director                | None   | 30 minutes   | Accounting Receiving and Releasing Staff |

|        |      |                  |  |
|--------|------|------------------|--|
| TOTAL: | None | 9 days & 5 hours |  |
|--------|------|------------------|--|

## 14. Processing of DV for Payment to Suppliers of Equipment

Release of Processed Disbursement Voucher for Payment

|   |  |   |   |  |
|---|--|---|---|--|
| <b>Office or Division:</b>  | <b>Accounting Services Division</b>  |   |   |  |
| <b>Classification:</b>  | Highly Technical   |   |   |  |
| <b>Type of Transaction:</b>   | G2G  |   |   |  |
| <b>Who may avail:</b>   | End-User Division/Department/Unit  |   |   |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |   |  |
| 1.Disbursement Voucher, Original Copy   |  | 1.Client  |   |  |
| 2.Purchase Order, Original Copy   |  | 2.Purchasing Office   |   |  |
| 3.Budget Clearance (OBR/BUR), Original Copy   |  | 3.Prepared by Client, Certified by Budget Division                            |   |  |
| 4.Purchase Request, CTC   |  | 4.Client  |   |  |
| 5.Delivery Receipt, Original Copy   |  | 5.Supplier  |   |  |
| 6.Inspection and Acceptance Report, Original Copy   |  | 6.Prepared by Client, with notation of IASSS                                  |   |  |
| 7.Sales Invoice, Original Copy  |  | 7.Supplier  |   |  |
| 8.PAR or ICS, Original Copy   |  | 8.Client, prepared by PSD-Equipment   |   |  |
| 9.Certificate of Acceptance, Original Copy  |  | 9. Client   |   |  |
| 10.Warranty Certificate, if applicable, CTC   |  | 10.Supplier   |   |  |
| 11.Other Attachments according to the Mode of Procurement, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001 |  | 11.Responsible Unit such as the BAC/ Purchasing Office/ PSD/ End-User/ Client |   |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b>                |
| 1. Submits Disbursement Voucher and related attachments   | 1. Receives, records, and forwards DV to Disbursement Section                              | None  | 30 minutes  | Receiving and Releasing Staff            |
|   | 1.1 Pre-audits, checks, verifies completeness and correctness of all attachments to the DV | None  | 5 to 10 days (Depending on volume and complexity of DVs received) | Disbursement Voucher Processor           |
|   | 1.2 Inputs relevant DV data to the FMIS and prints related Tax Certificates                | None  | 30-60 minutes   | Disbursement Staff                       |
|   | 1.3 Initials on Box C of DV  | None  | 1-2 hours   | Disbursement Accountant                  |
|   | 1.4 Prints final copies of DV  | None  | 30 to 60 minutes  | Accounting – Bookkeeping Staff           |
|   | 1.5 Certifies on Box C of processed DV   | None  | 1-2 days  | Chief Accountant                         |
|   | 1.6 Records and releases processed DV for approval of the DDA/DDFS/Director                | None  | 30 minutes  | Accounting Receiving and Releasing Staff |

|        |      |                      |  |
|--------|------|----------------------|--|
| TOTAL: | None | 12 days & 5<br>hours |  |
|--------|------|----------------------|--|

## 15. Processing of DV for Payment to Utility Service Providers (Electricity, Water, Telecommunication Services)

Release of Processed Disbursement Voucher for Payment

|  |  |                        |  |  |
|--|--|------------------------|--|--|
| <b>Office or Division:</b>   | <b>Accounting Services Division</b>  |                        |  |  |
| <b>Classification:</b>   | Highly Technical   |                        |  |  |
| <b>Type of Transaction:</b>  | G2G  |                        |  |  |
| <b>Who may avail:</b>  | End-User Division/Department/Unit  |                        |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  |                        | <b>WHERE TO SECURE</b>   |  |
| 1.Disbursement Voucher, Original Copy  |  |                        | 1.Client   |  |
| 2.Budget Clearance (OBR/BUR), Original Copy  |  |                        | 2.Prepared by Client, Certified by Budget Division               |  |
| 3.Statement of Account, or similar document, Original Copy   |  |                        | 3.Utility Service Provider                                       |  |
| 4.Detailed Summary of Subscription/ Consumption for the Period Covered, if applicable, Original Copy |  |                        | 4.Client   |  |
| 5.Other Attachments, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001                    |  |                        | 5.Client/ Utility Service Provider                               |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>                |
| 1. Submits Disbursement Voucher and related attachments  | 1. Receives, records, and forwards DV to Disbursement Section                              | None                   | 30 minutes   | Receiving and Releasing Staff            |
|  | 1.1 Pre-audits, checks, verifies completeness and correctness of all attachments to the DV | None                   | 1 to 3 days (Depending on volume and complexity of DVs received) | Disbursement Voucher Processor           |
|  | 1.2 Inputs relevant DV data to the FMIS and prints related Tax Certificates                | None                   | 30-60 minutes  | Disbursement Staff                       |
|  | 1.3 Initials on Box C of DV  | None                   | 1-2 hours  | Disbursement Accountant                  |
|  | 1.4 Prints final copies of DV  | None                   | 30 to 60 minutes   | Accounting – Bookkeeping Staff           |
|  | 1.5 Certifies on Box C of processed DV   | None                   | 1-2 days   | Chief Accountant                         |
|  | 1.6 Records and releases processed DV for approval of the DDA/DDFS/Director                | None                   | 30 minutes   | Accounting Receiving and Releasing Staff |
| <b>TOTAL:</b>  |  | None                   | 5 days & 5 hours   |  |

## 16. Processing of DV for Payment to Laundry Service Providers

Release of Processed Disbursement Voucher for Payment

| <b>Office or Division:</b>   | <b>Accounting Services Division</b>  |                 |  |  |
|--|--|-----------------|--|--|
| <b>Classification:</b>   | Highly Technical   |                 |  |  |
| <b>Type of Transaction:</b>  | G2G  |                 |  |  |
| <b>Who may avail:</b>  | Property and Supply Division   |                 |  |  |
| CHECKLIST OF REQUIREMENTS  |  |                 | WHERE TO SECURE  |  |
| 1.Disbursement Voucher, Original Copy  |  |                 | 1.Client   |  |
| 2.Budget Clearance (OBR/BUR), Original Copy  |  |                 | 2.Prepared by Client, Certified by Budget Division                   |  |
| 3.Collection & Delivery Receipt, and Statement of Account, Original Copy                               |  |                 | 3.Laundry Service Provider   |  |
| 4.Certification of Completion of Service, Original Copy  |  |                 | 4.Client   |  |
| 5.Notarized Certification of Compliance to Labor Laws, or similar document, Original Copy              |  |                 | 5.Laundry Service Provider   |  |
| 6.Other Attachments, whenever applicable, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001 |  |                 | 6.Responsible Unit such as the BAC/ Client/ Laundry Service Provider |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE                       |
| 1. Submits Disbursement Voucher and related attachments  | 1. Receives, records, and forwards DV to Disbursement Section                              | None            | 30 minutes   | Receiving and Releasing Staff            |
|  | 1.1 Pre-audits, checks, verifies completeness and correctness of all attachments to the DV | None            | 3 to 7 days (Depending on volume and complexity of DVs received)     | Disbursement Voucher Processor           |
|  | 1.2 Inputs relevant DV data to the FMIS and prints related Tax Certificates                | None            | 30-60 minutes (Depending on the volume of processed DVs)             | Disbursement Staff                       |
|  | 1.3 Initials on Box C of DV  | None            | 1-2 hours  | Disbursement Accountant                  |
|  | 1.4 Prints final copies of DV  | None            | 30 to 60 minutes   | Accounting – Bookkeeping Staff           |
|  | 1.5 Certifies on Box C of processed DV   | None            | 1-2 days   | Chief Accountant                         |
|  | 1.6 Records and releases processed DV for approval of the DDA/DDFS/Director                | None            | 30 minutes   | Accounting Receiving and Releasing Staff |
| <b>TOTAL:</b>  |  | None            | 9 days & 5 hours   |  |

## 17. Processing of DV for Payment of Healthcare Waste Disposal Services

Release of Processed Disbursement Voucher for Payment

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Office or Division:</b>  | <b>Accounting Services Division</b>  |  |  |  |
| <b>Classification:</b>  | Highly Technical   |  |  |  |
| <b>Type of Transaction:</b>   | G2G  |  |  |  |
| <b>Who may avail:</b>   | Office and Custodial Services  |  |  |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                                       |  |  |
| 1.Disbursement Voucher, Original Copy   |  | 1.Client   |  |  |
| 2.Budget Clearance (OBR/BUR), Original Copy   |  | 2.Prepared by Client, Certified by Budget Division           |  |  |
| 3.Service Invoice, or similar document, Original Copy   |  | 3.Service Provider   |  |  |
| 4.Disposal Report, Original Copy  |  | 4.Client, approved by IASSS                                  |  |  |
| 5.Other relevant attachments, whenever applicable, such as Pathologic Waste Daily Disposal Summary, Certificate of Treatment and Disposal, Transport Receipts, DENR EMB form of Hazardous Waste Manifest System |  | 5.Client/ Service Provider                                   |  |  |
| 6.Other Attachments, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001   |  | 6.Responsible Unit such as the BAC/ Client/ Service Provider |  |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                       | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>                |
| 1. Submits Disbursement Voucher and related attachments   | 1. Receives, records, and forwards DV to Disbursement Section                              | None   | 30 minutes   | Receiving and Releasing Staff            |
|   | 1.1 Pre-audits, checks, verifies completeness and correctness of all attachments to the DV | None   | 3 to 7 days (Depending on volume and complexity of DVs received) | Disbursement Voucher Processor           |
|   | 1.2 Inputs relevant DV data to the FMIS and prints related Tax Certificates                | None   | 30-60 minutes (Depending on the volume of processed DVs)         | Disbursement Staff                       |
|   | 1.3 Initials on Box C of DV  | None   | 1-2 hours  | Disbursement Accountant                  |
|   | 1.4 Prints final copies of DV  | None   | 30 to 60 minutes   | Accounting – Bookkeeping Staff           |
|   | 1.5 Certifies on Box C of processed DV   | None   | 1-2 days   | Chief Accountant                         |
|   | 1.6 Records and releases processed DV for approval of                                      | None   | 30 minutes   | Accounting Receiving and Releasing Staff |



|               |                          |      |                     |  |
|---------------|--------------------------|------|---------------------|--|
|               | the<br>DDA/DDFS/Director |      |                     |  |
| <b>TOTAL:</b> |                          | None | 9 days & 5<br>hours |  |

## 18. Processing of DV for Payment of Security Services

Release of Processed Disbursement Voucher for Payment

|   |  |  |  |                                |
|---|--|--|--|--------------------------------|
| <b>Office or Division:</b>  | <b>Accounting Services Division</b>  |  |  |                                |
| <b>Classification:</b>  | Highly Technical   |  |  |                                |
| <b>Type of Transaction:</b>   | G2G  |  |  |                                |
| <b>Who may avail:</b>   | Security Services Division   |  |  |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                                       |  |                                |
| 1.Disbursement Voucher, Original Copy   |  | 1.Client   |  |                                |
| 2.Budget Clearance (OBR/BUR), Original Copy   |  | 2.Prepared by Client, Certified by Budget Division           |  |                                |
| 3.Billing Invoice, or similar document, Original Copy   |  | 3.Service Provider   |  |                                |
| 4.Other attachments, if applicable, such as Detailed Computation of Security Service-Agency Fee, Employee Payroll for the Period, Compliance with Labor Laws, etc |  | 4.Service Provider   |  |                                |
| 5.Other relevant attachments such as Detailed Report of Post of Security Services, photocopy of DTRs, etc   |  | 5.Client   |  |                                |
| 6.Contract for Security Services, CTC   |  | 6.Client   |  |                                |
| 7.Other Attachments, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001   |  | 7.Responsible Unit such as the BAC/ Client/ Service Provider |  |                                |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                       | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>      |
| 1. Submits Disbursement Voucher and related attachments   | 1. Receives, records, and forwards DV to Disbursement Section                              | None   | 30 minutes   | Receiving and Releasing Staff  |
|   | 1.1 Pre-audits, checks, verifies completeness and correctness of all attachments to the DV | None   | 3 to 7 days (Depending on volume and complexity of DVs received) | Disbursement Voucher Processor |
|   | 1.2 Inputs relevant DV data to the FMIS and prints related Tax Certificates                | None   | 30-60 minutes (Depending on the volume of processed DVs)         | Disbursement Staff             |
|   | 1.3 Initials on Box C of DV  | None   | 1-2 hours  | Disbursement Accountant        |
|   | 1.4 Prints final copies of DV  | None   | 30 to 60 minutes   | Accounting – Bookkeeping Staff |
|   | 1.5 Certifies on Box C of processed DV   | None   | 1-2 days   | Chief Accountant               |
|   | 1.6 Records and  | None   | 30 minutes   | Accounting                     |

|               |  |      |                  |                                  |
|---------------|--|------|------------------|----------------------------------|
|               | releases processed<br>DV for approval of<br>the<br>DDA/DDFS/Director |      |                  | Receiving and<br>Releasing Staff |
| <b>TOTAL:</b> |  | None | 9 days & 5 hours |                                  |

## 19. Processing of DV for Payment of Repairs and Maintenance

Release of Processed Disbursement Voucher for Payment

|   |  |   |  |                                |
|---|--|---|--|--------------------------------|
| <b>Office or Division:</b>  | <b>Accounting Services Division</b>  |   |  |                                |
| <b>Classification:</b>  | Highly Technical   |   |  |                                |
| <b>Type of Transaction:</b>   | G2G  |   |  |                                |
| <b>Who may avail:</b>   | End-user Division/Department/Unit  |   |  |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |  |                                |
| 1.Disbursement Voucher, Original Copy   |  | 1.Client  |  |                                |
| 2.Budget Clearance (OBR/BUR), Original Copy   |  | 2.Prepared by Client, Certified by Budget Division                  |  |                                |
| 3.Certificate of Work Accomplishment, or similar document, Original Copy  |  | 3.Service Provider/Office of the Engineering and Technical Services |  |                                |
| 4.Service Invoice/ Billing Invoice, or similar document, Original Copy  |  | 4.Service Provider  |  |                                |
| 5.Other relevant documents, if applicable, such as Request for Funding of Equipment Maintenance, Request for PM/Calibration Inspection, Job Order Request, Service Report/ Certificate of Completion and Acceptance, Original Copy or CTC |  | 5.Service Provider/ Client  |  |                                |
| 6.Other Attachments, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001   |  | 6.Responsible Unit such as the BAC/ Client/ Service Provider        |  |                                |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>      |
| 1. Submits Disbursement Voucher and related attachments   | 1. Receives, records, and forwards DV to Disbursement Section                              | None  | 30 minutes   | Receiving and Releasing Staff  |
|   | 1.1 Pre-audits, checks, verifies completeness and correctness of all attachments to the DV | None  | 3 to 7 days (Depending on volume and complexity of DVs received) | Disbursement Voucher Processor |
|   | 1.2 Inputs relevant DV data to the FMIS and prints related Tax Certificates                | None  | 30-60 minutes (Depending on the volume of processed DVs)         | Disbursement Staff             |
|   | 1.3 Initials on Box C of DV  | None  | 1-2 hours  | Disbursement Accountant        |
|   | 1.4 Prints final copies of DV  | None  | 30 to 60 minutes   | Accounting – Bookkeeping Staff |
|   | 1.5 Certifies on Box C of processed DV   | None  | 1-2 days   | Chief Accountant               |
|   | 1.6 Records and releases processed   | None  | 30 minutes   | Accounting Receiving and       |

|               |  |      |                  |                 |
|---------------|--|------|------------------|-----------------|
|               | DV for approval of the DDA/DDFS/Director |      |                  | Releasing Staff |
| <b>TOTAL:</b> |  | None | 9 days & 5 hours |                 |

# **Budget Services Division**

## **Internal Services**



| <ul style="list-style-type: none"> <li>○ Signed appointment paper</li> <li>○ Approved letter request.</li> </ul> <p><b>RESIGNATION FORM/ APPLICATION FOR RETIREMENT</b></p> <ul style="list-style-type: none"> <li>○ Endorsed by the department/division head.</li> </ul> <p><b>REQUEST FOR PAYMENT OF OVERTIME PAY FORM</b></p> <ul style="list-style-type: none"> <li>○ Signed by department/division head with HRDD clearance.</li> </ul> <p><b>REQUEST FOR TRAINING FORM</b></p> <ul style="list-style-type: none"> <li>○ Signed by department/division head with HRDD clearance.</li> </ul> <p><b>REQUEST FOR REPAIR AND MAINTENANCE OF EQUIPMENT FORM</b></p> <ul style="list-style-type: none"> <li>○ Letter request signed the Dept/Div. Head and endorsed by the Deputy Director for Administration.</li> <li>○ OETS Feedback</li> </ul> |   |                 |                 |  | PGH employee |
|---|---|-----------------|-----------------|--|--------------|
|   |   |                 |                 |  | HRDD         |
|   |   |                 |                 |  | HRDD         |
|   |   |                 |                 |  | End-user     |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |              |
| 1. Forward the request to the Budget Division   | 1. Receive and check completeness of form/attachment/ requirements. Encodes in the record of incoming/outgoing requests. Forward to division chief.   | None            | 5 minutes       | <i>Administrative Assistant II</i><br>Budget Division  |              |
|   | Forward request to AO concerned as per funding source.  | None            | 5 minutes       | <i>Chief</i><br>Budget Division  |              |
|   | Evaluate and earmark/allocate fund as to requested amount for the ff:<br>-PR<br>-Meals/Snacks<br>-Training<br>-Repair & Maint. of Equipment.<br>Recommend budget clearance. Forward to division chief for budget clearance. | None            | 1 hour          | <i>Supervising Administrative Officer</i><br><i>Admin Officer V</i><br><i>Admin Officer IV</i><br><i>Admin Officer II</i><br>Budget Division |              |
|   |   | None            | 1 day           | SAO/ AO V/   |              |



|   |      |            |                               |                                       |
|---|------|------------|-------------------------------|---------------------------------------|
| <p>Evaluate and earmark/allocate fund as to requested amount for the ff:<br/>-Numerical replacement/ Additional personnel<br/>-Overtime Pay<br/>Give initial recommendation. Recommend budget clearance. Forward to division chief for budget clearance.</p> <p>Process Basic Appointment Paper, Contract of Service (JO), Resignation and Retirement. Forward to division chief for signature.</p> <p>Prepare request for Terminal Leave Benefits. Forward to division chief for signature.</p> <p>Process ORS/ BURS/DV. Forward to division chief for budget clearance.</p> <p>Review and sign all Documents. Forward to Administrative Assistant II for release.</p> <p>Encode in the record of incoming/outgoing requests. Prepare checklist of outgoing documents. Send to appropriate office (DDFS/DDA/ Accounting Division/ HRDD).</p> |      |            |                               | AO IV/ AO II<br>Budget Division       |
|   | None | 1 hour     |                               | SAO/AO V/<br>AO IV<br>Budget Division |
|   | None | 30 minutes |                               | AO IV<br>Budget Division              |
|   | None | 30 minutes |                               | AO IV<br>Budget Division              |
|   | None | 15 minutes |                               | Chief<br>Budget Division              |
|   | None | 10 minutes |                               | AA II<br>Budget Division              |
| <b>TOTAL:</b>   |      | None       | 1 day, 3 hours,<br>35 minutes |                                       |

## 2. Budget Preparation

Determination of requirement for the Budget Proposal of the hospital and preparation of Internal Operating Budget.

|  |   |   |                        |  |
|--|---|---|------------------------|--|
| <b>Office or Division:</b>   | Budget Services Division  |   |                        |  |
| <b>Classification:</b>   | Highly Technical  |   |                        |  |
| <b>Type of Transaction:</b>  | G2G   |   |                        |  |
| <b>Who may avail:</b>  | UP System   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |  |
| National Budget Call issued by DBM.<br>Budget Proposal submitted by various departments<br>Priorities/projects/activities given by management. |   | Office of the VP for Planning and Finance<br>Department chair<br><br>Management |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                      |
| 1. Furnish National Budget Circular in the Budget Division   | 1. Prepare budget proposal.<br>Discuss with management for comments and approval.<br>Finalize and submit budget proposal to UP System.<br>Prepare budget forms and other documents as requested.<br>Attend technical and plenary budget hearing for Congress and Senate.              | None  | 20 days                | Chief / SAO/<br>AO V/ AO IV<br>Budget Division |
| 2. Furnish Guidelines for the preparation of IOB in the Budget Division  | 2. Prepare IOB as per the approved General Appropriation Act (GAA) and guidelines, including BOR approved Trust Liability Account.<br>Discuss with management for comments and approval.<br>Finalize and submit IOB to UP System. Prepare IOB forms and other documents as requested. |   |                        | Chief / SAO/<br>AO V/ AO IV<br>Budget Division |
| <b>TOTAL:</b>  |   | None  | 20 days                |  |

### 3. Funding Terminal Leave Benefits (TLB), Service Recognition Pay (SRP) and Commutation of Leave Credits for Completion of Training Program for Residents and Fellows

Processing requests for payment of TLB, SRP and CRTP/CFTP.

|   |  |                              |                            |                               |
|---|--|------------------------------|----------------------------|-------------------------------|
| <b>Office or Division:</b>  | Budget Services Division   |                              |                            |                               |
| <b>Classification:</b>  | Simple   |                              |                            |                               |
| <b>Type of Transaction:</b>   | G2G  |                              |                            |                               |
| <b>Who may avail:</b>   | Employees of PGH   |                              |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>       |                            |                               |
| <b>DISBURSEMENT VOUCHER (DV)<br/>COPY OF SUB-ALLOTMENT RELEASE<br/>ORDER (SARO) FOR TLB</b> |  | Payroll Section<br>UP System |                            |                               |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO<br/>BE PAID</b>   | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| Forward the request to the Budget Division  | Receive DV.<br>Encodes in the record of incoming/outgoing requests.<br>Forward to division chief.            | None                         | 5 minutes                  | AA II<br>Budget Division      |
|   | Division chief forward DV to Admin. Officer concerned.   | None                         | 5 minutes                  | Chief<br>Budget Division      |
|   | Prepare ORS/BURS.<br>Forward to Admin. Officer concerned for processing.                                     | None                         | 15 minutes                 | AO IV<br>Budget Division      |
|   | Review and sign report.<br>Forward to Administrative Assistant II for release.                               | None                         | 15 minutes                 | Chief<br>Budget Division      |
|   | Encode in the record of incoming/outgoing requests. Prepare checklist of outgoing documents.<br>Send to HRDD | None                         | 10 minutes                 | AA II<br>Budget Division      |
| <b>TOTAL:</b>   |  | None                         | 50 minutes                 |                               |

#### 4. Budget and Financial Accountability Reports

Preparation of Budget and Financial Accountability Reports.

|  |   |   |                        |  |
|--|---|---|------------------------|--|
| <b>Office or Division:</b>   | Budget Services Division  |   |                        |  |
| <b>Classification:</b>   | Complex   |   |                        |  |
| <b>Type of Transaction:</b>  | G2G   |   |                        |  |
| <b>Who may avail:</b>  | UP System   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                    |                        |  |
| Memo on submission of Quarterly Financial Accountability Reports                     |   | Office of the VP for Planning and Finance |                        |  |
| Registry of Allotment and Obligation by fund   |   | SAO/Administrative Officer V/IV           |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Furnish memorandum on Budget and Financial Accountability in the Budget Division. | 1. Encode in the provided form the entries in the obligation column and submit online to Accounting Division for filling up of the disbursement column. | None                                      | 7 days                 | SAO/ AO V/<br>AO IV<br>Budget Division |
| <b>TOTAL:</b>  |   | None                                      | 7 days                 |  |

## 5. Personnel Services Itemized Plantilla of Positions

Updating of Department of Budget and Management's PSIPOP.

|  |   |                        |                        |                           |
|--|---|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>   | Budget Division   |                        |                        |                           |
| <b>Classification:</b>   | Simple  |                        |                        |                           |
| <b>Type of Transaction:</b>  | G2G   |                        |                        |                           |
| <b>Who may avail:</b>  | UP System Budget  |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |                           |
| DBM PSIPOP online and open for revision.<br>List of edited entries in PSIPOP made by HRDD. |   | HRDD                   |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| HRDD send notification to the Budget Division  | Check/Review correctness of entries made by HRDD in the online PSIPOP against the list/file they provided.<br>Return file to HRDD if there are entries to be revised.<br>Forward to UP System once completed. | None                   | 2 days                 | AO IV<br>Budget Division  |
| <b>TOTAL:</b>  |   | None                   | 2 days                 |                           |

## 6. Monthly Cost of Operation

Computation of the hospital's monthly cost of operation

|   |   |   |                        |                                  |
|---|---|---|------------------------|----------------------------------|
| <b>Office or Division:</b>  | Budget Services Division  |   |                        |                                  |
| <b>Classification:</b>  | Highly Technical  |   |                        |                                  |
| <b>Type of Transaction:</b>   | G2G   |   |                        |                                  |
| <b>Who may avail:</b>   | Departments/Wards/Units   |   |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |                                  |
| Actual Payroll<br>Supplies Adjustment Sheet<br>Actual Billing of Utilities/Telephone<br>Report from Dietary, PSD (Linen Laundered), Laboratory (Chemicals and Reagents)<br>BURS and ORS<br>Deployment of Security and Janitorial Services |   | Accounting<br>PSD<br>OETS/PAAS<br>Dietary Dept., PSD, Dept of Lab.<br><br>Budget file<br>OCSD |                        |                                  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Request the hospital's monthly cost of operation in the Budget Services through Letter or phone  | 1. Gather data/reports for the monthly cost of operation. Compute cost per object of expenditure. Submit report to the chief of division. | None  | 19 days                | AO V/ AA III<br>Budget Division  |
|   | 1.1 Prepare and print report of cost of operation as requested by client. Forward to division chief for signature.                        | None  | 30 minutes             | AO IV/ AA III<br>Budget Division |
|   | 1.2 Review and sign report. Forward to Administrative Assistant II for release.   | None  | 25 minutes             | Chief<br>Budget Division         |
|   | 1.3 Encode in the record of incoming/ outgoing requests. Prepare checklist of outgoing documents.   | None  | 5 minutes              | AA II<br>Budget Division         |
| <b>TOTAL:</b>   |   |   | 19 days, 1 hour        |                                  |

# **Cash Services Division**

## External Services

## 1. Payment of Hospital Obligations

Collection of payment for services rendered and various supplies and equipment delivered to the hospital

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>   | Cash Services Division                                |   |                        |   |
| <b>Classification:</b>   | Simple  |   |                        |   |
| <b>Type of Transaction:</b>  | G2B,G2G   |   |                        |   |
| <b>Who may avail:</b>  | Collectors, Agents, and Suppliers                     |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                                |                        |   |
| 1. Official Receipt (1 original)<br>2. Letter of Authorization (1 original)<br>3. Valid Identification Card (1 original) |   | SSS, BIR, GSIS, PAG-IBIG, Post Office, and Company ID |                        |   |
|  |   |   |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                  | <b>FEES TO BE PAID</b>                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Inquire if the collectibles are already available in the Cash Services Division.                                      | 1. Release checks for payment of hospital obligations | None  | 10 Minutes             | <i>Administrative Assistant/ Disbursing Officer</i><br><br>Cash Services Division |
| <b>TOTAL:</b>  |   | None  | 10 Minutes             |   |



## 2. Collection of Hospital Fees

Collection of payment for various hospital services rendered to clients

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Cash Services Division                                    |                        |                        |   |
| <b>Classification:</b>  | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C   |                        |                        |   |
| <b>Who may avail:</b>   | PGH Patients/Payor  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |   |
| 1.Request Form (1 original)<br>2.Charge Slip (1 original)                           |   | Ward/Laboratory/Clinic |                        |   |
|   |   |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                      | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                     |
| 1. Present Request Form/Charge Slip/SOA from Billing to the Cash Services Division. | 1. Collect payment for various examinations/hospital bill | None                   | 5 Minutes              | <i>Cash Clerks/<br/>Cashier</i><br><br>Cash Services Division |
| <b>TOTAL:</b>   |   | None                   | 5 Minutes              |   |

### 3. Payment for Refund

Payment for refund of fee for hospital services not done and dues for PhilHealth benefits

|  |   |  |                        |   |
|--|---|--|------------------------|---|
| <b>Office or Division:</b>   | Cash Services Division                        |  |                        |   |
| <b>Classification:</b>   | Simple  |  |                        |   |
| <b>Type of Transaction:</b>  | G2C   |  |                        |   |
| <b>Who may avail:</b>  | PGH Patients/Payor                            |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                           |                        |   |
| 1.Letter of Authorization (1 original)<br>2.Valid Identification Card (1 original) |   | SSS, BIR, GSIS,PAG-IBIG, Post Office and Company |                        |   |
|  |   |  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                          | <b>FEES TO BE PAID</b>                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Inquire if the refund is already available in the Cash Services Division.       | 1. Release the check to payee/ representative | None   | 5 Minutes              | <i>Administrative Assistant/ Disbursing Officer</i><br><br>Cash Services Division |
| <b>TOTAL:</b>  |   | None   | 5 Minutes              |   |

#### 4. Issuance of Certified Copy of Lost Official Receipts

Issuance of certified triplicate copy of lost Official Receipts

|  |   |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Cash Services Division  |                        |                        |   |
| <b>Classification:</b>   | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>  | G2C   |                        |                        |   |
| <b>Who may avail:</b>  | PGH Patients/Payor  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |   |
| 1. Notarized Affidavit of Loss (1 original)  |   | Law Office             |                        |   |
|  |   |                        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                     |
| 1. Request a certification of the lost Official Receipt in the Cash Services Division. | 1. Receive and verify the affidavit and prepare the certification to be signed by the Chief of Office | None                   | 15 Minutes             | <i>Administrative Assistant</i><br><br>Cash Services Division |
| <b>TOTAL:</b>  |   | None                   | 15 Minutes             |   |

# **Purchasing Office**

## **External Services**

## 1. Issuance of Request for Quotation/Request for Proposal

Processing of Issuance of Request for Quotation/Request for Proposal for Supplier to Officially Quote their Offer/s

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Purchasing Office (PUR)  |                        |                        |  |
| <b>Classification:</b>   | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>  | G2B  |                        |                        |  |
| <b>Who may avail:</b>  | PhilGEPS Registered Suppliers  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |  |
| 1.PhilGEPS Certificate of Registration<br>(1 photocopy for new PGH supplier)   |  | PhilGEPS Website       |                        |  |
| 2.Company ID (original)  |  | Company                |                        |  |
|  |  |                        |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Inquire and state commodity item for Alternative Mode of Procurement (AMP) in the Purchasing Office  | 1.Instruct to check the Request for Quotation (RFQ)/ Request for Proposal (RFP)  | None                   | 10 Minutes             | <i>Office Assistant/<br/>Buyer-in-charge<br/>Purchasing Office</i> |
| 2.Receive RFQ/RFP Form and sign in the last page of the Buyer's copy RFQ/RFP Form in the Purchasing Office<br><br>•Suppliers may download RFQ/RFP form sent through their e-mail address or access the PhilGEPS/ UPM Procurement Websites for project with Approved Budget for the Contract (ABC) of PHP 50,000.00 and above.<br><br>•Suppliers may inquire any concern related to the procurement of the item on hand | 2.Issue RFQ/RFP form and remind the following:<br>2.1 Inform the place and deadline for submission of accomplished form<br>2.2 Open Quotation/ Proposal to be submitted/ dropped at Purchasing Office or submit electronically at pgh-purchasing@up.edu.ph<br>2.3 Sealed Quotation/ Proposal to be submitted/ dropped at Purchasing Office | None                   | 15 Minutes             | <i>Buyer-in-charge/Staff<br/>Purchasing Office</i>                 |
| <b>TOTAL:</b>  |  | None                   | 25 Minutes             |  |

## 2. Issuance of Purchase Order/Letters/Amendment of Contract

Processing and Issuance of Purchase Order/Letters/ Amendment of Contract and Other Document to Suppliers

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Purchasing Office (PUR)  |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2B  |                        |                        |   |
| <b>Who may avail:</b>   | PhilGEPS Registered Suppliers  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| 1.Company ID (original)   |  | Company                |                        |   |
| 2.Authorization Letter for the new staff whose company ID is on process   |  | Company                |                        |   |
|   |  |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1.State company/ supplier's name and inquire availability of documents from the Releasing Counter of the Purchasing Office<br>a. Purchase Order /Call-Off number<br>b. Notice to Proceed<br>c. Notice of Award<br>d. Response Letter<br>e. Amendment of Contract<br><i>Reminders:</i><br>• Third Party (Principal/logistic/forwarder) representative is not allowed to receive the original document<br>• End-user is not allowed to receive document in behalf of the supplier | 1.Check/verify availability of document in the Google Sheet /designated Logbook/recently received document | None                   | 3 Minutes              | <i>Office Assistant/<br/>Purchasing Staff<br/>Purchasing Office</i> |
| 2.Present company ID/Authorization Letter to the Releasing Counter of the Purchasing Office   | 2. Check ID of the person requesting for the issuance of the document and have it photocopied              | None                   | 3 Minutes              | <i>Office Assistant<br/>Purchasing Office</i>                       |
| 3.Receive document From the Releasing Counter of the Purchasing Office  | 3. Issue document<br><br>3.1 Check and ensure all copies of  | None                   | 23 Minutes             | <i>Office Assistant<br/>Purchasing Office</i>                       |

|   |   |      |            |   |
|---|---|------|------------|---|
| 3.1 Sign all copies of Purchase Order/Call-Off receiving copy of letter or amendment of contract; indicate date of receipt;<br>3.2 Check supporting document listed in the Checklist/ Router Slip of Vouchers and Supporting Documents<br>3.3 Sign in the Logbook of Issued Purchase Order/Call-Off | document/ receiving copies are signed; stamp date of receipt; scan document<br>3.2 Check completeness of attachment per Checklist<br><br>3.3 Have it acknowledged in the designated logbook |      |            |   |
| 4. Submit/forward document to the delivery point  | 4. Instruct supplier to submit complete set of documents to the delivery point  | None | 1 Minute   | <i>Office Assistant Purchasing Office</i> |
| <b>TOTAL:</b>   |   | None | 30 Minutes |   |

### 3. Submission of Supplier's Information Sheet

Processing of submission of Supplier's Information Sheet and Documentary Requirements

|   |                                     |                        |                        |   |
|---|-------------------------------------|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Purchasing Office (PUR)             |                        |                        |   |
| <b>Classification:</b>  | Simple                              |                        |                        |   |
| <b>Type of Transaction:</b>   | G2G, G2B                            |                        |                        |   |
| <b>Who may avail:</b>   | PhilGEPS Registered Suppliers       |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |                                     | <b>WHERE TO SECURE</b> |                        |   |
| 1. Supplier's Information Sheet (SIS) (original)  |                                     | Purchasing Office      |                        |   |
| 2. Valid PhilGEPS Certificate of Registration (1 Certified True Copy)   |                                     | PhilGEPS Website       |                        |   |
| 3. Valid Business/Mayor's Permit (1 Certified True Copy)  |                                     | Local Government Unit  |                        |   |
| 4. BIR Registration (1 Certified True Copy)   |                                     | BIR                    |                        |   |
| 5. Business Registration (1 Certified True Copy)  |                                     | SEC/DTI/CDA            |                        |   |
|   |                                     |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                         |
| <b>●ELECTRONIC SUBMISSION</b>   |                                     |                        |                        |   |
| <p>1. Supplier access the link<br/> <a href="https://docs.google.com/forms/d/e/1FAIpQLSfiVxwNY6ZPl6a_mWDmAoJoA12pzzdBlJ7SoyTxQkOOXAEuzQ/viewform?vc=0&amp;c=0&amp;w=1&amp;flr=0">https://docs.google.com/forms/d/e/1FAIpQLSfiVxwNY6ZPl6a_mWDmAoJoA12pzzdBlJ7SoyTxQkOOXAEuzQ/viewform?vc=0&amp;c=0&amp;w=1&amp;flr=0</a></p> <p>1.1 Fill-out and submit the SIS Form on-line together with the documentary requirements</p> <ul style="list-style-type: none"> <li>Documentary requirements will not form part of submitted RFQs/RFPs</li> </ul> | 1. Acknowledge receipt of documents | None                   | 2 Minutes              | <i>Administrative Assistant /Purchasing Staff</i> |
| <b>TOTAL:</b>   |                                     | None                   | 2 Minutes              |   |



#### 4. Submission of Request for Quotation/Request for Proposal

Processing of Submission of Request for Quotation/Request for Proposal

|   |   |                                  |                        |  |
|---|---|----------------------------------|------------------------|--|
| <b>Office or Division:</b>  | Purchasing Office (PUR)   |                                  |                        |  |
| <b>Classification:</b>  | Simple  |                                  |                        |  |
| <b>Type of Transaction:</b>   | G2B, G2G  |                                  |                        |  |
| <b>Who may avail:</b>   | PhilGEPS Registered Suppliers   |                                  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>           |                        |  |
| 1. PhilGEPS Certificate of Registration (1 Valid and Photocopy or Certified True Copy)  |   | PhilGEPS Website                 |                        |  |
| 2. Valid Business/Mayor's Permit (1 Valid and Photocopy or Certified True Copy)   |   | Local Government Unit            |                        |  |
| 3. Income Tax Return for ABC above PHP 500,000.00 for Small Value Procurement / Shopping/ Emergency Cases/Direct Contracting (1 Valid and Photocopy or Certified True Copy)                         |   | Bureau of Internal Revenue (BIR) |                        |  |
| 4. Omnibus Sworn Statement for ABC above PHP 500,000.00 for Small Value Procurement / Emergency Cases (1 original or photocopy of notarized document)   |   | Company                          |                        |  |
|   |   |                                  |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                    |
| <b>●MANUAL SUBMISSION</b>   |   |                                  |                        |  |
| 1. Submit accomplished RFQ/RFP form together with the required documentary requirements<br><br><i>Additional Details:</i><br>●Refer to the specific documentary requirements stipulated in the form | 1. Receive duly signed RFQ/RFP and necessary/supporting documents stipulated in the form. | None                             | 5 Minutes              | <i>Buyer-in-charge/<br/>Purchasing Staff</i> |
| 2. Log the details of RFP/RFQ in the designated Record Book for Sealed Quotation/Proposal   | 2. Check details in the Record Book for Sealed Quotation/Proposal.                        |                                  | 2 Minutes              | <i>Buyer-in-charge<br/>Purchasing Staff</i>  |
| <b>TOTAL:</b>   |   | None                             | 7 Minutes              |  |

|                     |                      |                |                   |               |
|---------------------|----------------------|----------------|-------------------|---------------|
| <b>CLIENT STEPS</b> | <b>AGENCY ACTION</b> | <b>FEES TO</b> | <b>PROCESSING</b> | <b>PERSON</b> |
|---------------------|----------------------|----------------|-------------------|---------------|

|  |  | BE PAID | TIME      | RESPONSIBLE                                 |
|--|--|---------|-----------|---|
| <b>●ELECTRONIC SUBMISSION</b>  |  |         |           |   |
| 1. Submit accomplished RFQ/RFP together with the documentary requirements to pgh-purchasing@up.edu.ph<br><br>Reminder:<br>For Open Quotation/Proposal only | 1. Receive/ acknowledge accomplished RFQ/RFP form together with the required documents | None    | 5 Minutes | <i>Buyer-in-charge</i><br>Purchasing Office |
| <b>TOTAL:</b>  |  | None    | 5 Minutes |   |

\* Submission of RFQ/RFP is covered by RA 9184.

## 5. Processing Submission of Letter Request for Cancellation/Extension/Acceptance of Delivery and other Related Request

Processing of Letter Request for Cancellation/Extension/ Acceptance of Delivery and Other Related Request

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   | Purchasing Office (PUR)   |  |                        |  |
| <b>Classification:</b>   | Complex   |  |                        |  |
| <b>Type of Transaction:</b>  | G2B   |  |                        |  |
| <b>Who may avail:</b>  | PhilGEPS Registered Suppliers   |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                           |                        |  |
| Letter Request with the Company's Letter Head (original/ photocopy/e-mailed copy)  |   | Company  |                        |  |
| Purchase Order / Call-Off (1 photocopy)  |   | Company, Purchasing Office (if not yet received) |                        |  |
| Supporting Document (e.g. original or photocopy of the Principal-End of Life of Product, Phase-out, Catalogue if applicable) |   | Principal  |                        |  |
| Abstract of Quotation/Proposal, etc. (if applicable)   |   | Purchasing Office                                |                        |  |
|  |   |  |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                        |
| 1.Submit letter request with the supporting document/s   | 1. Receive and record letter request in the google sheet/logbook.         | None   | 4 Minutes              | <i>Office Assistant/ Purchasing Staff</i>        |
|  | 1.1 Review and refer to the End-User                                      |  | 10 Minutes             | <i>Head, Purchasing Office</i>                   |
|  | 1.2 Assess/comment/endorse  |  | 1 Day                  | <i>End-user</i>                                  |
|  | 1.3 Recommend approval/disapproval  |  | 1 Day                  | <i>Deputy Director for Fiscal Services ODDFS</i> |
|  | 1.4 Approval of the recommendation  |  | 1 Day                  | <i>PGH Director Office of the Director</i>       |
|  | 1.5 Receive/encode in the database and record the approved letter request |  | 5 Minutes              | <i>Office Assistant/ Purchasing Staff</i>        |

|   |   |      |  |  |
|---|---|------|--|--|
|   | <p>1.6 Review/forward the letter to the assigned staff for response preparation.</p> <p>1.7 Facilitate preparation of response letter<br/><i>Note:</i> With the exception of letters for correction or verification</p> <p>1.8 Review/initial response letter and forward to Legal Office</p> <p>1.9 Review/ check/ assess/initial letter<br/><i>Additional detail:</i> The letter may be returned by Legal Office for any concern</p> <p>1.10 Review/Initial and forward to Office of the Director</p> <p>1.11 Approved/ disapproved the letter and forward to Purchasing Office</p> |      | <p>5 Minutes</p> <p>30 minutes</p> <p>5 Minutes</p> <p>1 Day</p> <p>1 Day</p> <p>1 Day</p> | <p><i>Head Purchasing Office</i></p> <p><i>Administrative Assistant II</i></p> <p><i>Head Purchasing Office</i></p> <p><i>Legal Officer</i><br/>Legal Office</p> <p><i>Deputy Director for Fiscal Services</i><br/>ODDFS</p> <p><i>PGH Director</i><br/>Office of the Director</p> |
| 2. Receive/ acknowledge response letter | 2. Issue/ Release response letter   |      | 5 Minutes  | <i>Office Assistant/ Purchasing Staff</i>  |
| <b>TOTAL:</b>                           |   | None | 6 Days, 1 Hour, 4 minutes  |  |

# **Purchasing Office**

## **Internal Services**

## 1. Purchase through Petty Cash

Purchase and Issuance of Items through Petty Cash Purchase

|  |   |   |                        |   |
|--|---|---|------------------------|---|
| <b>Office or Division:</b>   | Purchasing Office (PUR)   |   |                        |   |
| <b>Classification:</b>   | Simple  |   |                        |   |
| <b>Type of Transaction:</b>  | G2G   |   |                        |   |
| <b>Who may avail:</b>  | All PGH departments, offices and wards (End-users)  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>  |                        |   |
| Approved Requisition and Issue Slip (RIS) Form   |   | Requesting Unit (End-user)  |                        |   |
| OETS/IT Office Feedback (for Construction Supplies and Materials including Rewinding Services/IT Supplies)   |   | Office of the Engineering and Technical Services (OETS)/<br>Information Technology Office (IT Office) |                        |   |
| Sample of Item if needed   |   | End-user/OETS   |                        |   |
| Justification Letter exceeding PHP15,000.00 limit per transaction (original and approved)  |   | End-user  |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Submit duly accomplished and approved RIS; stamped and signed by Property and Supply Division for non-availability of stocks together with justification/OETS feedback/ sample to the Purchasing Office | 1. Receive, check completeness of the RIS including appropriate signatories and record in the Logbook of incoming RIS | None  | 3 Minutes              | <i>Office Assistant/<br/>Purchasing Staff</i> |
|  | 1.1. Review and forward RIS to Unit Head  |   | 2 Minutes              | <i>Head<br/>Purchasing Office</i>             |
|  | 1.2 Receive RIS and sign in the logbook   |   | 6 Minutes              | <i>Administrative Officer</i>                 |
|  | 1.3 Assign, encode, log RIS number and details on the PMR database and logbook  |   | 3 Minutes              | <i>Administrative Officer</i>                 |
|  | 1.3 Review RIS and forward to Buyer-in-charge   |   | 1 Minute               | <i>Administrative Officer</i>                 |
|  | 1.4 Receive RIS and sign in the logbook   |   | 1 Minute               | <i>Buyer-in-charge</i>                        |
|  | 1.5 Facilitate canvass<br>•Telephone canvass  |   | 4 Hours                | <i>Buyer-in-charge</i>                        |

|  |   |  |  |   |
|--|---|--|--|---|
|  | <p>●Open market canvass</p> <p>1.6 Prepare Petty Cash Voucher (PCV) and secure cash from SDO</p> <p>1.7 Purchaserequested item/s</p> <p>1.8 Liquidation of daily transaction together with other supporting document/s such as Abstract of (Telephone) Canvass for purchases of P1,000.00 per item/BIR Form 2306/2307 if applicable/PCV</p> <p>1.9 Prepare Inspection and Acceptance Report (IAR) for inspection of item</p> <p>1.10 Request inspection of item/s to IASSS</p> <p>1.11 Assist IASS for the inspection of item/s</p> <p>1.12 Inform End-user on the availability and pick-up purchased item/s</p> <p>1.13 Encode details of purchases made on the PMR Petty Cash Google Sheet.</p> |  | <p>15 Minutes</p> <p>4 Hours</p> <p>30 Minutes</p> <p>10 Minutes</p> <p>5 Minutes</p> <p>1 hour</p> <p>2 Minutes</p> <p>30 Minutes</p> | <p><i>Buyer-in-charge</i></p> <p><i>Buyer-in-charge</i></p> <p><i>Buyer-in-charge</i></p> <p><i>Buyer-in-charge</i><br/>Purchasing Staff</p> <p><i>Buyer-in-charge</i><br/>Purchasing Staff</p> <p><i>Buyer-in-charge</i><br/>Purchasing Staff</p> <p><i>Buyer-in-charge</i><br/>Purchasing Staff</p> <p><i>Buyer-in-charge</i><br/>Purchasing Office</p> |
|--|---|--|--|---|

|   |   |      |                      |  |
|---|---|------|----------------------|--|
|   | <i>Additional details:</i> <ul style="list-style-type: none"> <li>•Time/day spent for canvass/actual purchase/inspection of item/s varies</li> <li>•Subject to availability of official transportation and traffic condition</li> <li>•Item/s on order basis are subject to availability of stock/schedule of delivery</li> </ul> |      |                      |  |
| 2. Receive and acknowledge requested item/s on the RIS and IAR form | 2. Issue item/s and have it acknowledged on the RIS and IAR form<br><br><i>Additional Detail:</i> <ul style="list-style-type: none"> <li>•Receipt of item/s may not happen on the same day the End-user was informed</li> </ul>   | None | 5 Minutes            | <i>Buyer-in-charge/<br/>Purchasing<br/>Staff</i> |
| <b>TOTAL:</b>   |   | None | 10 Hours, 53 Minutes |  |



## 2. Purchase through Special Purpose Cash Advance

Purchase and Issuance of Items through Special Purpose Cash Advance

| <b>Office or Division:</b>   | Purchasing Office (PUR)  |   |                 |   |
|--|--|---|-----------------|---|
| <b>Classification:</b>   | Simple   |   |                 |   |
| <b>Type of Transaction:</b>  | G2G  |   |                 |   |
| <b>Who may avail:</b>  | Property and Supply Division (PSD)/Pharmacy Department /<br>Department of Laboratories/Other Department/Office |   |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                             |                 |   |
| Approved Purchase Request of Drugs and Medicines, medical supplies, chemicals and reagents, and other miscellaneous items (being bought even advance copy only due to urgency) |  | Requesting Unit/Office                      |                 |   |
| Requisition and Issue Slip   |  | Requesting Unit/Office                      |                 |   |
| PDEA/Special Permit (if applicable)  |  | Requesting Unit/Office                      |                 |   |
| Stock Position Sheet   |  | Requesting Unit/Office                      |                 |   |
| Sample of item/s (if applicable)   |  | Requesting Unit/Office                      |                 |   |
| One-time Justification   |  | Accounting/End-user/SDO/Approving Officials |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                             | PROCESSING TIME | PERSON RESPONSIBLE                                  |
| 1. Submit duly approved SPCA-PR  | 1. Receive, check completeness of the SPCA – PR including appropriate signatories and record in the Logbook    | None  | 5 Minutes       | <i>Office Assistant/<br/>Purchasing Staff</i>       |
|  | 1.1. Review and forward SPCA to Unit Head  |   | 2 Minutes       | <i>Head<br/>Purchasing Office</i>                   |
|  | 1.2 Assign, encode SPCA number and details on the PMR Google Sheet.  |   | 20 Minutes      | <i>Administrative Officer/<br/>Purchasing Staff</i> |
|  | 1.3 Review SPCA and forward to Buyer-in-charge   |   | 5 Minutes       | <i>Administrative Officer</i>                       |
|  | 1.4 Facilitate canvass<br>•Telephone canvass<br>•Open market canvass   |   | 2 days          | <i>Buyer-in-charge</i>                              |
|  | 1.5 Prepare SPCA   |   | 15 Minutes      | <i>Buyer-in-charge</i>                              |

|  |  |  |            |                        |
|--|--|--|------------|------------------------|
|  | Voucher and secure cash from SDO   |  |            |                        |
|  | 1.7 Purchase requested item/s  |  | 3 days     | <i>Buyer-in-charge</i> |
|  | 1.8 Liquidation of daily transaction together with other supporting document/s such as Abstract of (Telephone) Canvass/Stock Position Sheet (SPS)/ RIS/ Approved Justification for Non-Formulary Item/PDEA/Special Permit/ BIR Form 2306/2307 if applicable/SPCA Voucher |  | 45 Minutes | <i>Buyer-in-charge</i> |
|  | 1.9 Prepare Inspection and Acceptance Report (IAR) for inspection of item/s  |  | 5 Minutes  | <i>Buyer-in-charge</i> |
|  | 1.10 Request inspection of item/s to IASS  |  | 5 Minutes  | <i>Buyer-in-charge</i> |
|  | 1.11 Assist IASS for the inspection of item/s  |  | 1 hour     | <i>Buyer-in-charge</i> |
|  | 1.12 Inform End-user on the availability and pick-up of item/s purchased   |  | 2 Minutes  | <i>Buyer-in-charge</i> |
|  | <i>Additional details:</i><br>•Time/day spent for canvass/actual purchase/inspection of item/s varies<br>•Subject to   |  |            |                        |

|   |   |      |                                    |  |
|---|---|------|------------------------------------|--|
|   | <p>availability of official transportation and traffic condition</p> <ul style="list-style-type: none"> <li>•Item/s on order basis are subject to availability of stock/schedule of delivery</li> <li>•Drugs and medicines item/s are treated as urgent and acted upon receipt of advance copy of SPCA-PR</li> </ul>                                      |      |                                    |  |
| 2. Receive and acknowledge requested item/s on the SPCA PR and IAR form | <p>2. Issue item/s and have it acknowledged in the SPCA PR and IAR form</p> <ul style="list-style-type: none"> <li>• Encode details of purchases made on the SPCA PMR database.</li> </ul> <p><i>Additional Detail:</i></p> <ul style="list-style-type: none"> <li>•Receipt of item/s may not happen on the same day the End-user was informed</li> </ul> | None | <p>5 Minutes</p> <p>30 Minutes</p> | <i>Buyer-in-charge/<br/>Purchasing Staff</i> |
| <b>TOTAL:</b>   |   | None | 5 Days,<br>3 Hours,<br>19 Minutes  |  |

### 3. Procurement through Alternative Mode of Procurement

Facilitate procurement through alternative mode of procurement as recommended by Bids and Awards Committee 1

|  |   |                        |                        |                                       |
|--|---|------------------------|------------------------|---------------------------------------|
| <b>Office or Division:</b>   | Purchasing Office (PUR)   |                        |                        |                                       |
| <b>Classification:</b>   | Highly Technical  |                        |                        |                                       |
| <b>Type of Transaction:</b>  | G2G, G2B  |                        |                        |                                       |
| <b>Who may avail:</b>  | All PGH departments, offices and wards (End-users)  |                        |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |                                       |
| Approved Purchase Request  |   | End-user               |                        |                                       |
| Approved Justification Letter (for Direct Contracting, Emergency and Repeat Order)                   |   | End-user               |                        |                                       |
| Valid Certificate of Exclusive Distributor (1 Certified True Copy)                                   |   | Supplier               |                        |                                       |
| Price Quotation (approved and original/photocopy for Direct Contracting, Emergency and Repeat Order) |   | Supplier               |                        |                                       |
|  |   |                        |                        |                                       |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Forward/submit approved Purchase Request (PR) to the Purchasing Office                            | 1. Receive, check completeness of the signatories   | None                   | 2 Minutes              | Office Assistant/<br>Purchasing Staff |
|  | 1.1 Assign PR number, record in the database and logbook  |                        | 2 Minutes              | Office Assistant/<br>Purchasing Staff |
|  | 1.2 Review, assign to buyer-in-charge   |                        | 2 Minutes              | Head<br>Purchasing Office             |
|  | 1.3 Scan/encode details in the data-base and distribute to respective buyer-in-charge   |                        | 6 Minutes              | Office Assistant/<br>Purchasing Staff |
|  | 1.4 Receive, check/review, log and forward photocopy of PR to BAC 1 for the recommendation of alternative mode of procurement |                        | 5 Minutes              | Buyer-in-charge<br>Purchasing Office  |
|  | 1.5 Log and forward   |                        | 10 Minutes             | Office Assistant                      |

|  |  |  |                      |                                  |
|--|--|--|----------------------|----------------------------------|
|  | to BAC 1 Office  |  |                      |                                  |
|  | 1.6 Determine and recommend Alternative Mode of Procurement  |  | 5 days               | BAC 1 Committee                  |
|  | 1.7 Receive/record/log/scan and encode in the database PR with Mode of Procurement   |  | 6 Minutes            | Office Assistant                 |
|  | 1.8 Facilitate Alternative Mode of Procurement* through the following:<br>•Shopping<br>•Direct Contracting<br>•Negotiated Procurement 53.2 (Emergency Cases)<br>•Negotiated Procurement 53.5 (Agency to Agency)<br>•Negotiated Procurement 53.9 (Small Value Procurement)<br>•Repeat Order   |  | (Covered by RA 9184) | Buyer-in-charge                  |
|  | 1.9 Prepare/Review/Initial/Log/Encode Purchase Order (PO)/Notice of Award (NOA)/Notice to Proceed (NTP) on the PMR Google Sheet including photocopying of supporting/required documentary requirement under regular/standard transaction<br><i>Note: Time varies for multiple line items</i> |  | 45 Minutes           | Buyer-in-charge Purchasing Staff |
|  | 1.10 Review/check/initial  |  | 10 Minutes           | Head,                            |

|  |  |  |            |  |
|--|--|--|------------|--|
|  | <p>appropriate document</p> <p><i>Additional details:</i></p> <ul style="list-style-type: none"> <li>•PR for Direct Contracting/Emergency Purchase/ Repeat Order will only be forwarded to BAC upon completion of required document/s</li> <li>•Please refer to Manual of Procedure at Purchasing Office for the different Modes of Procurement, supporting document and documentary requirements</li> <li>•BAC 1 meeting as per schedule</li> <li>•PR with incomplete specification will be returned to the End-user</li> </ul> |  |            | Purchasing Office  |
| 2. Prepare/attach BURS/ORS to PO and forward to the appropriate offices for funding and approval:  | 2. Encode, log, forward prepared PO to the End-user for BURS/ORS   |  | 10 Minutes | <i>Purchasing Staff</i>                                    |
| 2.1 Budget Services Division/Accounting Services Division  | 2.1 Certify availability of fund/budget  |  | 1 Day      | <i>Budget Officer<br/>Budget Accountant<br/>Accounting</i> |
| 2.2 Office of the Deputy Director for Fiscal Services/ Office of the Deputy Director for Administration  | 2.2 Sign/initial/approve and forward document to concerned unit/office   |  | 1 Day      | <i>Deputy Director<br/>ODDFS/ODDA</i>                      |
| 2.3 Office of the Director<br><i>Additional Detail:</i> Please refer to the Minimum Approving Authority of the PGH Director and Deputy Directors for | 2.3 Sign, approve and forward document to Purchasing Office  |  | 1 Day      | <i>Director<br/>Office of the Director</i>                 |

|   |  |      |                               |  |
|---|--|------|-------------------------------|--|
| Procurement Projects<br>as per Memorandum<br>No. 2023 – 043 dated<br>March 6, 2023. |  |      |                               |  |
| <b>TOTAL:</b>   |  | None | 8 Days, 1 Hour,<br>38 Minutes |  |

\*Alternative Mode of Procurement is covered by RA 9184.

## 4. Procurement through Competitive Bidding

Facilitate procurement through Competitive Bidding

|  |  |                                    |                        |   |
|--|--|------------------------------------|------------------------|---|
| <b>Office or Division:</b>   | Purchasing Office (PUR)  |                                    |                        |   |
| <b>Classification:</b>   | Highly Technical   |                                    |                        |   |
| <b>Type of Transaction:</b>  | G2G  |                                    |                        |   |
| <b>Who may avail:</b>  | All PGH departments, offices and wards (End-users)                                       |                                    |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>             |                        |   |
| Purchase Request (PR) (approved and original)  |  | End-user                           |                        |   |
| Notice of Award/Notice to Execute Framework Agreement (photocopy)                      |  | Bids and Awards Committee 1 Office |                        |   |
| Request for Delivery of Awarded Item (RDAI) (original) with Stock Position Sheet (SPS) |  | End-user                           |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Forward/submit approved PR and RDAI with SPS  | 1. Receive, check completeness of the signatories.                                       | None                               | 2 minutes              | <i>Office Assistant/<br/>Purchasing Staff</i> |
|  | 1.1 Assign PR/RDAI number, record in the google sheet and logbook                        |                                    | 2 minutes              | <i>Office Assistant/<br/>Purchasing Staff</i> |
|  | 1.2 Review, assign to buyer-in-charge  |                                    | 2 minutes              | <i>Head<br/>Purchasing Office</i>             |
|  | 1.3 Scan/encode details in the google sheet and distribute to respective buyer-in-charge |                                    | 6 minutes              | <i>Office Assistant/<br/>Purchasing Staff</i> |
|  | 1.4 Receive, check and log PR/RDAI   |                                    | 5 minutes              | <i>Buyer-in-charge</i>                        |
|  | 1.5 Facilitate Procurement through Competitive Bidding*                                  |                                    | (Covered by RA 9184)   | <i>Bids and Awards Committee 1</i>            |
|  | <i>Note: Time varies for multiple line items</i>   |                                    |                        |   |
|  | 1.6 Facilitate preparation of Call-Off (CO), Purchase                                    |                                    | 45 Minutes             | <i>Buyer-in-charge</i>                        |



|  |  |      |                            |   |
|--|--|------|----------------------------|---|
|  | Order (PO) and Notice to Proceed (NTP)                                 |      |                            |   |
|  | 1.7 Review/check/initial appropriate document                          |      | 10 Minutes                 | Head Purchasing Office  |
| 2. Prepare/attach BURS/ORS to PO/CO and forward to appropriate offices for funding and approval:   | 2. Encode, log, forward prepared PO/CO to the End-user.                |      | 10 Minutes                 | Office Assistant/<br>Purchasing Staff                                   |
| 2.1 Budget Services Division/Accounting Services Division  | 2.1 Certify availability of fund/budget                                |      | 1 Day                      | Budget Officer<br>Budget Services/<br>Accountant<br>Accounting Services |
| 2.2 Office of the Deputy Director for Fiscal Services/<br>Office of the Deputy Director for Administration   | 2.2 Sign/initial/approve and forward document to concerned unit/office |      | 1 Day                      | Deputy Director<br>ODDFS/ODDA   |
| 2.3 Office of the Director<br><i>Additional Detail:</i><br>Please refer to the Minimum Approving Authority of the PGH Director and Deputy Directors for Procurement Projects as per Memorandum No. 2023 – 043 dated March 6, 2023. | 2.3 Sign, approve and forward document to Purchasing Office            |      | 1 Day                      | Director<br>Office of the Director                                      |
| <b>TOTAL:</b>  |  | None | 3 Days, 1 Hour, 22 Minutes |   |

\*Procurement through Competitive Bidding is covered by RA 9184.

## **Office of the Deputy Director for Nursing External Services**

## 1. Conduct of Panel Interview for Entry Level Nurse/Nursing Attendant

Assess and endorse accordingly, the most fit nursing applicant for hiring.

|   |   |   |                        |  |
|---|---|---|------------------------|--|
| <b>Office or Division:</b>  | Office of the Deputy Director for Nursing                                   |   |                        |  |
| <b>Classification:</b>  | Simple  |   |                        |  |
| <b>Type of Transaction:</b>   | G2C   |   |                        |  |
| <b>Who may avail:</b>   | Nurse/Nursing Attendant applying for a vacant position                      |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |  |
| <b>For Nurses:</b> <ul style="list-style-type: none"> <li>• PRC ID</li> <li>• Board Rating Certificate</li> <li>• Copy of recent PNA ID</li> <li>• Transcript of Records</li> <li>• Related Learning Experience</li> <li>• Accomplished Dean's Form</li> <li>• Copy of seminars attended (if applicable)</li> <li>• Certificate of Employment (only applicable if work experience is in a 100 bed tertiary hospital for at least 1 year)</li> </ul> |   | <b>Note:</b> All these Documents/Credentials are automatically forwarded by the Division of Nursing Research and Development to the Nursing Service Office upon submission of corresponding report and applicant are already scheduled for interview. |                        |  |
| <b>For Nursing Attendants:</b> <ul style="list-style-type: none"> <li>• Transcript of Records</li> <li>• Accomplished Dean's Form</li> <li>• Copy of seminars attended (if applicable)</li> <li>• Certificate of Employment (if applicable)</li> </ul>  |   | <b>Note:</b> All these Documents/Credentials are automatically forwarded by the Division of Nursing Research and Development to the Nursing Service Office upon submission of corresponding report and applicant are already scheduled for interview. |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                |
| 1. Arrive at the Office of the Deputy Director for Nursing for interview  | 1. Prepare documents required for interview                                 | None  | 10 minutes             | Nursing and Administrative Staff<br>ODDN |
|   | 1.1 Conduct panel Interview   |   | 15 minutes             | Members<br>NHRMPSB                       |
|   | 1.2 Conduct final interview   |   | 10 minutes             | DDN                                      |
|   | 1.3 Summarize generated scores of applicants during panel & final interview |   | 30 minutes             | Nursing and Administrative Staff<br>ODDN |
|   | 1.4 Endorse qualified applicants for employment                             |   | 10 minutes             | DDN                                      |
| <b>TOTAL:</b>   |   | None  | 1 hour, 15 minutes     |  |

## 2. Review/Refer Complaints and Incident Reports to Appropriate Offices/Committees

Review, decide, and act accordingly to all referred complaints

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>                                 |  | Office of the Deputy Director for Nursing |                        |   |
| <b>Classification:</b>                                     |  | Complex                                   |                        |   |
| <b>Type of Transaction:</b>                                |  | G2G/G2C                                   |                        |   |
| <b>Who may avail:</b>                                      |  | All Staff, General Public                 |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                           |  | <b>WHERE TO SECURE</b>                    |                        |   |
| Written complaint, incident report of the patients/clients |  | Submitted by the complainant              |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Submit complaint letter/incident report to the ODDN     | 1. Receive the complaint letter and incident report.   | None                                      | 5 minutes              | <i>Nursing and Administrative Staff</i><br>ODDN |
|  | 1.1 Review /assess nature of complaint   |   | 10 minutes             | <i>DDN</i>                                      |
|  | 1.2 Refer to the Area Nurse VI for initial assessment & recommended action(s)  |   | 2 days                 | <i>Nurse VI</i><br>Clinical Area                |
|  | 1.3 Refer to the NPRB as necessary for further investigation and recommendation  |   | 8 days                 | NPRB  |
| 2. Receive the initial action/ decision                    | 2. Recommend and communicate the initial action/ decision on the complaint.<br>2.1 Review and evaluate the initial action/decision<br>2.2 Implement and communicate the initial action/ decision.<br>2.3 Refer to the Director, all matters that can only acted upon at said level | None                                      | 9 days                 | <i>DDN</i>                                      |
| <b>TOTAL:</b>  |  | None                                      | 19 days,<br>15 minutes |   |

# **Office of the Deputy Director for Nursing Internal Services**

## 1. Conduct of Final Interview of Applicants for Promotion of Nursing Personnel

Assess and endorse accordingly, the most fit nursing applicant for promotion

|   |   |  |                        |   |
|---|---|--|------------------------|---|
| <b>Office or Division:</b>  | Office of the Deputy Director for Nursing   |  |                        |   |
| <b>Classification:</b>  | Simple  |  |                        |   |
| <b>Type of Transaction:</b>   | G2G   |  |                        |   |
| <b>Who may avail:</b>   | All Nurses, Nursing Attendants, Utility Workers under the Nursing Services Office |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |   |
| <ul style="list-style-type: none"> <li>• IPCR Rating for the last 2 rating periods</li> <li>• Copy of Transcript of Records / certification of units earned (For applicant's who earned additional education in excess of the minimum requirement)</li> <li>• Copy of seminars attended for the last 5 years</li> <li>• Award/s / citation/s received</li> <li>• Accomplishment/s / achievement/s / Innovation/s with notation of the Area Chief Nurse</li> </ul> |   | <b>Note:</b> All these Documents/Credentials are automatically forwarded by the Division of Nursing Research and Development to the Nursing Service Office upon submission of corresponding report and applicant |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Arrive at the Office of the Deputy Director for Nursing for interview  | 1. Prepare documents required for interview                                       | None   | 10 minutes             | <i>Nursing and Administrative Staff</i><br>ODDN |
|   | 1.1 Conduct panel interview   |  | 15 minutes             | <i>Members</i><br>NHRMPSB                       |
|   | 1.2 Conduct final interview   |  | 10 minutes             | <i>DDN</i>                                      |
|   | 1.3 Summarize generated scores of applicants during panel & final interview       |  | 30 minutes             | <i>Nursing and Administrative Staff</i><br>ODDN |
|   | 1.4 Endorse qualified applicants for employment                                   |  | 10 minutes             | <i>DDN</i>                                      |
| <b>TOTAL:</b>   |   | None   | 1 hour, 15 minutes     |   |

# **Division of Clinical Nursing Operations**

## **External Services**

## 1. Admission of Elective Patient to Service Units

Admission of elective patient to charity service units

|  |  |                        |                        |                                   |
|--|--|------------------------|------------------------|-----------------------------------|
| <b>Office or Division:</b>                           | Nursing Service Units (Wards 1 – 16)   |                        |                        |                                   |
| <b>Classification:</b>                               | Simple   |                        |                        |                                   |
| <b>Type of Transaction:</b>                          | G2C  |                        |                        |                                   |
| <b>Who may avail:</b>                                | All patients   |                        |                        |                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                     |  | <b>WHERE TO SECURE</b> |                        |                                   |
| Admitting Orders                                     |  | Attending Physician    |                        |                                   |
| <b>CLIENT STEPS</b>                                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>         |
| 1. Arrive at nurse's station on day of admission     | 1. Ask for admitting orders  | None                   | 10 minutes             | <i>Nurse on Duty Service Unit</i> |
| 2. Present admitting orders from attending physician | 2. Receives and verify admitting orders  | None                   | 10 minutes             | <i>Nurse on Duty Service Unit</i> |
|  | 2.1 Accompany patient to assigned bed, perform history, secure consents for admission and fall precaution forms and take initial vital signs | None                   | 20 minutes             | <i>Nurse on Duty Service Unit</i> |
|  | 2.2 Orient patient (and watcher) to unit/facility rules and policies including taking necessary safety precautions                           | None                   | 20 minutes             | <i>Nurse on Duty Service Unit</i> |
| <b>TOTAL:</b>  |  | None                   | 1 hour                 |                                   |



## 2. Transfer in/ Transfer out of Patient to Service Units

Trans-in of Patient from one charity service unit to another

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Nursing Service Units (Wards 1 – 16)  |                        |                        |  |
| <b>Classification:</b>  | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2C   |                        |                        |  |
| <b>Who may avail:</b>   | All patients  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                      |   | <b>WHERE TO SECURE</b> |                        |  |
| Trans-out orders  |   | Attending Physician    |                        |  |
| Complete pertinent documents  |   | Nurse on duty          |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Receive order transfer of patient from one service area to another | 1. Verify the orders<br>1.1 Complete required documents for transfer                                      | None                   | 30 minutes             | <i>Nurse on duty</i><br><i>Attending Physician</i><br>Service Unit |
| 2. Await transfer from one service area to another                    | 2. Endorse the patient via telephone<br>2.1 Transport the patient from one unit to another                | None                   | 10 minutes             | <i>Nurse on duty</i><br>Service Unit                               |
| 3. Transfer from one service area to another                          | 3. Receive the patient and assist to bed assignment   | None                   | 20 minutes             | <i>Nurse on duty</i><br><i>Utility worker</i><br>Service Unit      |
|   | 3.1 Perform history taking and take initial vital signs   | None                   |                        | <i>Nurse on duty</i><br>Service Unit                               |
|   | 3.2 Orient patient (and watcher) to unit/facility rules and policies including patient safety precautions | None                   | 20 minutes             | Nurse on duty<br>Service Unit                                      |
| <b>TOTAL:</b>   |   | None                   | 1 hour,<br>20 minutes  |  |

### 3. Discharge of Patient from Service Units

Discharge of patient from the Service wards

|  |   |                        |                        |                                       |
|--|---|------------------------|------------------------|---------------------------------------|
| <b>Office or Division:</b>   | Nursing Service Units (Wards 1 – 16)  |                        |                        |                                       |
| <b>Classification:</b>   | Simple  |                        |                        |                                       |
| <b>Type of Transaction:</b>  | G2C   |                        |                        |                                       |
| <b>Who may avail:</b>  | All patients  |                        |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |                                       |
| Discharge orders   |   | Physician on duty      |                        |                                       |
| Complete discharge documents (CF2, CF3, CF4)   |   | Nurse on duty          |                        |                                       |
| Home instructions (Rx, Laboratory/ Diagnostic request, schedule of follow up check up) |   | Physician on duty      |                        |                                       |
| Malasakit Center Clearance   |   | Malasakit Center       |                        |                                       |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Receive request for Notice of Discharge   | 1. Explain process of discharge   | None                   | 10 minutes             | Nurse on duty<br>Service Unit         |
| 2. Secure clearance from the Malasakit Center and return to service unit               | 2. Instruct client to secure clearance from the Malasakit Center (Refer to process of procuring Malasakit Center Clearance)                                 | None                   | 5 minutes              | Nurse on duty<br>Service Unit         |
| 3. Present the Malasakit clearance   | 3. Verify for completeness  | None                   | 5 minutes              | <i>Nurse on duty</i><br>Service Unit  |
|  | 3.1 Provide home instructions including follow up check-up, copy of discharge documents, medications and laboratory or diagnostic request if any and others | None                   | 10 minutes             | <i>Nurse on duty</i><br>Service Unit  |
|  | 3.2 Escort the patient to lobby   | None                   | 20 minutes             | <i>Utility worker</i><br>Service Unit |
| <b>TOTAL:</b>  |   | None                   | 50 minutes             |                                       |

#### 4. Discharge for Expired Patients

Discharge of expired patients from the service wards

|  |   |                                     |                        |   |
|--|---|-------------------------------------|------------------------|---|
| <b>Office or Division:</b>   | Nursing Service Units (Wards 1 – 16)  |                                     |                        |   |
| <b>Classification:</b>   | Simple  |                                     |                        |   |
| <b>Type of Transaction:</b>  | G2C   |                                     |                        |   |
| <b>Who may avail:</b>  | Immediate Family Members of Expired Patients  |                                     |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>              |                        |   |
| Malasakit Center Clearance   |   | PhilHealth Office/ Malasakit Center |                        |   |
| Death Certificate (1 original copy)                                      |   | Physician in charge                 |                        |   |
| Clinical Abstract (1 photocopy, if applicable)                           |   | Physician in charge                 |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Receive psychosocial support from nursing personnel                   | 1. Provide post mortem care   | None                                | 30 minutes             | <i>Nursing Attendant Service Unit</i>         |
|  | 1.1 Allow the family of the deceased brief grieving time<br>1.2 Provide postmortem care to the cadaver and psychosocial support to the bereaved family, as culturally appropriate | None                                | 30 minutes             | <i>Nurse on duty Service Unit</i>             |
| 2. Ask for notice of discharge   | 2. Explain process of discharge   | None                                | 10 minutes             | <i>Nurse on duty Service Unit</i>             |
| 3. Secure clearance from the Malasakit Center and return to service unit | 3. Instruct client to secure clearance from the Malasakit Center (Refer to process of procuring Malasakit Center Clearance)   | None                                | 5 minutes              | <i>Nurse on duty Service Unit</i>             |
| 4. Present Malasakit clearance   | 4. Verify for completeness  | None                                | 5 minutes              | <i>Nurse on duty Service Unit</i>             |
| 5. Transport to morgue   | 5. Inform custodial or utility worker for transport   | None                                | 5 minutes              | <i>Nurse on duty Service Unit</i>             |
|  | 5.1 Transport patient from ward to morgue with required documents   | None                                | 30 minutes             | <i>Utility worker/ Custodial Service Unit</i> |
| <b>TOTAL:</b>  |   | None                                | 1 hour, 55 minutes     |   |

## 5. Facilitation of Prescribed Laboratory Examinations (Routine)

Facilitation of prescribed laboratory examination done at Central Laboratory for service wards

|  |   |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>Office or Division:</b>                   | Nursing Service Units (Wards 1 – 16)  |                        |                        |   |
| <b>Classification:</b>                       | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>                  | G2C   |                        |                        |   |
| <b>Who may avail:</b>                        | All patients  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>             |   | <b>WHERE TO SECURE</b> |                        |   |
| Written order of the Physician               |   | Physician in charge    |                        |   |
| Filled-up request form                       |   | Physician in charge    |                        |   |
| <b>CLIENT STEPS</b>                          | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                       |
| 1. Receive orders for laboratory examination | 1. Verify the order and the completeness of the filled-up request form and if there is a tick on the word routine | None                   | 10 minutes             | <i>Nurse on duty</i><br>Service Unit                            |
| 2. Permit collection of specimen             | 2. Collect the requested specimen   | None                   | 20 minutes             | <i>Nurse on duty</i><br><i>Med Tech on duty</i><br>Service Unit |
|  | 2.1 Complete the label of the specimen container  | None                   | 10 minutes             | <i>Nurse on duty</i><br>Service Unit                            |
|  | 2.2 Submit the specimen to the laboratory   | None                   | 10 minutes             | <i>Nurse on duty</i><br>Service Unit                            |
| <b>TOTAL:</b>                                |   | None                   | 50 minutes             |   |

## 6. Facilitation of Prescribed laboratory examinations (Stat)

Facilitation of prescribed laboratory examination done at Central laboratory for service wards

|   |  |                        |                        |                                      |
|---|--|------------------------|------------------------|--------------------------------------|
| <b>Office or Division:</b>                        | Nursing Service Units (Wards 1 – 16)   |                        |                        |                                      |
| <b>Classification:</b>                            | Simple   |                        |                        |                                      |
| <b>Type of Transaction:</b>                       | G2C  |                        |                        |                                      |
| <b>Who may avail:</b>                             | All patients   |                        |                        |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>                  |  | <b>WHERE TO SECURE</b> |                        |                                      |
| Written order of the Physician                    |  | Physician in charge    |                        |                                      |
| Filled-up request form                            |  | Physician in charge    |                        |                                      |
| <b>CLIENT STEPS</b>                               | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>            |
| 1. Receive orders for STAT laboratory examination | 1. Verify the order and the completeness of the filled-up request form ensuring there is a tick on the word STAT in the request                        | None                   | 5 minutes              | <i>Nurse on duty</i><br>Service Unit |
| 2. Permit collection of specimen                  | 2. Collect specimen<br>2.1. Complete the specimen container labels<br>2.2 Send the specimens to the laboratory STAT<br>2.3 Document the procedure done | None                   | 30 minutes             | <i>Nurse on duty</i><br>Service Unit |
| <b>TOTAL:</b>                                     |  | None                   | 35 minutes             |                                      |

## 7. Facilitation of Requested Diagnostic Procedures

Facilitation of requested diagnostic procedures for service wards

|   |   |                        |                        |                                      |
|---|---|------------------------|------------------------|--------------------------------------|
| <b>Office or Division:</b>                                    | Nursing Service Units (Wards 1 – 16)  |                        |                        |                                      |
| <b>Classification:</b>  | Simple  |                        |                        |                                      |
| <b>Type of Transaction:</b>                                   | G2C   |                        |                        |                                      |
| <b>Who may avail:</b>   | All patients  |                        |                        |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>                              |   | <b>WHERE TO SECURE</b> |                        |                                      |
| Written order of the Physician                                |   | Physician in charge    |                        |                                      |
| Filled-up request form  |   | Physician in charge    |                        |                                      |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>            |
| 1. Receive physician orders for diagnostic procedure          | 1. Verify the order and the completeness of the filled-up request form  | None                   | 10 minutes             | <i>Nurse on duty</i><br>Service Unit |
| 2. Give the request form to the utility worker for scheduling | 2. Schedule the diagnostic procedure  | None                   | 20 minutes             | <i>Nurse on duty</i><br>Service Unit |
| 3. Undergo scheduled diagnostic procedure                     | 3. Ensure timely sending of patient to scheduled diagnostic procedure together with the request, chart if necessary and perform proper preparation applicable | None                   | 30 minutes             | <i>Nurse on duty</i><br>Service Unit |
| <b>TOTAL:</b>   |   | None                   | 1 hour                 |                                      |

## 8. Facilitation of Healthcare Treatment Plan

Facilitation of Healthcare Treatment plan in the Service wards

|   |   |                        |                        |                                      |
|---|---|------------------------|------------------------|--------------------------------------|
| <b>Office or Division:</b>                    | Nursing Service Units (Wards 1 – 16)  |                        |                        |                                      |
| <b>Classification:</b>                        | Simple  |                        |                        |                                      |
| <b>Type of Transaction:</b>                   | G2C   |                        |                        |                                      |
| <b>Who may avail:</b>                         | All patients  |                        |                        |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>              |   | <b>WHERE TO SECURE</b> |                        |                                      |
| Written orders of the Physician               |   | Physician in charge    |                        |                                      |
| <b>CLIENT STEPS</b>                           | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>            |
| 1. Physician orders healthcare treatment plan | 1. Verify physician's order   | None                   | 5 minutes              | <i>Nurse on duty</i><br>Service Unit |
|   | 1.1 Carry out physician's order   | None                   | 60 minutes             | <i>Nurse on duty</i><br>Service Unit |
|   | 1.2. Execute efficient, safe and timely delivery of physician's management plan |                        |                        |                                      |
|   | 1.3. Document all implemented nursing actions based on the Physician's order    | None                   | 10 minutes             | <i>Nurse on duty</i><br>Service Unit |
| <b>TOTAL:</b>                                 |   | None                   | 75 minutes             |                                      |

## 9. Assessment, Initial Investigation and Action, and Endorsement of Administrative Matters

Assessment, Initial investigation & action, and Endorsement, if needed to appropriate levels and offices, All administrative matters needing appropriate action/s under the Nursing Service

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Nursing Service Units (Wards 1 – 16)                         |                        |                        |   |
| <b>Classification:</b>  | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C, G2G   |                        |                        |   |
| <b>Who may avail:</b>   | Public and PGH Staff   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |   |
| Verbal or written comment or complaint from staff or other stakeholders |  | Public and PGH Staff   |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. Present verbal or written complaint                                  | 1. Receives the verbal or written complaint                  | None                   | 10 minutes             | <i>Head Nurse/ Chief Nurse Service Unit</i> |
|   | 1.1 Reviews the nature of the complaint                      | None                   | 20 minutes             |   |
|   | 1.2 Investigate the situation                                | None                   | 8 hours                |   |
| 2. Receive initial action/ endorsement                                  | 2. Initial action depends upon the severity of the complaint | None                   | 1 hour                 | <i>Chief Nurse Service Unit</i>             |
|   | 2.1 Endorsement to higher body                               | None                   | 1 hour                 | <i>Chief Nurse Service Unit</i>             |
| <b>TOTAL:</b>   |  | None                   | 10 hours, 30 minutes   |   |



## 10. Outpatient Consultation for New Patients

Consultation for old patients at the Department of Outpatient Services

|  |   |                                  |                        |   |
|--|---|----------------------------------|------------------------|---|
| <b>Office or Division:</b>                         | Nursing Services - DOPS                             |                                  |                        |   |
| <b>Classification:</b>                             | Simple  |                                  |                        |   |
| <b>Type of Transaction:</b>                        | G2C   |                                  |                        |   |
| <b>Who may avail:</b>                              | All new patients                                    |                                  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |   | <b>WHERE TO SECURE</b>           |                        |   |
| Queue Number/ Identification Stub                  |   | Records Officer at Triage (DOPS) |                        |   |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>                                | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Present Identification Stub and/or Queue Number | 1. Prepare chart for consultation                   | None                             | 20 minutes             | <i>Ward Clerk/<br/>Nursing Attendant/<br/>Encoder/<br/>Nurse on duty<br/>DOPS</i> |
| 2. Consult with doctor                             | 2. Assist physician during conduct of consultation  | None                             | 30 minutes             | <i>Nurse on duty<br/>Attending Physician<br/>DOPS</i>                             |
| 3. Complete discharge process                      | 3. Schedule patient for follow up and/or procedures | None                             | 10 minutes             | <i>Nurse on duty<br/>DOPS</i>   |
|  | 3.1 Provide health education                        | None                             |                        |   |
|  | 3.2 Issue referral slip (if applicable)             | None                             |                        |   |
| <b>TOTAL:</b>                                      |   | None                             | 1 hour                 |   |

## 11. Outpatient Consultation for Patients with Schedule

Consultation for old patients at the Department of Outpatient Services

| <b>Office or Division:</b>   | Nursing Services - DOPS   |                              |                    |   |
|--|---|------------------------------|--------------------|---|
| <b>Classification:</b>   | Simple  |                              |                    |   |
| <b>Type of Transaction:</b>  | G2C   |                              |                    |   |
| <b>Who may avail:</b>  | All patients  |                              |                    |   |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE              |                    |   |
| Blue Card with Schedule  |   | DOPS                         |                    |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID              | PROCESSING TIME    | PERSON RESPONSIBLE  |
| 1. Present blue card with schedule to clinic for retrieval of records. | 1. Verify schedule of patient in blue card and gives queue number.<br>1.1 Enter patient case number into the CARROT system and facilitate retrieval of chart.<br>1.2 Prepare chart for consultation | None<br><br>None<br><br>None | 40 minutes         | <i>Ward Clerk/<br/>Nursing Attendant/<br/>Encoder/<br/>Nurse in Charge<br/>DOPS</i> |
| 2. Consult with doctor   | 2. Assist physician during conduct of consultation  | None                         | 30 minutes         | <i>Nurse in Charge<br/>Attending Physician<br/>DOPS</i>                             |
| 3. Complete discharge process  | 3. Schedule patient for follow up and/or procedures<br>3.1 Provide health education<br>3.2 Issue referral slip (if applicable)  | None<br><br>None<br><br>None | 10 minutes         | <i>Nurse in Charge<br/>DOPS</i>   |
| <b>TOTAL:</b>  |   | None                         | 1 hour, 20 minutes |   |

## 12. Outpatient Consultation for Referred Patients

Consultation for patients with interdepartmental referrals within the Department of Outpatient Services

|   |  |                  |                 |                         |
|---|--|------------------|-----------------|-------------------------|
| Office or Division:   | Nursing Services - DOPS  |                  |                 |                         |
| Classification:   | Simple   |                  |                 |                         |
| Type of Transaction:  | G2C  |                  |                 |                         |
| Who may avail:  | All OPD patients   |                  |                 |                         |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE  |                 |                         |
| Blue Card   |  | DOPS Clinics     |                 |                         |
| Referral slip (PGH Form No. Q-615606)   |  |                  |                 |                         |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE      |
| 1. Present referral slip of desired clinic. May ask Public Assistance Officer for clarification | 1. Check referral slip and validate information<br><br>1.1 Schedule patient for consultation | None<br><br>None | 10 minutes      | Nurse in Charge<br>DOPS |
| TOTAL:  |  | None             | 10 minutes      |                         |

### 13. Outpatient Surgical Services (DOPS-OR)

Surgical services for patients at the Department of Outpatient Services

|   |  |                                      |   |   |
|---|--|--------------------------------------|---|---|
| <b>Office or Division:</b>  | Nursing Services - DOPS  |                                      |   |   |
| <b>Classification:</b>  | Simple   |                                      |   |   |
| <b>Type of Transaction:</b>   | G2C  |                                      |   |   |
| <b>Who may avail:</b>   | Patients scheduled for surgery   |                                      |   |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>               |   |   |
| Blue Card with Schedule   |  | DOPS                                 |   |   |
| PhilHealth assessment form  |  | PhilHealth Express Office (Room 116) |   |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>               | <b>PROCESSING TIME</b>                                | <b>PERSON RESPONSIBLE</b>                           |
| 1. Presents self on day of schedule with blue card.                           | 1. Retrieves chart<br>1.1 Assist patient in accomplishing necessary forms<br>1.2 Prepare chart and needs for procedure<br>1.3 Provide pre-operative instructions | None                                 | 20 minutes  | <i>Nurse in Charge/ Ward Clerk</i><br>DOPS          |
| 2. Undergoes surgery  | 2. Assist in conduct of surgery  | None                                 | Variable  | <i>Nurse in Charge</i><br>DOPS                      |
| 3. Coordinate with PhilHealth Express Office and settle financial obligations | 3. Facilitate accomplishment of all necessary forms<br>3.1 Issue charge slip<br>3.2 Instruct client to coordinate with PhilHealth Office                         | Refer to approved schedule of fees   | 30 minutes  | <i>Ward Clerk</i><br><i>Nurse in Charge</i><br>DOPS |
| 4. Completes discharge process  | 4. Instruct patient on home care and follow up   | None                                 | 10 minutes  | <i>Nurse in Charge</i><br>DOPS                      |
| <b>TOTAL:</b>   |  | Refer to approved schedule of fees   | Processing Time – 1 hour<br>Actual Surgery - Variable |   |

## 14. Elective Admission for Chemotherapy

Elective admission for patients requiring Chemotherapy

|  |  |                                    |                        |   |
|--|--|------------------------------------|------------------------|---|
| <b>Office or Division:</b>                               | Cancer Institute Ward (Nursing Services)                                       |                                    |                        |   |
| <b>Classification:</b>                                   | Simple   |                                    |                        |   |
| <b>Type of Transaction:</b>                              | G2C  |                                    |                        |   |
| <b>Who may avail:</b>                                    | All cancer patients requiring Chemotherapy Infusion                            |                                    |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                         |  | <b>WHERE TO SECURE</b>             |                        |   |
| Accomplished Kaalaman Form and Case Record               |  | Malasakit Center                   |                        |   |
| Blue Card  |  | Department of Out Patient Services |                        |   |
| White card   |  | MSS office                         |                        |   |
| Admitting Orders   |  | Attending Physician                |                        |   |
| Accomplished Clinical Abstract                           |  | Attending Physician                |                        |   |
| Accomplished Chemotherapy Protocol                       |  | Attending Physician                |                        |   |
| Accomplished CF2 form                                    |  | Attending Physician                |                        |   |
| <b>CLIENT STEPS</b>                                      | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Present the admission requirements at nurse's station | 1. Check for the above requirements  | None                               | 3 minutes              | Nurse on duty/<br>Nursing Attendant<br>CI |
|  | 1.1 Orient patient (and watcher) to unit/facility rules and policies           | None                               | 5 minutes              |   |
|  | 1.2 Secure consent for admission, chemotherapy and Fall Prevention waiver form | None                               | 5 minutes              |   |
|  | 1.3 Assist patient to assigned bed   | None                               | 5 minutes              | Nurse on duty<br>CI                       |
|  | 1.4 Perform history taking with initial vital signs                            | None                               | 15 minutes             |   |
|  | 1.5 Document admission   | None                               | 5 minutes              |   |
| <b>TOTAL:</b>  |  | None                               | 38 minutes             |   |

## 15. Elective Admission of patients for Blood Transfusion

Elective admission for patients requiring Blood Transfusion

|   |  |                                    |                        |  |
|---|--|------------------------------------|------------------------|--|
| <b>Office or Division:</b>  | Cancer Institute Ward (Nursing Services)                                       |                                    |                        |  |
| <b>Classification:</b>  | Simple   |                                    |                        |  |
| <b>Type of Transaction:</b>   | G2C  |                                    |                        |  |
| <b>Who may avail:</b>   | All cancer patients requiring Blood Transfusion                                |                                    |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |  | <b>WHERE TO SECURE</b>             |                        |  |
| Accomplished Kaalaman Form and Case Record                          |  | Malasakit Center                   |                        |  |
| Blue Card   |  | Department of Out Patient Services |                        |  |
| White card  |  | Medical Social Service Office      |                        |  |
| Admitting Orders  |  | Attending Physician                |                        |  |
| Accomplished Clinical Abstract                                      |  | Attending Physician                |                        |  |
| Proof of availability of blood products (preferably a deposit slip) |  | Blood Bank                         |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                          |
| 1. Present the admission requirements at nurse's station            | 1. Check for the above requirements  | None                               | 3 minutes              | <i>Nurse on duty/<br/>Nursing Attendant<br/>CI</i> |
|   | 1.1 Orient patient (and watcher) to unit/facility rules and policies           | None                               | 5 minutes              |  |
|   | 1.2 Secure consent for admission, chemotherapy and Fall Prevention waiver form | None                               | 5 minutes              |  |
|   | 1.3 Assist patient to assigned bed   | None                               | 5 minutes              | <i>Nurse on duty<br/>CI</i>                        |
|   | 1.4 Perform history taking with initial vital signs                            | None                               | 15 minutes             |  |
|   | 1.5 Document admission   | None                               | 5 minutes              |  |
| <b>TOTAL:</b>   |  | None                               | 38 minutes             |  |

## 16. Elective Admission of Patient to High Dose Brachytherapy

Elective admission of patients requiring High Dose Brachytherapy treatment

|   |  |                                    |                        |   |
|---|--|------------------------------------|------------------------|---|
| <b>Office or Division:</b>  | Cancer Institute High Dose Brachytherapy Section (Nursing Services)  |                                    |                        |   |
| <b>Classification:</b>  | Simple   |                                    |                        |   |
| <b>Type of Transaction:</b>   | G2C  |                                    |                        |   |
| <b>Who may avail:</b>   | All cancer patients requiring High Dose Brachytherapy Treatment      |                                    |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>             |                        |   |
| Latest laboratory results of CBC and Urinalysis   |  | Laboratory                         |                        |   |
| Blue Card   |  | Department of Out Patient Services |                        |   |
| White card (if necessary)   |  | Medical Social Service Office      |                        |   |
| Medical Clearance (if applicable)   |  | Internal Medicine                  |                        |   |
| Anesthesia evaluation   |  | Pain Clinic                        |                        |   |
| PhilHealth validation   |  | PhilHealth Office                  |                        |   |
| Proof of payment for the procedure, if without PhilHealth or with exhausted PhilHealth benefits     |  | Cashier                            |                        |   |
| Proof of payment for brachytherapy kit, if without PhilHealth or with exhausted PhilHealth benefits |  | Cashier                            |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Arrive at nurse's station on day and predetermined time of admission                             | 1. Check the above requirements                                      | None                               | 10 minutes             | <i>Nurse on Duty</i><br>CI                      |
|   | 1.1 Orient patient (and watcher) to unit/facility rules and policies | None                               | 10 minutes             |   |
|   | 1.2 Secure consent for the procedure                                 | None                               | 5 minutes              | <i>Nurse on Duty</i><br>CI                      |
|   | 1.3 Ask for receipt for brachytherapy kit (if applicable)            | Refer to approved schedule of fees | 10 minutes             | <i>Nurse on duty/ administrative aide</i><br>CI |
|   | 1.4 Procure brachytherapy kit at the pharmacy                        |                                    | 15 minutes             |   |
|   | 1.5 Assist to bed of assignment                                      | None                               | 3 minutes              | <i>Nurse on duty</i><br>CI                      |
|   | 1.7 Assess and prepares the patient for the procedure                | None                               | 15 minutes             |   |
| <b>TOTAL:</b>   |  | None                               | 1 hour, 8 minutes      |   |

## 17. Elective Admission of Patient to Low Dose Brachytherapy

Elective admission of patients requiring Low Dose Brachytherapy treatment

| <b>Office or Division:</b>  | Cancer Institute Low Dose Brachytherapy Section (Nursing Services)                           |                                       |                 |                    |
|---|--|---------------------------------------|-----------------|--------------------|
| <b>Classification:</b>  | Simple   |                                       |                 |                    |
| <b>Type of Transaction:</b>   | G2C  |                                       |                 |                    |
| <b>Who may avail:</b>   | All cancer patients requiring Low Dose Brachytherapy Treatment and Radioactive Iodine Uptake |                                       |                 |                    |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE                       |                 |                    |
| Accomplished Kaalaman Form and Case Record  |  | Malasakit Center                      |                 |                    |
| Admitting Orders  |  | Attending Physician                   |                 |                    |
| Accomplished Clinical Abstract  |  | Attending Physician                   |                 |                    |
| Negative Pregnancy test result  |  | Laboratory                            |                 |                    |
| Blue Card   |  | Department of Out Patient Services    |                 |                    |
| White card  |  | Medical Social Service Office         |                 |                    |
| Medical Clearance (if applicable)   |  | Internal Medicine                     |                 |                    |
| PhilHealth Monitoring Sheet   |  | PhilHealth Officer                    |                 |                    |
| Attendance of Responsible Watcher to the orientation on low dose brachytherapy/Radioactive Iodine |  | Attendance logbook at nurses' station |                 |                    |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                       | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Arrive at nurses' station on day and predetermined time of admission                           | 1. Validate watcher's orientation of the procedure   | None                                  | 5 minutes       | Nurse on Duty CI   |
|   | 1.1 Verify the above requirements  | None                                  | 5 minutes       |                    |
|   | 1.2 Orient patient (and watcher) to unit/facility rules and policies                         | None                                  | 10 minutes      |                    |
|   | 1.3 Secure consent for admission, procedure and Fall Prevention Waiver form                  | None                                  | 5 minutes       |                    |
|   | 1.4 Assist patient to assigned bed   | None                                  | 5 minutes       |                    |
|   | 1.5 Perform history taking with initial vital signs  | None                                  | 15 minutes      |                    |
|   | 1.6 Document admission   | None                                  | 5 minutes       |                    |
| <b>TOTAL:</b>   |  | None                                  | 50 minutes      |                    |



## 18. Discharge of Patient from Cancer Institute

Discharge of elective patient from Cancer Institute

| <b>Office or Division:</b>                               | Cancer Institute Ward (Nursing Services)  |                     |                    |                              |
|--|---|---------------------|--------------------|------------------------------|
| <b>Classification:</b>                                   | Simple  |                     |                    |                              |
| <b>Type of Transaction:</b>                              | G2C   |                     |                    |                              |
| <b>Who may avail:</b>                                    | All cancer patients who have completed their chemotherapy regimen, high and low dose brachytherapy treatment and blood transfusion  |                     |                    |                              |
| CHECKLIST OF REQUIREMENTS                                |   | WHERE TO SECURE     |                    |                              |
| Discharge Orders   |   | Attending Physician |                    |                              |
| Accomplished Discharge Summary                           |   | Attending Physician |                    |                              |
| Accomplished Clinical Abstract                           |   | Attending Physician |                    |                              |
| Accomplished CF2 and CF4 form                            |   | Attending Physician |                    |                              |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID     | PROCESSING TIME    | PERSON RESPONSIBLE           |
| 1. Ask for discharge papers and receive health education | 1. Facilitate a written discharge order   | None                | 30 minutes         | <i>Nurse in Charge</i><br>CI |
|  | 1.1 Ask for the photocopy of the PhilHealth requirements: <ul style="list-style-type: none"> <li>Accomplished clinical abstract</li> <li>Accomplished discharge summary</li> <li>therapeutic sheet</li> <li>doctor's order of discharge</li> <li>Pertinent laboratory results</li> <li>Parenteral flow sheet</li> <li>Justification Letter (if needed)</li> </ul> | None                | 30 minutes         | <i>Nurse in Charge</i><br>CI |
|  | 1.2 Send watcher to the Malasakit center for clearance (Refer to Malasakit Center process of securing a clearance)  | None                | 30 minutes         | <i>Nurse in Charge</i><br>CI |
|  | 1.3 Provide health education  | None                | 5 minutes          | <i>Nurse in Charge</i><br>CI |
|  | 1.4 Assist in discharge of patient  | None                | 10 minutes         | <i>Administrative Aide</i>   |
| <b>TOTAL:</b>  |   | None                | 1 hour, 45 minutes |                              |

## 19. Outpatient Consultation for Breast Cancer patients

Consultation for Cancer Institute Outpatient Services Breast Care Clinic (Mondays to Fridays  
8:00 am to 4:00 pm)

|  |  |                                   |                        |   |
|--|--|-----------------------------------|------------------------|---|
| <b>Office or Division:</b>   | Cancer Institute Outpatient Services (Nursing Services)  |                                   |                        |   |
| <b>Classification:</b>   | Simple   |                                   |                        |   |
| <b>Type of Transaction:</b>  | G2C  |                                   |                        |   |
| <b>Who may avail:</b>  | All breast cancer patients requiring consult, and chemotherapy                                 |                                   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>            |                        |   |
| Blue Card  |  | Department of Outpatient Services |                        |   |
| Result of biopsy (histopath)   |  | Diagnostic center                 |                        |   |
| Retrieved Chart  |  | Medical Records Division          |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Register and Submit blue card at the guard before 8:00 am                 | 1. List down name of patient and time of arrival   | None                              | 5 minutes              | <i>Guard on duty</i><br>CI                      |
|  | 1.1 Give the blue cards to the nursing attendant   | None                              | 5 minutes              |   |
|  | 1.2 Verify the above requirements  | None                              | 5 minutes              | <i>Nurse in Charge</i><br>CI                    |
|  | 1.3 Encode the patient information in the CARROT system  | None                              | 3 minutes              | <i>Nurse in Charge/ Nursing Attendant</i><br>CI |
|  | 1.4 Queue patient for consultation to attending physician                                      | None                              | 4 hours                |   |
| 2. Consult with doctor   | 2. Assist physician during conduct of consultation   | None                              | 30 minutes             | <i>Nurse in Charge</i><br>CI                    |
| 3. Submit chart to nurse-in-charge complete the Out Patient Services consult | 3. Provide health education on home care, follow up and necessary diagnostics                  | None                              | 10 minutes             | <i>Nurse in Charge</i><br>CI                    |
|  | 3.1 Schedule patient for follow up and/or procedures   | None                              | 5 minutes              |   |
|  | 3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable) | None                              | 5 minutes              |   |
|  | 3.3 Return blue card to the patient with schedule and appointments                             | None                              | 3 minutes              |   |
| <b>TOTAL:</b>  |  |                                   | 5 hours, 11 minutes    |   |

## 20. Outpatient Consultation for Gynecological Oncology Patients

Consultation for Cancer Institute Outpatient Services Clinic Room 101 (Gynecological Oncology Mondays to Fridays 8:00 am to 4:00 pm)

| <b>Office or Division:</b>   | Cancer Institute Outpatient Services (Nursing Services)  |                                   |                 |   |
|--|--|-----------------------------------|-----------------|---|
| <b>Classification:</b>   | Simple   |                                   |                 |   |
| <b>Type of Transaction:</b>  | G2C  |                                   |                 |   |
| <b>Who may avail:</b>  | All gynecological Cancer patients requiring consult and chemotherapy                           |                                   |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE                   |                 |   |
| Blue Card  |  | Department of Outpatient Services |                 |   |
| Histopath result   |  | Laboratory                        |                 |   |
| CBC result (within 1 week of consult)                                      |  | Laboratory                        |                 |   |
| Retrieved Chart  |  | Medical Records Division          |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID                   | PROCESSING TIME | PERSON RESPONSIBLE                      |
| 1. Register and Submit blue card at the guard before 8:00 am               | 1. Verify the above requirements   | None                              | 5 minutes       | Guard on duty<br>CI                     |
|  | 1.1 Instruct watcher to list name of patient and time of arrival                               | None                              | 3 minutes       |   |
|  | 1.2 Gives the blue cards to the nursing attendant  | None                              | 5 minutes       | Nurse in Charge/Nursing Attendant<br>CI |
|  | 1.3 Encode the patient information in the CARROT system  | None                              | 3 minutes       |   |
|  | 1.4 Queue patient for consultation to attending physician                                      | None                              | 2 hours         |   |
| 2. Consult with doctor   | 2. Facilitate consult  | None                              | 30 minutes      | Nurse in Charge<br>CI                   |
| 3. Submit chart to nurse in charge complete the Outpatient Service consult | 3. Provide health education on home care, follow up and necessary diagnostics                  | None                              | 10 minutes      | Nurse in Charge<br>CI                   |
|  | 3.1 Schedule patient for follow up and/or procedures   | None                              | 5 minutes       |   |
|  | 3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable) | None                              | 5 minutes       |   |
|  | 3.3 Return blue card to the patient with schedule and appointments                             | None                              | 3 minutes       |   |
| <b>TOTAL:</b>  |  |                                   | 3 hours, 9 mins |   |

## 21. Outpatient Consultation for Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Patients

Consultation for Cancer Institute Outpatient Services Clinic Room 107 (Medical Oncology Mondays, Tuesdays and Wednesdays 8:00 am to 4:00 pm; Multiple Disciplinary Committee Thursdays 8:00 am to 4:00 pm; Adult Hematology Fridays 8:00 am to 4:00 pm)

| <b>Office or Division:</b>                                    | Cancer Institute Outpatient Services (Nursing Services)  |                                   |                    |                                       |
|---|--|-----------------------------------|--------------------|---------------------------------------|
| <b>Classification:</b>  | Simple   |                                   |                    |                                       |
| <b>Type of Transaction:</b>                                   | G2C  |                                   |                    |                                       |
| <b>Who may avail:</b>   | All Cancer patients requiring consult from Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Services |                                   |                    |                                       |
| CHECKLIST OF REQUIREMENTS                                     |  | WHERE TO SECURE                   |                    |                                       |
| Blue Card   |  | Department of Outpatient Services |                    |                                       |
| Retrieved Chart   |  | Medical Records Division          |                    |                                       |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                   | PROCESSING TIME    | PERSON RESPONSIBLE                    |
| 1. Register and Submits blue card at the guard before 8:00 am | 1. Verify the above requirements   | None                              | 5 minutes          | Guard on duty<br>CI                   |
|   | 1.1 Instruct watcher to list name of patient and time of arrival   | None                              | 3 minutes          | Nurse on duty/Nursing Attendant<br>CI |
|   | 1.2 Give the blue cards to the nursing attendant   | None                              | 5 minutes          |                                       |
|   | 1.3 Encode the patient information in the CARROT system  | None                              | 3 minutes          |                                       |
|   | 1.4 Queue patient for consultation to attending physician  | None                              | 2 hours            |                                       |
| 2. Consult with doctor  | 2. Assist physician during conduct of consultation   | None                              | 30 minutes         | Nurse in Charge<br>CI                 |
| 3. Submit chart to complete the OPS consult                   | 3. Provide health education on home care, follow up and necessary diagnostics  | None                              | 10 minutes         | Nurse in Charge<br>CI                 |
|   | 3.1 Schedule patient for follow up and/or procedures   | None                              | 5 minutes          |                                       |
|   | 3.2 Issue referral slip and instruct patient on appropriate clinic/department (if applicable)                              | None                              | 5 minutes          |                                       |
|   | 3.3 Return blue card to the patient with schedule and appointments   | None                              | 3 minutes          |                                       |
| <b>TOTAL:</b>   |  | None                              | 3 hours, 9 minutes |                                       |

## 22. Outpatient consultation for Pediatric Hematology Oncology

Consultation for Cancer Institute Outpatient Services Clinic Pediatric Hematology Patient  
(Room.108 Tuesdays, Thursdays and Fridays, 1:00 p.m. to 5:00 pm)

| <b>Office or Division:</b>                 | Cancer Institute Outpatient Services (Nursing Services)  |                                    |                 |  |
|--|--|------------------------------------|-----------------|--|
| <b>Classification:</b>                     | Simple   |                                    |                 |  |
| <b>Type of Transaction:</b>                | G2C  |                                    |                 |  |
| <b>Who may avail:</b>                      | All Cancer pediatric patients requiring Chemotherapy treatment, Bone Marrow Aspirate, Intrathecal infusion and biopsy                                  |                                    |                 |  |
| CHECKLIST OF REQUIREMENTS                  |  | WHERE TO SECURE                    |                 |  |
| Blue Card                                  |  | Department of Out Patient Services |                 |  |
| Retrieved Chart                            |  | Medical Records Division           |                 |  |
| CBC result (within 1 day of consult)       |  | Laboratory                         |                 |  |
| CLIENT STEPS                               | AGENCY ACTION  | FEES TO BE PAID                    | PROCESSING TIME | PERSON RESPONSIBLE                             |
| 1. Submit blue card at the nurses' station | 1. Verify the above requirements   | None                               | 4 minutes       | <i>Nursing Attendant/Nurse in Charge</i><br>CI |
|  | 1.1 Instruct watcher to list name of patient and time of arrival   | None                               | 5 minutes       |  |
|  | 1.2 Encode the patient information in the CARROT system  | None                               | 3 minutes       |  |
|  | 1.3 Queue patient for consultation to attending physician  | None                               | 2 hours         |  |
| 2. Consult with doctor regarding procedure | 2. Assist primary service during conduct of consultation   | None                               | 15 minutes      | <i>Nurse in Charge</i><br>CI                   |
|  | 2.1 Assist anesthesiologist during conduct of consultation   | None                               | 15 minutes      |  |
|  | 2.2 Assist in the conduction of the collective orientation of watchers whose patients are cleared for the procedure (Bone Marrow Aspirate, Intrathecal | None                               | 15 minutes      |  |

|  |  |      |            |                              |
|--|--|------|------------|------------------------------|
|  | chemotherapy and biopsy)   |      |            |                              |
|  | 2.3 Secure consent for procedure   | None | 5 minutes  |                              |
|  | 2.4 Queue patient for the procedure  | None | 2 hours    |                              |
|  | 2.5 Assist the patient to the area of procedure  | None | 5 minutes  |                              |
|  | 2.6 Assist the physician in the performance of the procedure                                   | None | 30 minutes |                              |
|  | 2.7 Assesses and monitors patient post procedure   | None | 1 hour     |                              |
| 3. Submit chart to complete the Out Patient Services consult | 3. Provide health education on home care, follow up and necessary diagnostics                  | None | 10 minutes | <i>Nurse in Charge</i><br>CI |
|  | 3.1 Schedule patient for follow up and/or procedures   | None | 5 minutes  |                              |
|  | 3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable) | None | 5 minutes  |                              |
|  | 3.3 Return blue card to the patient with schedule and appointments                             | None | 3 minutes  |                              |
| <b>TOTAL:</b>  |  |      | 7 hours    |                              |

## 23. Outpatient Consultation for Radiation Oncology Patients

Consultation for Cancer Institute Outpatient Services for Radiation Oncology patients  
(Room.108 Mondays to Fridays 8:00 p.m. to 12:00 pm)

| <b>Office or Division:</b>                                  | Cancer Institute Outpatient Services (Nursing Services)  |                                   |                 |  |
|---|--|-----------------------------------|-----------------|--|
| <b>Classification:</b>                                      | Simple   |                                   |                 |  |
| <b>Type of Transaction:</b>                                 | G2C  |                                   |                 |  |
| <b>Who may avail:</b>                                       | All cancer patients requiring Radiation and consult to Radiation Oncology                      |                                   |                 |  |
| CHECKLIST OF REQUIREMENTS                                   |  | WHERE TO SECURE                   |                 |  |
| Blue Card   |  | Department of Outpatient Services |                 |  |
| Retrieved Chart   |  | Medical Records Division          |                 |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID                   | PROCESSING TIME | PERSON RESPONSIBLE                             |
| 1. Register and Surrender blue card at the nurses' station  | 1. Verify the above requirements   | None                              | 3 minutes       | <i>Nursing Attendant/Nurse in Charge</i><br>CI |
|   | 1.1 Instruct watcher to list name of patient and time of arrival                               | None                              | 5 minutes       |  |
|   | 1.2 Encode the patient information in the CARROT system  | None                              | 3 minutes       |  |
|   | 1.3 Queue patient for the consult  | None                              | 2 hours         |  |
| 2. Consult with doctor.                                     | 2. Facilitate consult  | None                              | 30 minutes      | <i>Nurse in Charge</i><br>CI                   |
| 3. Submit chart to complete the Out Patient Service consult | 3. Provide health education on home care, follow up and necessary diagnostics                  | None                              | 10 minutes      | <i>Nurse in Charge</i><br>CI                   |
|   | 3.1 Schedule patient for follow up and/or procedures   | None                              | 5 minutes       |  |
|   | 3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable) | None                              | 5 minutes       |  |
|   | 3.3 Return blue card to the patient with schedule and appointments                             | None                              | 3 minutes       |  |
| <b>TOTAL:</b>   |  | None                              | 3 hours, 4 mins |  |

## 24. Administration of Chemotherapy as Outpatient basis

Administration of chemotherapy drugs in the Ambulatory Chemotherapy Unit

| <b>Office or Division:</b>                                       | Cancer Institute Outpatient Services (Nursing Services)   |                          |                     |                              |
|--|---|--------------------------|---------------------|------------------------------|
| <b>Classification:</b>   | Simple  |                          |                     |                              |
| <b>Type of Transaction:</b>                                      | G2C   |                          |                     |                              |
| <b>Who may avail:</b>  | All Cancer patients requiring chemotherapy infusion as Out Patient basis  |                          |                     |                              |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE          |                     |                              |
| Retrieved Chart  |   | Medical Records Division |                     |                              |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID          | PROCESSING TIME     | PERSON RESPONSIBLE           |
| 1. Submit requirement for chemotherapy                           | 1. Verify for the above requirement   | None                     | 3 minutes           | <i>Nurse in Charge</i><br>CI |
|  | 1.1 Orient patient (and watcher) to procedure   | None                     | 5 minutes           |                              |
|  | 1.2 Secure consent for procedure  | None                     | 5 minutes           |                              |
|  | 1.3 Queue patient for the procedure and the issuance of chemotherapy drugs  | None                     | 3 hours             |                              |
|  | 1.4 Retrieve the chemotherapy drug and needs of the patient from the Oncology Pharmacy once available   | None                     | 20 minutes          |                              |
|  | 1.5 Administer the prescribed chemotherapy infusion (this includes: establishing an Intravenous fluid access, infusion of prehydration, giving of pre medications and post hydration) | None                     | 5 hours             |                              |
| 2. Complete the infusion of chemotherapy regimen for the consult | 2. Assess for post chemotherapy adverse reactions   | None                     | 10 minutes          | <i>Nurse in Charge</i><br>CI |
|  | 2.1 Provide health education on home care: including delayed reactions and their appropriate treatment, follow up and necessary diagnostics   | None                     | 10 minutes          |                              |
| <b>TOTAL:</b>  |   | None                     | 8 hours, 53 minutes |                              |



## 25. Provision of Perioperative Care Services in the SOJR-OR

To provide perioperative care in the SOJR Operating Room

|  |  |   |                        |                                 |
|--|--|---|------------------------|---------------------------------|
| <b>Office or Division:</b>   | SOJR - Operating Room Complex  |   |                        |                                 |
| <b>Classification:</b>   | Simple   |   |                        |                                 |
| <b>Type of Transaction:</b>  | G2C - Government to Citizen  |   |                        |                                 |
| <b>Who may avail:</b>  | All surgical patient scheduled at the SOJR-OR  |   |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>                                  |                        |                                 |
| Blue card  |  | OPD /5 <sup>th</sup> floor                              |                        |                                 |
| PhilHealth form/Guarantee letter   |  | SOJR building 1 <sup>st</sup> floor - PhilHealth office |                        |                                 |
| Medical Clearance  |  | Ward/SOJR-OR holding area                               |                        |                                 |
| Registration of patient name to RADISH OR Scheduler for all elective procedure |  | Attending Physician                                     |                        |                                 |
| Fully accomplished Patient Treatment Record/Chart                              |  | Attending Physician                                     |                        |                                 |
| Must be accompanied by a legal guardian or relative of legal age               |  |   |                        |                                 |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1. Present requirements for operation  | 1. Verify the name of patient from the list of scheduled patients for operation using the blue card and Patient Treatment Record/Patient Chart<br>1.1 Check the completeness of all pertinent documents required by the SOJR-OR (consent signed, PhilHealth pre-approved clearance form/guarantee letter)<br>1.2 Secure consent for operation<br>1.3 Perform and document pre-operative nursing care | None  | 30 minutes             | <i>Nurse on Duty</i><br>SOJR OR |

|  |   |      |   |                          |
|--|---|------|---|--------------------------|
|  |   |      |   |                          |
| 2. Proceed to OR suites to undergo operation | 2. Assist in the performance of operation.<br>2.1 Perform and document intra - operative nursing care<br>2.2 Perform and document post-operative nursing care | None | Variable<br><br>3 hours   | Nurse on Duty<br>SOJR OR |
| <b>TOTAL:</b>                                |   | None | Processing Time: 3 hours, 30 minutes<br><br>Surgery time : Variable |                          |

## 26. Transferring Patient Out to Ward

To transfer patient out to service unit

|  |   |   |  |   |
|--|---|---|--|---|
| <b>Office or Division:</b>                     | SOJR - Operating Room Complex   |   |  |   |
| <b>Classification:</b>                         | Simple  |   |  |   |
| <b>Type of Transaction:</b>                    | G2G - Government to government  |   |  |   |
| <b>Who may avail:</b>                          | All In-Patient that undergone operation at the SOJR-OR  |   |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>               |   | <b>WHERE TO SECURE</b>                                  |  |   |
| Anesthesiologist Clearance/ resident clearance |   | Resident/Surgeon -in charge                             |  |   |
| Hospital bill charged through Open ERP         |   | SOJR-OR   |  |   |
| Accomplished and signed PhilHealth forms       |   | Philhealth office (1 <sup>st</sup> floor SOJR building) |  |   |
| Allotted bed from service unit                 |   | Service Unit  |  |   |
| <b>CLIENT STEPS</b>                            | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                                  | <b>PROCESSING TIME</b>                   | <b>PERSON RESPONSIBLE</b>   |
| 1. Transfer to service unit                    | 1. Verify doctors' order for trans out<br><br>1.1 Check completeness of OR document and PhilHealth forms (Intra op record, OR technique, Anesthesia Record, CF2, CF4)<br><br>1.1 Facilitate transfer of patient to service unit | None  | 65 minutes                               | <i>Nurse of Duty</i><br><i>Utility worker</i><br><i>Resident in charge</i><br>SOJR OR |
| <b>TOTAL</b>                                   |   | None  | Processing Time:<br>1 hour,<br>5 minutes |   |

## 27. Patient Discharge Service

To discharge patient from service unit

|   |  |   |                                     |   |
|---|--|---|-------------------------------------|---|
| <b>Office or Division:</b>  | SOJR - Operating Room Complex  |   |                                     |   |
| <b>Classification:</b>  | Simple   |   |                                     |   |
| <b>Type of Transaction:</b>   | G2C- Government to citizen   |   |                                     |   |
| <b>Who may avail:</b>   | All Out-Patient that undergone operation at the SOJR-OR  |   |                                     |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                            |                                     |   |
| Discharge Orders  |  | Attending Physician                               |                                     |   |
| Hospital Clearance  |  | SOJR Billing Office (1 <sup>st</sup> floor)       |                                     |   |
| Accomplished and signed PhilHealth Forms                                |  | Attending Physician                               |                                     |   |
| Pharmacy clearance  |  | SOJR-Pharmacy 2 <sup>nd</sup> floor SOJR building |                                     |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                            | <b>PROCESSING TIME</b>              | <b>PERSON RESPONSIBLE</b>   |
| 1. Receive orders for discharge   | 1. Verify doctor's order for discharge   | None  | 10 minutes                          | <i>Nurse of Duty SOJR OR</i>  |
| 2. Coordinate with PhilHealth Office Personnel and settle hospital bill | 2. Guide accomplishing necessary forms<br>2.1 Issue charge slip  | Refer to approved schedule of fees                | 30 minutes                          | <i>Nurse of Duty Nursing Attendant PhilHealth Personnel SOJR OR</i> |
| 3. Receive post-operative health education                              | 3. Assist patient to change clothes from hospital gown to street clothes<br>3.1 Validate hospital clearance form<br>3.2 Instruct post op health education<br>3.3 Provide copy of post-operative health instructions to the patient and relatives | None  | 30 minutes                          | <i>Nurse of Duty Resident-in charge SOJR OR</i>                     |
| <b>TOTAL</b>  |  | Refer to approved schedule of fees                | Processing Time: 1 hour, 10 minutes |   |

## 28. DEM Patient Consultation

Patient consultation at the Department of Emergency Medicine

|   |   |                        |                        |   |
|---|---|------------------------|------------------------|---|
| <b>Office or Division:</b>  | Department of Emergency Medicine  |                        |                        |   |
| <b>Classification:</b>  | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>   | G2C   |                        |                        |   |
| <b>Who may avail:</b>   | All patients who needs emergency services   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |   |
| None  |   |                        |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Consult at the Triage Area of the Emergency Room                                     | 1. Receive and categorize patient to:<br><br><ul style="list-style-type: none"> <li>● <b>PEDIA TRIAGE</b><br/>Pediatric non-trauma (under 19 years old)</li> <li>● <b>ADULT TRIAGE</b><br/>Patients above 19 years old including pediatric trauma</li> </ul><br>ESI 1-2 (Emergent)<br>ESI 3- (Urgent)<br>ESI 4-5 (Non- Urgent)<br>ESI 5 decked to <b>OPD</b><br>ESI 4 to <b>Ambulatory Clinic</b><br><br>1.1 Issue PIC to the watcher | None                   | 10 minutes             | <i>Triage Nurse and Triage Officer</i><br>DEM |
| 2. Submit <b>PIC</b> (Please Issue Chart) Form to Medical Record clerk at ER Palistahan | 2. Check the completeness of the PIC form and issue the Blue Card and chart   | None                   | 10 minutes             | <i>Medical Records Clerk</i><br>ER Palistahan |
| 3. Inform frontline nurse of chart availability   | 3. Retrieve chart from medical record section at ER Palistahan for documentation<br><br>3.1. Instruct patient's relative  | None                   | 10 minutes             | <i>Frontline nurse</i><br>DEM                 |

|   |   |      |                   |  |
|---|---|------|-------------------|--|
|   | to avail MSS assistance   |      |                   |  |
| 4. Proceed to MSS for classification and PhilHealth Registration  | 4. Classify patient and issue MSS card and PhilHealth Registration form   | None | 15 minutes        | <i>Administrative Staff</i><br>MSS   |
| 5. Proceed to Treatment Officer   | 5. Attend to patient according to ESI level<br>5.1 Provide immediate emergency management   | None | 5 minutes         | <i>Treatment Officer of all services</i><br>DEM<br><i>Nurse in Charge</i><br>DEM |
| 6. Receive information on the disposition of patient:<br><ul style="list-style-type: none"> <li>Admission - directed to the ward</li> <li>Discharge – receive discharge slip, discharge summary, clinical abstract and prescription if necessary</li> <li>THOC- receive clinical abstract, discharge summary</li> </ul> | 6. Document Disposition of patient in the chart for:<br><ul style="list-style-type: none"> <li>admission</li> <li>discharge</li> <li>transfer to hospital of choice (THOC)</li> </ul> | None | 15 minutes        | <i>Nurse in charge</i><br><i>Resident in Charge</i><br>DEM                       |
| <b>TOTAL:</b>   |   | None | 1 hour, 5 minutes |  |

## 29. OB-AS Patient Consultation

Patient consultation at the Department of Obstetrics – Admitting Section (OB-AS)

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                                | Department of Obstetrics Admitting Section (OB-AS)   |                        |                        |   |
| <b>Classification:</b>                                    | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                               | G2C  |                        |                        |   |
| <b>Who may avail:</b>                                     | All patients who needs emergency services  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                          |  | <b>WHERE TO SECURE</b> |                        |   |
| None  |  |                        |                        |   |
| <b>CLIENT STEPS</b>                                       | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                       |
| 1. Consult at the Triage Area of the OB-Admitting Section | 1. Receive and categorize patient to: <ul style="list-style-type: none"> <li>• <b>PREGNANT</b> <ul style="list-style-type: none"> <li>- Emergent – Admit to AS/LR</li> <li>- Ambulatory/Urgent Admit to OB Wards or IMU</li> </ul> </li> <li>• <b>NON-PREGNANT</b> <ul style="list-style-type: none"> <li>- Emergent (Gyne, Onco, Peri)Admit to AS then to OR 3<sup>rd</sup> Flr.</li> <li>- Ambulatory/Urgent Discharge to OB-AS and refer to OPD</li> <li>- Transfer to OB Wards, schedule for elective OR</li> </ul> </li> </ul> 1.1 Issue PIS to the watcher for filling up patient's information data and direct to submit <b>PIS</b> (Patient Information Sheet) Form to OB Palistahan | None                   | 1 hour                 | <i>Triage Nurse and Triage Officer</i><br>OB-AS |
| 2. Proceed to Treatment Officer                           | 2. Assist the physician in providing immediate   | None                   | 30 minutes             | <i>Nurse in Charge</i><br>OB-AS                 |

|   |   |      |                     |   |
|---|---|------|---------------------|---|
|   | emergency management  |      |                     |   |
| 3. Receive information on the disposition of patient:<br>• Admission<br>• Discharge | 3. Document Disposition of patient in the chart for:<br>• Admission,<br>• Discharge<br>• Transfer to OB Wards | None | 1 hour              | <i>Nurse in charge<br/>Resident in Charge<br/>OB-AS</i> |
| <b>TOTAL:</b>   |   | None | 2 hours, 30 minutes |   |



### 30. Transfer in/ Transfer out of Patient to Service Units

Trans-in of Patient from one charity service unit to another

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>                   | Department of Obstetrics – Admitting Section (OB-AS)   |                        |                        |   |
| <b>Classification:</b>                       | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>                  | G2C  |                        |                        |   |
| <b>Who may avail:</b>                        | All patients   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>             |  | <b>WHERE TO SECURE</b> |                        |   |
| Trans-out orders                             |  | Attending Physician    |                        |   |
| Complete pertinent documents                 |  | Nurse on duty          |                        |   |
| <b>CLIENT STEPS</b>                          | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Be informed of the order transfer         | 1. Verify the orders<br>1.1 Complete required documents for transfer   | None                   | 30 minutes             | <i>Nurse on duty</i><br><i>Attending Physician</i><br>OB-AS |
| 2. Transfer from one service area to another | 2. Endorse the patient via telephone<br>2.1 Transport the patient from one unit to another<br>2.2 Assist patient to assigned stretcher bed, performs history taking and initial vital signs<br>2.3 Orient patient (and watcher) to unit/facility rules and policies including patient safety precautions | None                   | 1 hour                 | <i>Nurse on duty</i><br>OB-AS                               |
| <b>TOTAL:</b>                                |  | None                   | 1 hour, 30 minutes     |   |

### 31. Discharge of Patient from OB-AS

Assist with discharge of patient from the OB-AS

|   |  |                                   |                              |  |
|---|--|-----------------------------------|------------------------------|--|
| <b>Office or Division:</b>  | Department of Obstetrics – Admitting Section (OB-AS)   |                                   |                              |  |
| <b>Classification:</b>  | Simple   |                                   |                              |  |
| <b>Type of Transaction:</b>   | G2C  |                                   |                              |  |
| <b>Who may avail:</b>   | All patients   |                                   |                              |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>            |                              |  |
| Discharge orders  |  | Physician on duty                 |                              |  |
| Complete discharge documents (CF2,CF3,CF4)  |  | Nurse on duty / Physician on duty |                              |  |
| Home instructions (Rx, Laboratory/Diagnostic request, schedule of follow up check up) |  | Physician on duty                 |                              |  |
| MalasakitCenter Clearance   |  | Malasakit Center                  |                              |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b>       | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Be informed of Notice of Discharge   | 1. Explain process of discharge<br>1.1 Instruct client to secure clearance from the Malasakit Center   | None                              | 20 minutes                   | <i>Nurse on duty</i><br>OB-AS                                |
| 2. Present the Malasakit clearance  | 1. Verify for completeness<br>1.1 Provide home instructions including follow up check-up, copy of discharge documents, medications and laboratory or diagnostic request if any and others<br>1.2 Escort the patient to lobby | None                              | 20 minutes<br><br>20 minutes | <i>Nurse on duty</i><br>OB-AS<br><br>Utility worker<br>OB-AS |
| <b>TOTAL:</b>   |  | None                              | 1 hour                       |  |

### 32. Facilitation of Prescribed Laboratory Examinations (Stat)

Facilitation of prescribed laboratory examination done at Central laboratory

|                                      |   |                        |                        |   |
|--------------------------------------|---|------------------------|------------------------|---|
| <b>Office or Division:</b>           | Department of Obstetrics – Admitting Section  |                        |                        |   |
| <b>Classification:</b>               | Simple  |                        |                        |   |
| <b>Type of Transaction:</b>          | G2C   |                        |                        |   |
| <b>Who may avail:</b>                | All patients  |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>     |   | <b>WHERE TO SECURE</b> |                        |   |
| Written order of the Physician       |   | Physician in charge    |                        |   |
| Filled-up request form               |   | Physician in charge    |                        |   |
| <b>CLIENT STEPS</b>                  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                             |
| 1. Order Stat laboratory examination | 1. Verify the order and the completeness of the filled-up request form ensuring there is a tick on the word STAT in the request | None                   | 5 minutes              | <i>Nurse on duty<br/>OB-AS</i>                        |
| 2. Present collected specimen        | 2. Complete the specimen container labels   | None                   | 30 minutes             | <i>Nurse on duty/<br/>Physician on duty<br/>OB-AS</i> |
|                                      | 2.1 Send the specimens Stat   | None                   | 30 minutes             |   |
|                                      | 2.2 Document the procedure done   | None                   | 10 minute              | <i>Nurse on duty/Physician on duty<br/>OB-AS</i>      |
| <b>TOTAL:</b>                        |   | None                   | 1 hour, 15 minutes     |   |

### 33. DPPS-Admission of Patients to Pay Units

Admission of elective patients to pay units

|  |  |                        |                        |   |
|--|--|------------------------|------------------------|---|
| <b>Office or Division:</b>   | Nursing Services -Pay Wards  |                        |                        |   |
| <b>Classification:</b>   | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>  | G2C – Government to Citizen  |                        |                        |   |
| <b>Who may avail:</b>  | All pay patients   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |   |
| Admitting Orders   |  | Attending Physician    |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Arrive at the nurses' station on day of admission from the Pay Admitting Unit | 1. Receive and welcomes patient into the nursing care unit<br>1.1 Take patient's height and weight<br>1.2 Document the date and time of patient's arrival at the unit  | None                   | 10 minutes             | <i>Nurse on duty<br/>Nursing attendant on duty<br/>DPPS</i> |
| 2 Present admitting orders from Attending Physician                              | 2. Verify admitting orders and check patient's case record<br>2.1 Escort patient to assigned room and bed<br>2.2 Inform the attending consultant and fellow or resident-in-charge of admission<br>2.3 Ask the patient to sign the consent for admission form and Fall Waiver Agreement<br>2.4 Take the patient's nursing history and vital signs<br>2.5 Inform the dietary department of the prescribed diet of the patient<br>2.6 Orient the patient and watchers on hospital and | None                   | 40 minutes             | <i>Nurse on duty<br/>Nursing attendant on duty<br/>DPPS</i> |

|               |   |      |            |  |
|---------------|---|------|------------|--|
|               | nursing unit's rules and policies<br>2.7 Document patient's data and completely fill up patient's chart<br>2.8 Facilitate admitting orders. |      |            |  |
| <b>TOTAL:</b> |   | None | 50 minutes |  |

### 34. DPPS-Processing of Discharge of Pay Patients

The discharge of patients in the Department of Pay Patient Services, including those for home per request (against medical advice).

|  |   |                                     |                        |                             |
|--|---|-------------------------------------|------------------------|-----------------------------|
| <b>Office or Division:</b>   | Nursing Services – Pay Wards  |                                     |                        |                             |
| <b>Classification:</b>   | Simple  |                                     |                        |                             |
| <b>Type of Transaction:</b>  | G2C – Government to Citizen   |                                     |                        |                             |
| <b>Who may avail:</b>  | All patients  |                                     |                        |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>              |                        |                             |
| Physician's Discharge order  |   | Nurse's Station                     |                        |                             |
| Filled-up CF form (PhilHealth)   |   | Nurse's Station and Billing Section |                        |                             |
| Billing Clearance/Approved Promissory Note   |   | Billing Section                     |                        |                             |
| Home Instructions  |   | Nurse's Station                     |                        |                             |
| Schedule of follow up visits   |   | Nurse's Station                     |                        |                             |
| Referral (if applicable)   |   | Nurse's Station                     |                        |                             |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Do any of the following: <ul style="list-style-type: none"> <li>• If with written order for discharge, receive information for discharge</li> <li>• If patient requests to go home against medical advice, inform nurse-in-charge of desire to go home</li> </ul> | 1. Do any of the following: <ul style="list-style-type: none"> <li>• If with written order for discharge, review patient's chart for physician's written order for discharge, home instructions, schedule of follow up visits and referral (if applicable)</li> </ul> | None                                | 5 minutes              | <i>Nurse-in-charge DPPS</i> |
|  | <ul style="list-style-type: none"> <li>• If patient requests to go home against medical advice, inform the attending physician regarding patient's and/or relative's request to go home (against medical advice)</li> </ul>   | None                                | 5 minutes              | <i>Nurse-in-charge DPPS</i> |
|  | <ul style="list-style-type: none"> <li>• Ensures that the patient and/or relatives has signed the home</li> </ul>   | None                                | 15 minutes             | <i>Nurse-in-charge DPPS</i> |

|   |   |   |  |   |
|---|---|---|--|---|
|   | <p>against advice form</p> <p>1.1 Inform patient and/or relative regarding discharge order, home instructions, schedule of follow up visits and referral (if applicable)</p> <p>1.2 Return unused medications and supplies to the Pharmacy Department</p> <p>1.3. Send down updated list of hospital charges, including professional fees, to the Pharmacy Department and the Billing Section</p> | <p>None</p> <p>None</p>                         | <p>15 minutes</p> <p>5 minutes</p>                                 | <p><i>Nurse-in-charge</i><br/>DPPS</p> <p><i>Nurse-in-charge</i><br/>DPPS</p>   |
| 2. Request for documents needed, such as Clinical Abstract, Discharge Summary, Medical Certificate, Operation-related papers, etc., if applicable | <p>2. Facilitate request for documents needed</p> <p>2.1 Forwards final list of pharmacy charges to Billing Section</p> <p>2.2 Countercheck list of hospital charge with accumulated receipts in the patient's ledger and send notice for discharge to nurse's station</p> <p>2.3. Give notice for discharge to</p>   | <p>None</p> <p>None</p> <p>None</p> <p>None</p> | <p>5 minutes</p> <p>30 minutes</p> <p>3 hours</p> <p>5 minutes</p> | <p><i>Nurse-in-charge</i><br/><i>Ward clerk</i><br/>DPPS<br/><i>Administrative</i><br/><i>Office</i><br/>MRD</p> <p><i>Pharmacy Assistant/</i><br/><i>Administrative Staff</i><br/>Pharmacy Department<br/><i>Administrative Staff</i><br/>Billing Section</p> <p><i>Nurse-in-charge</i><br/>DPPS</p> |

|   |  |                                    |                             |   |
|---|--|------------------------------------|-----------------------------|---|
|   | patient and/or relative  |                                    |                             |   |
| 3. Fills out PhilHealth CF1 form and Member Data Record from Billing Section                                | 3. Provides PhilHealth CF1 form, Member Data Record and final Hospital Bill  | None                               | 30 minutes                  | <i>PhilHealth Officer</i><br><i>DPPS</i><br><i>Administrative Staff</i><br><i>Billing Section</i> |
| 4. Secure final Statement of Account from Billing Section and settle accounts at the Cash Services Division | 4. Receives total payment for accounts due<br>4.1 Provides official receipt for payment received                                       | Refer to approved schedule of fees | 30 minutes                  | <i>Cashier</i><br><i>Cash Services Division</i>   |
| 5. Show copy of official receipt to the Billing Section and submit approved promissory note, if applicable  | 5.1 Provide two copies of clearance slip to relative   | None                               | 5 minutes                   | <i>Administrative Staff</i><br><i>Billing Section</i>   |
| 6. Shows copy of clearance slip to the Nurse's Station  | 6. Attach one copy of clearance slip to patient's chart<br>6.1 Send patient for discharge, via wheelchair or stretcher, as appropriate | None<br><br>None                   | 5 minutes<br><br>15 minutes | <i>Nurse-in-charge</i><br><i>DPPS</i><br><br><i>Utility Worker</i><br><i>DPPS</i>                 |
| <b>TOTAL:</b>   |  | Refer to approved schedule of fees | 5 hours, 45 minutes         |   |



### 35. DPPS-Processing of Clearance for Expired Patients

The processing of clearance of expired patients in the Department of Pay Patient Services

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>                                | Nursing Services – Pay Wards   |                        |                        |  |
| <b>Classification:</b>                                    | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>                               | G2C – Government to Citizen  |                        |                        |  |
| <b>Who may avail:</b>                                     | Immediate relative of expired patients   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                          |  | <b>WHERE TO SECURE</b> |                        |  |
| Clearance from Billing Section                            |  | Billing Section        |                        |  |
| <b>CLIENT STEPS</b>                                       | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                      |
| 1. Receive psychosocial support from nursing personnel    | 1. Ensure that the patient's death is pronounced by a physician<br>1.1 Provide postmortem care to the cadaver and psychosocial support to the bereaved family, as culturally appropriate<br>1.2 Ensure that a death certificate (Municipal Form No. 103) indicating details of the patient's death is filled out by attending physician, and counterchecked by the relatives<br>1.3 Prepare four typewritten copies of the death certificate | None                   | 1 hour                 | <i>Nurse-in-charge<br/>Ward clerk<br/>DPPS</i> |
| 2. Contact a funeral service for transport of the cadaver | 2. Inform the relatives regarding the need for funeral services, transport, etc.<br>2.1 Ask relatives to fill out two copies of the receipt of cadaver form, together with the details of the  | None                   | 1 hour, 15 minutes     | <i>Nurse-in-charge<br/>DPPS</i>                |

|  |  |                                     |  |  |
|--|--|-------------------------------------|--|--|
|  | <p>funeral service</p> <p>2.2 Endorse cadaver to the funeral parlor staff</p> <p>2.3 Ensure that funeral parlor staff signs in the receipt of cadaver form</p> <p>2.4 Instruct utility worker to transport cadaver to the hospital morgue for safekeeping, if the family does not have a funeral service ready up to four hours after death</p> <p>2.5 Release cadaver from the unit</p> <p>2.6 Return unused medications and supplies to the Pharmacy Department</p> <p>2.7 Send down updated list of hospital charges, including professional fees, to the Pharmacy Department and the Billing Section</p> |                                     | <p>15 minutes</p> <p>15 minutes</p> <p>5 minutes</p> | <p><i>Funeral parlor staff or Utility worker</i></p> <p><i>Nurse-in-charge DPPS</i></p> <p><i>Nurse-in-charge DPPS</i></p>   |
| 3. Request for documents needed, such as Photocopy of Medical Certificate for Internment Purposes, Clinical Abstract, Discharge Summary, Medical Certificate, Operation-related papers, etc., if | <p>3. Facilitate request for documents needed</p> <p>3.1 Forward final list of pharmacy charges to Billing Section</p> <p>3.2 Countercheck list of hospital charge with accumulated receipts in the patient's ledger</p>   | <p>None</p> <p>None</p> <p>None</p> | <p>5 minutes</p> <p>30 minutes</p> <p>3 hours</p>    | <p><i>Nurse-in-charge DPPS</i></p> <p><i>Pharmacy Assistant/ Administrative Staff</i></p> <p><i>Pharmacy Department Administrative Staff</i></p> <p><i>Billing Section</i></p> |

|   |  |                                    |                     |   |
|---|--|------------------------------------|---------------------|---|
| applicable  | 3.3 Send notice for discharge to nurse's station   |                                    |                     |   |
| 3. Fill out PhilHealth CF1 form and Member Data Record and secure final Statement of Account from Billing Section | 3. Provides PhilHealth CF1 form, Member Data Record and final Hospital Bill  | None                               | 30 minutes          | <i>PhilHealth Officer</i><br><i>DPPS</i><br><i>Administrative Staff</i><br><i>Billing Section</i> |
| 4. Settle accounts at the Cash Services Division  | 4. Receives total payment for accounts due<br>4.1 Provides official receipt for payment received                   | Refer to approved schedule of fees | 30 minutes          | <i>Cashier</i><br><i>Cash Services Division</i>   |
| 5. Show copy of official receipt to the Billing Section   | 5. Provides two copies of a clearance slip to relative   | None                               | 5 minutes           | <i>Administrative Staff</i><br><i>Billing Section</i>   |
| 6. Show copy of clearance slip to the Nurse's Station   | 6. Attach one copy of clearance slip to patient's chart<br>6.1 Release typewritten copies of the death certificate | None                               | 5 minutes           | <i>Nurse-in-charge</i><br><i>DPPS</i>   |
| <b>TOTAL:</b>   |  | Refer to approved schedule of fees | 7 hours, 35 minutes |   |

### 36. DPPS-Transfer In/Out of Patients

Transferring patients from/to other pay units, including the Central Intensive Care Unit, Pay Emergency Room and service areas, within the hospital.

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>  | Nursing Services – Pay Wards   |   |                        |   |
| <b>Classification:</b>  | Simple   |   |                        |   |
| <b>Type of Transaction:</b>   | G2C – Government to Citizen  |   |                        |   |
| <b>Who may avail:</b>   | Patients from pay and service areas  |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                    |                        |   |
| <ul style="list-style-type: none"> <li>• Transfer Order</li> <li>• Transfer Slip</li> <li>• Complete Pertinent Documents</li> <li>• Billing Clearance or Approved Promissory Note for Pay Patients</li> </ul> |  | Attending Physician<br>Pay Admitting Unit |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                 |
| <b>TRANSFER IN OF PATIENTS</b>  |  |   |                        |   |
| 1. Arrive at the nurse's station  | 1. Receive call from Pay Admitting Unit notifying of transfer of patient<br>1.1 Prepare the room and patients' needs and checks completeness of amenities<br>1.2 Receive and welcomes patient into the nursing care unit<br>1.3 Document the date and time of patient's arrival at the unit<br>1.4 Escort patient to assigned room and bed<br>1.5 Receive endorsement and transfer slip from the endorsing area nurse (face to face or via phone call)<br>1.6 Sign the transin/out logbook accordingly<br>1.7 Inform the | None                                      | 1 hour                 | <i>Nurse in charge and Nursing Attendant on duty DPPS</i> |

|  | attending physician and other services on board of transfer<br>1.8 Conduct focused assessment on the patient<br>1.9 Reiterate the unit's guidelines and policies on the patients and watchers<br>1.10 Accomplish chart and completely fills up data<br>1.11 Carry out consequent physician's orders |                        |                        |   |
|--|---|------------------------|------------------------|---|
| <b>TOTAL:</b>  |   | None                   | 1 Hour                 |   |
| <b>TRANSFER OUT OF PATIENTS</b>  |   |                        |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Informs the nurses of their intention to transfer                         | 1. Inform the attending physician of the patient's request to transfer  | None                   | 5 minutes              | <i>Nurse in charge</i><br>DPPS  |
| 2. Settles hospital bill or obtains promissory note from the Billing Section | 2. Send hospital bill to the Billing Section for processing<br>2.1 Requests the doctors to accomplish admitting orders for the patient  | None                   | 10 minutes             | <i>Nurse in charge</i><br>DPPS<br><i>Administrative staff</i><br>Billing Section    |
| 3. Transfer to unit of choice  | 3. Follow up decking of patients at the desired area of transfer<br>3.1 Inform the services that the patient is for transfer upon availability of the bed<br>3.2 Call the receiving area that the   | None                   | 60 minutes             | <i>Nurse in charge</i><br>DPPS<br><i>Resident in charge</i><br>Auxillary Department |

|               |  |      |                    |  |
|---------------|--|------|--------------------|--|
|               | <p>patient is for transfer</p> <p>3.3 Request for a resident to accompany the patient for transfer, if applicable</p> <p>3.4 Coordinate with other departments regarding the necessary equipment for transfer</p> <p>3.5 Accompany the patient and endorses the complete chart, medication cards, and Kardex forms to the receiving area nurse</p> |      |                    |  |
| <b>TOTAL:</b> |  | None | 1 hour, 15 minutes |  |

### 37. DPPS-Facilitation of Prescribed Laboratory and Diagnostic Procedures

Facilitating ordered laboratory and diagnostic procedures for the patient

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| <b>Office or Division:</b>  | Nursing Services – Pay Wards   |   |                        |  |
| <b>Classification:</b>  | Simple   |   |                        |  |
| <b>Type of Transaction:</b>   | G2C – Government to Citizen  |   |                        |  |
| <b>Who may avail:</b>   | Pay patients   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>  |                        |  |
| Written Orders of the Physician<br>Filled-up Request Forms<br>Borrowers' Form<br>Written Consent<br>Other pertinent documents (ie., laboratory results, OR record, if applicable) |  | Physician in charge<br>Laboratory Department, Pathology Section, etc<br>Radiology Department<br>Nurse on duty |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| <b>A. Laboratory Procedures</b>   |  |   |                        |  |
| 1. Receive information about the tests to be done   | 1. Inform patient of the tests to be done and provides any special instructions or preparation | None  | 5 minutes              | <i>Nurse on duty</i><br>DPPS   |
|   | 1.1 Make laboratory request for the ordered test, indicating as emergency if necessary         | None  | 5 minutes              | <i>Nurse on duty</i><br>DPPS   |
|   | 1.2 Call the laboratory to request for the blood extraction if needed                          | None  | 5 minutes              | <i>Nurse on duty</i><br>DPPS   |
| 2. Permit to collect specimen   | 2. Collect and label the specimen properly   | None  | 5 minutes              | <i>Medical Technician</i><br><i>Laboratory Nurse on duty</i><br>DPPS |
|   | 2.1 Send specimen to the designated section for the test                                       | None  | 10 minutes             | <i>Utility Worker</i><br>DPPS  |
| <b>B. Request for Diagnostic Procedures</b>   |  |   |                        |  |

|  |   |      |            |                               |
|--|---|------|------------|-------------------------------|
| 1. Receive information on schedule and required preparation prior to procedure | 1. Fill up request for specific procedure, indicating if emergency as necessary                           | None | 5 minutes  | <i>Nurse on duty</i><br>DPPS  |
|  | 1.1 Attach documentary requirements, as necessary   | None | 5 minutes  | <i>Utility Worker</i><br>DPPS |
|  | 1.2 Hand requests to specific department for procedure for scheduling                                     | None | 10 minutes | <i>Utility Worker</i><br>DPPS |
|  | 1.3 Retrieve request with final schedule from Radiology Department  | None | 10 minutes | <i>Utility Worker</i><br>DPPS |
|  | 1.4 Hand the scheduled request to nurse in charge   | None | 1 minute   | <i>Utility Worker</i><br>DPPS |
|  | 1.5 Inform patient of schedule and required preparation prior to procedure                                | None | 5 minutes  | <i>Nurse on duty</i><br>DPPS  |
|  | 1.6 Secure needs required for the procedure   | None | 10 minutes | <i>Nurse on duty</i><br>DPPS  |
|  | 1.7 Prepare patient immediately prior to procedure  | None | 10 minutes | <i>Nurse on duty</i><br>DPPS  |
|  | 1.8 Send patient to the diagnostic room for scheduled procedure   | None | 10 minutes | <i>Utility Worker</i><br>DPPS |
| <b>C. Request for ECG</b>  |   |      |            |                               |
| 1. Receive information about ECG request                                       | 1. Accomplishes request for ECG, specifying if stat if necessary – electronically or via written request. | None | 5 minutes  | <i>Nurse on duty</i><br>DPPS  |
|  | 1.1 Forwards request to ECG   | None | 5 minutes  | <i>Utility worker</i>         |



|        |   |      |  |      |
|--------|---|------|--|------|
|        | tech on duty, if<br>there is written<br>request |      |  | DPPS |
| TOTAL: |   | None | <p>For Laboratory<br/>Procedures - 30<br/>mins</p> <p>For Diagnostic<br/>Procedures - 1<br/>hour, 6 minutes<br/>10 minutes</p> <p>For ECG<br/>Request - 10<br/>minutes</p> |      |

### 38. DPPS-Facilitation of Healthcare Treatment Plan

Facilitation of Healthcare Treatment Plan in Pay Units

|   |   |                              |                        |                             |
|---|---|------------------------------|------------------------|-----------------------------|
| <b>Office or Division:</b>                    |   | Nursing Services – Pay Wards |                        |                             |
| <b>Classification:</b>                        |   | Highly Technical             |                        |                             |
| <b>Type of Transaction:</b>                   |   | G2C – Government to Citizen  |                        |                             |
| <b>Who may avail:</b>                         |   | Pay Patients                 |                        |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>              |   |                              | <b>WHERE TO SECURE</b> |                             |
| Written Orders of the Physician               |   |                              |                        |                             |
| <b>CLIENT STEPS</b>                           | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Physician orders healthcare treatment plan | 1. Verify physician's order   | None                         | 5 minutes              | <i>Nurse-in-charge DPPS</i> |
|   | 1.1 Carry out physician's order   | None                         | 60 minutes             | <i>Nurse-in-charge DPPS</i> |
|   | 1.2. Execute efficient, safe and timely delivery of physician's management plan |                              |                        |                             |
|   | 1.3. Document all implemented nursing actions based on the Physician's order    | None                         | 10 minutes             | <i>Nurse-in-charge DPPS</i> |
| <b>TOTAL</b>                                  |   | None                         | 1 hour, 15 minutes     |                             |

### 39. Intraoperative Management for Patients

To provide intraoperative nursing care to all surgical patients

|  |   |   |                        |  |
|--|---|---|------------------------|--|
| <b>Office or Division:</b>                   | Operating Room Complex  |   |                        |  |
| <b>Classification:</b>                       | Simple  |   |                        |  |
| <b>Type of Transaction:</b>                  | G2C - Government to Citizen   |   |                        |  |
| <b>Who may avail:</b>                        | Surgical patients   |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>             |   | <b>WHERE TO SECURE</b>                        |                        |  |
| Doctor's Order for Surgery                   |   | Surgical resident                             |                        |  |
| Informed Consent                             |   | Surgical resident                             |                        |  |
| Medical Clearance                            |   | Internal Medicine and Anesthesiology Resident |                        |  |
| Schedule of Decking                          |   | RADISH (Record of Admission and Discharge)    |                        |  |
| <b>CLIENT STEPS</b>                          | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Commit self to planned surgical procedure | 1. Receive patient and verify pre-op checklist and consent                        | None  | 10 minutes             | <i>Circulating Nurse</i><br>OR   |
|  | 1.1 Transfer of patient from information to the OR suite                          | None  | 5 minutes              | <i>Circulating Nurse, Utility Worker</i><br>OR   |
|  | 1.2 Assist in the surgical procedure  | None  | Variable               | <i>Attending Surgeon, Anesthesiologist, Circulating Nurse, Scrub Nurse, Utility Worker, Other Allied Health Worker as required</i><br>OR |
|  | Note: Surgical time is variable and depends on the type of case done              |   |                        |  |
|  | 1.3 Issue charge slip for the use of OR theatre, needs, instruments and equipment | Refer to approved schedule of fees            | 30 minutes             | <i>Circulating Nurse</i><br>OR   |
|  | 1.4 Document the surgical procedure   | None  | 15 minutes             | <i>Circulating Nurse</i><br>OR   |

|               |  |   |  |   |
|---------------|--|---|--|---|
|               | 1.5 Wheel out/<br>endorse to<br>PACU/other<br>surgical<br>units/ICUs | None  | 25 minutes   | <i>Attending<br/>Surgeon,<br/>Anesthesiologi<br/>st, Circulating<br/>Nurse, Utility<br/>Worker<br/>OR</i> |
| <b>TOTAL:</b> |  | Refer to<br>approved<br>schedule of<br>fees | Processing<br>Time: 2 hours, 5<br>minutes<br><br>Surgery Time: |   |

#### 40. Preoperative Visitation for Elective Surgical Patients

To provide health education through preoperative visitation to elective surgical patients

|  |   |   |                        |                                 |
|--|---|---|------------------------|---------------------------------|
| <b>Office or Division:</b>   | Operating Room Complex  |   |                        |                                 |
| <b>Classification:</b>   | Simple  |   |                        |                                 |
| <b>Type of Transaction:</b>  | G2C - Government to Citizen   |   |                        |                                 |
| <b>Who may avail:</b>  | Surgical patients   |   |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                        |                        |                                 |
| Doctor's Order for Surgery   |   | Surgical resident                             |                        |                                 |
| Informed Consent   |   | Surgical resident                             |                        |                                 |
| Medical Clearance  |   | Internal Medicine and Anesthesiology Resident |                        |                                 |
| Schedule Decking   |   | RADISH (Record of Admission and Discharge)    |                        |                                 |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1. Provide consent for further understanding of the surgical procedure through health education. | 1. Verify schedule for surgery through RADISH.<br>1.1 Finalize list of patients for preoperative visits.<br>1.2 Check patient charts at the wards for the following: <ul style="list-style-type: none"> <li>• Consent (Procedure, Anesthesia, poss. Blood Transfusion).</li> <li>• Order for Surgery from the Primary Healthcare Team.</li> <li>• Preoperative Medical Clearance</li> </ul> 1.3 Conduct preoperative visit<br>1.4 Confirm of time slot for surgery<br>1.5 Orient to OR/PACU Setup<br>1.6 Perform pre-operative preparations<br>1.7 Discuss to patient what to expect post-operatively<br>1.8 Complete documentation through the Preoperative Visit Form | None  | 30 minutes             | <i>Nurse on Duty</i><br>OR/PACU |
| <b>TOTAL:</b>  |   | None  | 30 minutes             |                                 |

#### 41. Provision of Specialized Nursing Care for Patients Recovering from the Effects of Anesthesia and Operation

To provide close and specialized nursing care to patients recovering from the effects of anesthesia and operation

|   |   |                          |                        |                           |
|---|---|--------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Post Anesthesia Care Unit – Operating Room Complex  |                          |                        |                           |
| <b>Classification:</b>  | Simple  |                          |                        |                           |
| <b>Type of Transaction:</b>   | G2C - Government to Citizen   |                          |                        |                           |
| <b>Who may avail:</b>   | Post-operative patients   |                          |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                        |                           |
| O.R. documents (Intraoperative Record, O.R. Technique, Verification Checklist, Instruments and Sponge Count, Anesthesia Record) |   | OR Nurse                 |                        |                           |
| Physician's post-operative orders   |   | Surgeon/anesthesiologist |                        |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Transfer of patient from OR for post-operative care  | 1. Receive handover from the O.R. Nurse/Anesthesiologist<br>1.1. Review of patient's chart for treatment plan<br>1.2. Perform immediate post operative nursing care | None                     | 4 hours                | Nurse on Duty PACU        |
| <b>TOTAL:</b>   |   | None                     | 4 hours                |                           |

## 42. Transfer Out of Patient to Clinical/Critical Units

To transfer out of patient to clinical/critical units

|   |   |                               |                        |   |
|---|---|-------------------------------|------------------------|---|
| <b>Office or Division:</b>                      | Post Anesthesia Care Unit – Operating Room Complex  |                               |                        |   |
| <b>Classification:</b>                          | Simple  |                               |                        |   |
| <b>Type of Transaction:</b>                     | G2C - Government to Citizen, G2G - Government to Government (Internal)                    |                               |                        |   |
| <b>Who may avail:</b>                           | Post-operative patients   |                               |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                |   | <b>WHERE TO SECURE</b>        |                        |   |
| Admitting orders                                |   | Primary Service               |                        |   |
| Allocated bed                                   |   | Clinical/Critical Units       |                        |   |
| Anesthesia Clearance                            |   | PACU Anesthesiologist on duty |                        |   |
| <b>CLIENT STEPS</b>                             | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Transfer out to ward/room/critical care unit | 1. Anesthesia Care Unit to General Ward: Secure disposition from Anesthesiologist on duty | None                          | 15 minutes             | <i>Nurse on Duty PACU</i>   |
|   | 1.1 For emergency admission: Secure disposition from Primary service                      |                               |                        | <i>Nurse on Duty PACU</i>   |
|   | 1.2 Critical Care Units: Secure admitting order from Critical Care Unit Resident on Duty  |                               |                        | <i>Nurse on Duty PACU</i>   |
|   | 1.3 Document nursing Care rendered  | None                          | 45 minutes             | <i>Nurse on Duty PACU</i>   |
|   | 1.4 Endorse patient to respective clinical/critical care unit                             | None                          | 60 minutes             | <i>Nurse on Duty PACU</i>   |
|   | 1.5 Transfer of patient to the:   |                               |                        |   |
|   | • General Ward  | None                          | 120 minutes            | <i>Nurse on Duty/ Utility worker PACU</i>                           |
|   | • Critical Care Unit  |                               |                        | <i>Nurse on Duty/ Anesthesiologist on duty, Resident in charge,</i> |

|               |  |      |   |                |
|---------------|--|------|---|----------------|
|               |  |      |   | Utility worker |
|               |  |      |   | PACU           |
| <b>TOTAL:</b> |  | None | For General Wards: 2 hours<br><br>For Critical Care Unit: 2 hours, 30 minutes |                |



### 43. Discharging Patients from Post Anesthesia Care Unit

To discharge patient from Post Anesthesia Care Unit

|   |  |                               |                           |  |
|---|--|-------------------------------|---------------------------|--|
| <b>Office or Division:</b>  | Post Anesthesia Care Unit – Operating Room Complex   |                               |                           |  |
| <b>Classification:</b>  | Simple   |                               |                           |  |
| <b>Type of Transaction:</b>   | G2C - Government to Citizen  |                               |                           |  |
| <b>Who may avail:</b>   | Post-operative patients  |                               |                           |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>        |                           |  |
| O.R. documents (Intraoperative Record, O.R. Technique, Verification Checklist, Instruments and Sponge Count, Anesthesia Record) |  | Nurse's Station               |                           |  |
| Discharge orders  |  | Primary Service               |                           |  |
| Anesthesia Clearance  |  | PACU Anesthesiologist on duty |                           |  |
| Discharge Clearance   |  | Malasakit Center              |                           |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b>    | <b>PERSON RESPONSIBLE</b>  |
| 1. Receive health education   | 1. Complete documents needed for discharge<br>1.1 Render health education                                  | None                          | 1 hour                    | <i>Nurse on Duty</i><br>PACU<br><br><i>Nurse on Duty</i><br>PACU                               |
| 2. Present discharge clearance to security personnel  | 2. Inform security that patient is for home<br>2.1 Wheel out of Post Anesthesia Care Unit to the PGH Lobby | None<br><br>None              | 1 minute<br><br>4 minutes | <i>Nurse on Duty</i><br>PACU<br><br><i>Nursing Attendant/</i><br><i>Utility Worker</i><br>PACU |
| <b>TOTAL:</b>   |  | None                          | 1 hour, 5 minutes         |  |

#### 44. Admission of Patient to Critical Care Unit

Processing of Admission of Patient to Critical Care Unit

|   |  |                        |                        |  |
|---|--|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Nursing  |                        |                        |  |
| <b>Classification:</b>  | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>   | G2C  |                        |                        |  |
| <b>Who may avail:</b>   | Patients needing admission to critical care unit   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                    |  | <b>WHERE TO SECURE</b> |                        |  |
| Admitting Orders  |  | Attending Physician    |                        |  |
| Approved Hospital Transfer Form (If patient is from other hospital) |  | Pay admitting unit     |                        |  |
| Approved Joint Declaration Form (If patient is from other hospital) |  | Pay admitting unit     |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1 Present the admitting order                                       | 1. Verify admitting order, approved hospital transfer form, approved joint declaration form<br>1.2. Accompany to designated bed<br>1.3 Perform preliminary nursing assessment<br>1.4. Orient to ICU setting and policies, and securing admission consent | None                   | 1 hour                 | <i>Nurse on Duty</i><br>Critical Care Unit |
| <b>TOTAL:</b>   |  | None                   | 1 hour                 |  |

## 45. Transfer In of Patient to Critical Care Unit

Processing transfer of patient to the critical care unit

|  |   |                        |                        |  |
|--|---|------------------------|------------------------|--|
| <b>Office or Division:</b>                       | Nursing   |                        |                        |  |
| <b>Classification:</b>                           | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>                      | G2G   |                        |                        |  |
| <b>Who may avail:</b>                            | Patients within PGH   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                 |   | <b>WHERE TO SECURE</b> |                        |  |
| Transfer Orders                                  |   | Attending Physician    |                        |  |
| Admitting Order (for DEM patient)                |   | Pay Admitting Unit     |                        |  |
| Hospital Transfer Slip (Pay patient)             |   | Pay Admitting Unit     |                        |  |
| Notification of transfer from other units        |   | Clinical units         |                        |  |
| <b>CLIENT STEPS</b>                              | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                  |
| 1. Arrive at nurse's station on day of admission | 1. Verify transfer order and hospital transfer slip<br>1.1 Accompany to designated bed<br>1.2 Perform nursing assessment<br>1.3 Orientation to ICU setting and policies, and securing admission consent | None                   | 1 hour                 | <i>Nurse on Duty</i><br>Critical Care Unit |
| <b>TOTAL:</b>                                    |   | None                   | 1 hour                 |  |

## 46. Transfer Out of Patient to Pay/Service Ward

Processing of transfer of patients to a pay or service ward

|                                     |  |                        |                        |   |
|-------------------------------------|--|------------------------|------------------------|---|
| <b>Office or Division:</b>          | Nursing                                |                        |                        |   |
| <b>Classification:</b>              | Simple                                 |                        |                        |   |
| <b>Type of Transaction:</b>         | G2C                                    |                        |                        |   |
| <b>Who may avail:</b>               | Patients within PGH                    |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>    |  | <b>WHERE TO SECURE</b> |                        |   |
| Trans-Out Order                     |  | Attending Physician    |                        |   |
| Billing clearance (for pay patient) |  | Billing section        |                        |   |
| Transfer slip (For pay patient)     |  | Pay Admitting unit     |                        |   |
| <b>CLIENT STEPS</b>                 | <b>AGENCY ACTION</b>                   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                         |
| 1. Transfer to pay or service ward  | 1. Accompany patient to ward           | None                   | 20 minutes             | <i>Doctor/Nurse on Duty</i><br>Critical Care Unit |
|                                     | 1.1 Place patient comfortably in bed   | None                   | 30 minutes             | <i>Nurse on Duty</i><br>Critical Care Unit        |
|                                     | 1.2 Endorse patient to receiving nurse |                        |                        |   |
|                                     | 1.3 Document the transfer              |                        |                        |   |
| <b>TOTAL:</b>                       |  | None                   | 50 minutes             |   |

## 47. Direct Discharge of Patient

Brief description of the service

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| <b>Office or Division:</b>   | Nursing                                      |   |                        |   |
| <b>Classification:</b>   | Simple                                       |   |                        |   |
| <b>Type of Transaction:</b>  | G2C  |   |                        |   |
| <b>Who may avail:</b>  | Patients within PGH                          |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                       |  | <b>WHERE TO SECURE</b>  |                        |   |
| Discharge Order  |  | Attending Physician   |                        |   |
| Home instructions  |  | Nurse on duty   |                        |   |
| Clinical abstract (for service patients)                               |  | Nurses on duty  |                        |   |
| Discharge summary (for service patients)                               |  | Nurses on duty  |                        |   |
| Accomplished Clearances:<br>Billing and PhilHealth (Pay patients only) |  | Billing section   |                        |   |
| Malasakit Center Clearance (for Service patients)                      |  | Malasakit center  |                        |   |
| Discharge clearance  |  | Billing Section (for pay patients), Malasakit Center (for service patients) |                        |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                         | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Leave from nurse's station on the day of discharge                  | 1. Accompany patient to hospital lobby       | None  | 20 minutes             | <i>Nurse on duty, Physician on duty (for pay patients) Service/Pay Ward</i> |
| 2. Present the discharge clearance to the guard on duty                | 2. Validate the proof of discharge clearance | None  | 5 minutes              | <i>Guard on duty Lobby</i>  |
| <b>TOTAL:</b>  |  | None  | 25 minutes             |   |

## 48. Discharge Against Advice

Processing of discharge against medical advice

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>                              | Nursing                                      |   |                        |   |
| <b>Classification:</b>                                  | Simple                                       |   |                        |   |
| <b>Type of Transaction:</b>                             | G2C  |   |                        |   |
| <b>Who may avail:</b>                                   | Patients within PGH                          |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                        |  | <b>WHERE TO SECURE</b>  |                        |   |
| Discharge against medical advice order                  |  | Attending Physician   |                        |   |
| Accomplished Discharge Against Advice form              |  | Nurses station  |                        |   |
| Billing and PhilHealth clearnace (Pay patients only)    |  | Billing section   |                        |   |
| Malasakit Center clearance (for Service patients)       |  | Malasakit Center  |                        |   |
| Discharge clearance                                     |  | Billing Section (for pay patients), Malasakit center (for service patients) |                        |   |
| Senior House Officer (SHO) approval after office hours  |  | Senior House Officer on duty  |                        |   |
| <b>CLIENT STEPS</b>                                     | <b>AGENCY ACTION</b>                         | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Leave from nurse's station on the day of discharge   | 1. Accompany patient to hospital lobby       | None  | 20 minutes             | <i>Nurse on duty, Physician on duty (for pay patients) Service/Pay Ward</i> |
| 3. Present the discharge clearance to the guard on duty | 2. Validate the proof of discharge clearance | None  | 5 minutes              | <i>Guard on duty Lobby</i>  |
| <b>TOTAL:</b>   |  | None  | 25 minutes             |   |

# **Division of Clinical Nursing Operations**

## **Internal Services**

## 1. Collaborate to Resolve Administrative and Healthcare Delivery Concerns/ Matters Elevated by Employee/s and Other Stakeholders of the Hospital

Managing and assigning staff, overseeing patient care and ensuring adherence to established policies and procedures in collaboration with clinical units.

| <b>Office or Division:</b>   | Division of Clinical Nursing Operations  |                        |                 |   |
|--|--|------------------------|-----------------|---|
| <b>Classification:</b>   | Simple   |                        |                 |   |
| <b>Type of Transaction:</b>  | G2G- Government to Government (Internal)   |                        |                 |   |
| <b>Who may avail:</b>  | All Nursing Personnel  |                        |                 |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE        |                 |   |
| Unit Staff Schedule<br>Weekend OIC Schedule  |  | Clinical Units<br>DCNO |                 |   |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID        | PROCESSING TIME | PERSON RESPONSIBLE                          |
| 1. Inform the DCNO of any call of absence especially during afternoon and night shifts (Sick Leave/Emergency Leave/Undertime)                    | 1. Review the schedule and check the nursing personnel who is "off to call" for the shift.<br>1.1 Identify who can be recalled in the same ward of the same shift or/ of the different shift.<br>1.2 Review schedule of personnel from sister wards.<br>1.3 Refer to the schedule of personnel from other general wards for potential relievers (Borderless staffing)<br>1.4 Request personnel to go on 16 hours who is off the following day. | None                   | 35 minutes      | <i>Rotating Chief Nurse on duty</i><br>DCNO |
| 2. Receive notification of absence from Chief Nurse who is scheduled as Officer in Charge of the PGH Nursing Service during weekends or holidays | 2. Review the schedule of weekends/ holidays duties in the following order:<br>a. Next Nurse VI decked on duty<br>b. Second Nurse VI decked on duty<br>c. Third Nurse VI decked on duty  | None                   | 10 minutes      | <i>Rotating Chief Nurse on duty</i><br>DCNO |
| <b>TOTAL</b>   |  | None                   | 45 minutes      |   |



## 2. Monitoring of Attendance Profile of Nursing Personnel

Monitors the attendance reliability of the nursing personnel in all Clinical Nursing Units of the hospital as one of the tools in ensuring adequate staffing coverage in all areas of the hospital

| <b>Office or Division:</b>   | Division of Clinical Nursing Operations   |                        |                      |  |
|--|---|------------------------|----------------------|--|
| <b>Classification:</b>   | Simple  |                        |                      |  |
| <b>Type of Transaction:</b>  | G2G- Government to Government (Internal)  |                        |                      |  |
| <b>Who may avail:</b>  | All Nursing Personnel   |                        |                      |  |
| CHECKLIST OF REQUIREMENTS  |   | WHERE TO SECURE        |                      |  |
| Unit Staff Schedule  |   | Clinical Units<br>DCNO |                      |  |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID        | PROCESSING TIME      | PERSON RESPONSIBLE                             |
| 1. Submit a copy of the Unit Staff Schedule to the DCNO, and report absences of staff. | 1. Monitor attendance reliability of nursing staff in the clinical units.   | None                   | 8 hours              | <i>Chief and Rotating Chief Nurses</i><br>DCNO |
|  | 1.1 Identify staffing concerns.   | None                   | 10 minutes           |  |
|  | 1.2 Institute appropriate measures to address the concern.  | None                   | 20 minutes           |  |
|  | 1.3 Collaborate issues and concerns related to attendance and punctuality reliability of the staff with the area chief nurse. | None                   | 8 hours              |  |
|  | <b>TOTAL</b>  | None                   | 16 hours, 30 minutes |  |

### 3. Managing Report of Adverse Events

Any reported adverse event is managed accordingly.

|  |  |  |                        |   |
|--|--|--|------------------------|---|
| <b>Office or Division:</b>               |  | Division of Clinical Nursing Operations  |                        |   |
| <b>Classification:</b>                   |  | Simple                                   |                        |   |
| <b>Type of Transaction:</b>              |  | G2G- Government to Government (Internal) |                        |   |
| <b>Who may avail:</b>                    |  | All Nursing Personnel                    |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>         |  |  | <b>WHERE TO SECURE</b> |   |
| Adverse Event Report<br>Narrative Report |  |  | Nursing Personnel      |   |
| <b>CLIENT STEPS</b>                      | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. Report adverse/sentinel event.        | 1. Respond accordingly, to the reported event and validate details of adverse/sentinel event report.                 | None                                     | 30 minutes             | <i>Rotating Chief Nurse on duty</i><br>DCNO |
|  | 1.1 Identify appropriate measures to address the adverse event.  | None                                     | 1 hour                 |   |
|  | 1.2 Ensure safety of the patient.  | None                                     | 30 minutes             |   |
|  | 1.3 Ensure that appropriate care is given to the patient.  | None                                     | 30 minutes             |   |
|  | 1.4 Ensure that proper referral is addressed to the attending physician of the patient affected by the adverse event | None                                     | 2 hours                |   |
|  | 1.5 Collaborate with appropriate unit or department.   | None                                     | 2 hours                |   |
|  | 1.6 Facilitate documentation in accordance with hospital policy.   | None                                     | 20 minutes             |   |
| <b>TOTAL:</b>                            |  | None                                     | 6 hours, 50 minutes    |   |

#### 4. Transition of Care from DEM to Clinical Units

Facilitate transfer of patient from DEM to the Clinical Units

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Division of Clinical Nursing Operations  |                        |                        |  |
| <b>Classification:</b>   | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>  | G2G- Government to Government (Internal)   |                        |                        |  |
| <b>Who may avail:</b>  | All Nursing Personnel  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |  |
| Doctor's Order for Admission of patient from DEM to the Clinical Units   |  | DEM                    |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                              |
| 1. Inform the Emergency Patient Admission Coordinator, at the DCNO, of patient/s with doctor's order for transfer from DEM to the Clinical Units | 1. Receive notification of the doctor's order to transfer patient to clinical unit | None                   | 5 minutes              | <i>Emergency Patient Admission Coordinator</i><br>DCNO |
|  | 1.1 Endorse patient to receiving clinical unit.                                    | None                   | 10 minutes             |  |
|  | <b>TOTAL</b>   | None                   | 15 minutes             |  |

## 5. Monitoring of Discharges in Clinical Units

Facilitate discharge of patients from the Clinical Units

|  |   |                        |                        |  |
|--|---|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Division of Clinical Nursing Operations   |                        |                        |  |
| <b>Classification:</b>   | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>  | G2G- Government to Government (Internal)  |                        |                        |  |
| <b>Who may avail:</b>  | Nursing Personnel   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |  |
| Discharge order<br>Complete discharge clearance  |   | Clinical Units         |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                    |
| 1. Inform the Patient Discharge Coordinator, at the DCNO, of possible discharge of patient | 1. Receive the notification of patients that are for possible discharge and review RADISH for list of patients for discharge. | None                   | 1 hour                 | <i>Patient Discharge Coordinator</i><br>DCNO |
|  | 1.1 Validate clearance from appropriate unit or office.   | None                   | 2 hours                |  |
|  | 1.2 Verify with Malasakit Center the status of patient's request for clearance.   | None                   | 30 minutes             |  |
|  | 1.3 Collaborate with different units regarding vacancies and discharges of patients.  | None                   | 8 hours                |  |
|  | 1.4 Collaborate bed vacancies and discharges of patients with Admission Coordinator and DEM charge nurse.                     | None                   | 5 minutes              |  |
| <b>TOTAL</b>   |   | None                   | 11 hours, 35 minutes   |  |

## 6. Managing General Complaints

Complaint/s brought to the attention of the Chief of DCNO, and the Rotating Chief Nurse on Duty are addressed or acted upon accordingly.

|                                    |   |  |                        |  |
|------------------------------------|---|--|------------------------|--|
| <b>Office or Division:</b>         |   | Division of Clinical Nursing Operations  |                        |  |
| <b>Classification:</b>             |   | Simple                                   |                        |  |
| <b>Type of Transaction:</b>        |   | G2G- Government to Government (Internal) |                        |  |
| <b>Who may avail:</b>              |   | All Nursing Personnel                    |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                   |                        |  |
| Letter of Complaint                |   | Nursing personnel                        |                        |  |
| <b>CLIENT STEPS</b>                | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                  |
| 1. Submit the letter of complaint. | 1. Receive the letter of complaint  | None                                     | 5 minutes              | <i>Chief<br/>Rotating Chief<br/>Nurse on Duty<br/>DCNO</i> |
|                                    | 1.1 Determine the validity of the complaints (probability of cause).                        | None                                     | 30 minutes             |  |
|                                    | 1.2 Investigate the nature of complaints.   | None                                     | 1 hour                 |  |
|                                    | 1.3 Do preliminary intervention to address the complaint.                                   | None                                     | 30 minutes             |  |
|                                    | 1.4 Prepare a collaboration slip to be given to the area chief nurse of the unit concerned. | None                                     | 10 minutes             |  |
|                                    | 1.5 Direct complaint to appropriate office/unit.  | None                                     | 10 minutes             |  |
| <b>TOTAL</b>                       |   | None                                     | 1 hour, 55 minutes     |  |

## 7. Assessment and Signing of Bundy Card, Daily time record, Application for Leaves

Assessment and signing of Bundy cards, time records and application of leaves of staff under the Nursing Service

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Division:</b>   | Nursing Service Units (Wards 1 – 16)                       |                        |                        |  |
| <b>Classification:</b>   | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>  | G2G  |                        |                        |  |
| <b>Who may avail:</b>  | All staff under the Nursing Service Office                 |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |  |
| Bundy cards  |  | HRDD                   |                        |  |
| Accomplished Daily Time Record   |  |                        |                        |  |
| Accomplished application of leaves   |  |                        |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                                       | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>              |
| 1. Submit bundy card, accomplished Daily time Record and leave application forms | 1. Receive and review completeness of form                 | None                   | 2 hours                | Head Nurse Service Unit                |
|  | 1.1 Sign bundy cards and leave application/s               | None                   | 4 hours                | Chief Nurse Service Unit               |
|  | 1.2 Submit accomplished Bundy card and leave forms to HRDD | None                   | 30 minutes             | Head Nurse Ward Assistant Service Unit |
| <b>TOTAL:</b>  |  | None                   | 6 hours, 30 minutes    |  |

## 8. Assessment, Signing and Endorsement of Requests by Staff

Assessment, Signing and Endorsement of Requests by Staff under the Nursing Service

|   |                                      |                        |                        |                           |
|---|--------------------------------------|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>  | Nursing Service Units (Wards 1 – 16) |                        |                        |                           |
| <b>Classification:</b>  | Simple                               |                        |                        |                           |
| <b>Type of Transaction:</b>   | G2G                                  |                        |                        |                           |
| <b>Who may avail:</b>   | All PGH Nursing Staff                |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |                                      |                        | <b>WHERE TO SECURE</b> |                           |
| Letter of Request   |                                      |                        | PGH Nursing staff      |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                 | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit letter of request (Authority to travel, request for official time, request for continuing education, request for transfer of area, request for limited practice etc.) | 1. Receive letter of request         | None                   | 5 minutes              | Chief Nurse Service Unit  |
| 2. Receive initial action/ endorsement  | 2. Initial action / endorsement      | None                   | 60 minutes             | Chief Nurse Service Unit  |
| <b>TOTAL:</b>   |                                      | None                   | 1 hour, 5 minutes      |                           |

## 9. DPPS-Assessment and Signing of Bundy Card, Daily Time Record, Application for Leaves

The processing of bundy cards, daily time records and leave applications of nursing staff.

|   |  |                        |                        |                                |
|---|--|------------------------|------------------------|--------------------------------|
| <b>Office or Division:</b>  | Nursing Services – Pay Wards   |                        |                        |                                |
| <b>Classification:</b>  | Simple   |                        |                        |                                |
| <b>Type of Transaction:</b>   | G2G – Government to Government (Internal)  |                        |                        |                                |
| <b>Who may avail:</b>   | All nursing staff  |                        |                        |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b> |                        |                                |
| Accomplished and Signed Bundy card<br>Daily Time Record<br>Application for Leaves |  | HRDD<br>HRDD<br>HRDD   |                        |                                |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |
| <b>A. Bundy Card and Daily Time Records</b>                                       |  |                        |                        |                                |
| 1. Submit completely filled out bundy card and daily time record                  | 1. Review bundy card and daily time record for scheduled offs and leaves, late duties, sick leaves, etc. | None                   | 15 minutes             | Ward Clerk<br>DPPS             |
|   | 1.1 Record pertinent information in the Attendance Chart   | None                   | 10 minutes             | Nurse IV/<br>Nurse III<br>DPPS |
|   | 2.1 Check bundy card, daily time record, and Time In-Time Out Logbook for completeness of entries        | None                   | 10 minutes             | Nurse VI<br>DPPS               |
|   | 3.1 Countercheck and signs bundy card and daily time record  | None                   | 5 minutes              | Ward Clerk<br>DPPS             |
|   | 4.1 Submit accomplished and signed bundy cards and daily time record to the HRDD                         |                        |                        |                                |
| <b>B. Leave Applications</b>  |  |                        |                        |                                |
| 1. Submit completely filled out Application for Leave form                        | 1. Sign the Application for Leave form   | None                   | 5 minutes              | Head Nurse<br>DPPS             |
|   | 1.1 Countersign the Application for  | None                   | 5 minutes              | Chief Nurse<br>DPPS            |



|               |   |      |  |                    |
|---------------|---|------|--|--------------------|
|               | Leave form<br>1.2 Submit<br>accomplished and<br>signed Application<br>for Leave form to<br>HRDD | None | 5 minutes  | Ward Clerk<br>DPPS |
| <b>TOTAL:</b> |   | None | For signing of<br>Bundy Card and<br>Daily Time<br>Records - 40<br>minutes<br><br>For Leave<br>Applications -<br>15 minutes |                    |

## 10. DPPS-Assessment, Signing and Endorsement of Requests by Staff

The processing of various requests of nursing staff.

|   |   |                        |                        |  |
|---|---|------------------------|------------------------|--|
| <b>Office or Division:</b>  | Nursing Services – Pay Wards  |                        |                        |  |
| <b>Classification:</b>  | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>   | G2G – Government to Government (Internal)   |                        |                        |  |
| <b>Who may avail:</b>   | All nursing staff   |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b> |                        |  |
| Application for Privilege to Study at Reduced Fees, if applicable   |   | HRDD                   |                        |  |
| Application For Authority to Travel Abroad – Personal Travel, if applicable   |   | HRDD                   |                        |  |
| Letter of Request for Official Time during Seminars, if applicable  |   | Nursing Personnel      |                        |  |
| Letter of Intent for Promotion, Transfer of Area, Resignation, Retirement, etc., if applicable  |   | Nursing Personnel      |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                              |
| 1. Secure necessary application forms for request to be made from appropriate office  | 1. Provide the necessary application forms for client's request<br>1.1 Provide information on requirements for the client's request | None                   | 5 minutes              | <i>Administrative Staff</i><br>HRDD<br>Various Offices |
| 2. Submit accomplished letter of request (for reduced fees, authority to travel, official time, promotion, transfer, resignation, retirement, etc.) with required documents | 2. Receive accomplished letter of request with required documents<br>2.1 Review completeness of requirements for request            | None                   | 10 minutes             | <i>Head Nurse</i><br>DPPS                              |
|   | 2.2 Recommend appropriate action regarding the request<br>2.3 Indicates appropriate action and/or recommendation                    | None                   | 5 minutes              | <i>Chief Nurse</i><br>DPPS                             |
| 3. Submits letter of request and required   | 3. Review request made and requirements   | None                   | 10 days                | <i>Administrative Staff</i><br>HRDD                    |

|                                 |  |      |                     |   |
|---------------------------------|--|------|---------------------|---|
| documents to appropriate office | submitted<br>3.1 Indicate final action and/or recommendation |      |                     | Various Offices<br><i>Nursing</i><br><i>Personnel</i><br>DNET<br>DNRD |
| <b>TOTAL:</b>                   |  | None | 10 days, 20 minutes |   |

## 11. DPPS-Assessment, Initial Investigation and Action and Endorsement of All Administrative Matters Needing Appropriate Action/s

Assessment, Initial Investigation and Action and Endorsement, if needed, to appropriate levels and offices, all administrative matters needing appropriate action/s in Pay Units

|   |  |                                       |                             |   |
|---|--|---------------------------------------|-----------------------------|---|
| <b>Office or Division:</b>                            | Nursing Services   |                                       |                             |   |
| <b>Classification:</b>                                | Simple   |                                       |                             |   |
| <b>Type of Transaction:</b>                           | G2C – Government to Citizen (Internal, External)   |                                       |                             |   |
| <b>Who may avail:</b>                                 | Public and Nursing Personnel   |                                       |                             |   |
| <b>CHECKLIST OF REQUIREMENTS</b>                      |  | <b>WHERE TO SECURE</b>                |                             |   |
| Verbal or Written Comment or Complaint                |  | Patient, staff and other stakeholders |                             |   |
| <b>CLIENT STEPS</b>                                   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b>               |
| 1. Report a complain verbally or via written document | 1. Receive and assess nature of complaint  | None                                  | 20 minutes                  | <i>Nursing personnel<br/>DPPS</i>       |
|   | 1.1 Endorse to head nurse the complaints   | None                                  | 10 minutes                  | <i>Nursing personnel<br/>DPPS</i>       |
|   | 1.2 Investigate the incident and talks to the concerned staff and patient                        | None                                  | 2 hours                     | <i>Nurse IV/<br/>Nurse III<br/>DPPS</i> |
|   | 1.3 Elevate to the Nurse VI the complaint and initial action done if problem is unresolved       | None                                  | 10 minutes                  | <i>Nurse IV/<br/>Nurse III<br/>DPPS</i> |
|   | 1.4 Submit an incident report in relation to the reported complain                               | None                                  | 8 hours                     | <i>Nursing personnel<br/>DPPS</i>       |
|   | 1.5 Forward complaint to Deputy Director for Nursing, if problem complaint is still not resolved | None                                  | 8 hours                     | <i>Nurse VI<br/>DPPS</i>                |
| <b>TOTAL:</b>   |  | None                                  | 2 days, 2 hours, 40 minutes |   |

# **Division of Nursing Education and Training**

## **External Services**

## 1. Processing of Request for Enhancement Training Program in Selected Clinical Nursing Specialty Areas for Non-PGH Nursing Personnel

A structured learning experience in selected clinical settings which provides opportunities for actual observation of nursing activities as well as actual performance of nursing duties and responsibilities utilizing the nursing process as a framework of care. The participant shall be under the direct and close supervision of a designated nurse preceptor in each area of rotation.

| <b>Office or Division:</b>                            | Division of Nursing Education and Training (DNET)   |   |  |   |
|---|---|---|--|---|
| <b>Classification:</b>                                | Highly Technical  |   |  |   |
| <b>Type of Transaction:</b>                           | G2G & G2B   |   |  |   |
| <b>Who may avail:</b>                                 | Government and Private Institutions   |   |  |   |
| CHECKLIST OF REQUIREMENTS                             |   | WHERE TO SECURE   |  |   |
| Letter of request stating the objectives for training |   | Requesting institution  |  |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID   | PROCESSING TIME                                  | PERSON RESPONSIBLE  |
| 1. Submit letter of request to the Director           | 1. Forward the letter to the Deputy Director for Nursing and to the Division of Nursing Education and Training<br>1.1 Receive the letter of request<br>1.2 Review the request<br>1.3 Affix comments and Recommendations<br>1.4 Forward to the Program Coordinator<br>1.5 Set preliminary meeting with representative of requesting institution.<br>1.6 Contact representative of the requesting institution | None  | 4 days   | <i>PGH Director</i><br><i>Deputy Director for Nursing</i><br><br><i>Nurse VII DNET</i><br><br><i>Program Coordinator DNET</i> |
| 2. Attend preliminary meeting                         | 2. Discuss and leveling of expectations of the requested training program including training fees.<br>2.1 Prepare training program<br>2.2 Coordinate with the Nurse VI/Nurse IV of the requested clinical nursing specialty area/s and identify preceptors<br>2.3 Draft the training program including the  | Training Fee (TF)<br>Gov't. Inst. = waived<br><br>TF Private Inst. = 4,600.00/3 weeks/participant | 1 hour<br><br><br><br><br><br><br><br><br>6 days | <i>Nurse VII/ Program Coordinator DNET</i><br><br><br><br><br><br><br><br><br><i>Program Coordinator</i>                      |

|               |   |                    |  |      |
|---------------|---|--------------------|--|------|
|               | <p>schedule of clinical rotation with the complete names of the participants and the signatories</p> <p>2.4 Send the training program to the Deputy Director for Nursing and the Director for approval</p> <p>2.5 Submit approved program to the PRC for CPD accreditation</p> <p>2.6 Submit approved program to the Legal Office for MOA preparation</p> <p>2.7 Inform requesting institution regarding approved training program and MOA preparation.</p> |                    |  | DNET |
| <b>TOTAL:</b> | <p>Training Fee (TF)<br/>Gov't. Inst.<br/>= Waived</p> <p>TF<br/>Private Inst<br/>= PHP<br/>4,600.00/<br/>3 weeks/<br/>participant</p>  | 10 days,<br>1 hour |  |      |

## 2. Conduct of Enhancement Training Program in Selected Clinical Nursing Specialty Areas for Non-PGH Nursing Personnel

A structured learning experience in selected clinical settings which provides opportunities for actual observation of nursing activities as well as actual performance of nursing duties and responsibilities utilizing the nursing process as a framework of care. The participant shall be under the direct and close supervision of a designated nurse preceptor in each area of rotation.

| <b>Office or Division:</b>   | Division of Nursing Education and Training (DNET)  |   |                 |                                    |
|--|--|---|-----------------|------------------------------------|
| <b>Classification:</b>   | Complex  |   |                 |                                    |
| <b>Type of Transaction:</b>  | G2G & G2B  |   |                 |                                    |
| <b>Who may avail:</b>  | Government and Private Institutions  |   |                 |                                    |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE   |                 |                                    |
| 1. Approved training program<br>2. Signed and Notarized Memorandum of Agreement<br>3. Pre-requisites:<br>a. Valid and updated PRC license (1 original and 1 photocopy)<br>b. Valid and updated PNA membership card (1 original and 1 photocopy)<br>c. Valid and updated Intravenous Therapy certification card (1 original and 1 photocopy)<br>4. Others<br>a. Updated curriculum vitae (1 original)<br>b. 2 pieces 1 x 1 ID picture with white background<br>c. Yellow color scrub suits (at least 2 pairs)<br>d. White shoes |  | 1. Division of Nursing Education and Training<br>2. Legal Office<br>3.<br>a. Professional Regulatory Commission<br>b. Philippine Nurses Association<br>c. Intravenous Therapy Training Provider Institution<br>4.<br>a. Participant<br>b. Participant<br>c. Participant<br>d. Participant |                 |                                    |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID   | PROCESSING TIME | PERSON RESPONSIBLE                 |
| 1. Attend the requested training program at the assigned training venue  | 1. Issue a Temporary ID Card to participant<br>1.1 Conduct the requested training program<br>1.2 Orient the participants including the expected requirements of the program<br>1.3 Deploy and endorse the participants to the requested clinical areas ( <i>follow the scheduled clinical rotation</i> ) | PHP 50.00 for the issuance of the temporary ID  | 4 hour          | <i>Program Coordinator</i><br>DNET |
| 2. Attend mid-evaluation meeting at the DNET Office  | 2. Discuss program and performance experience<br>2.1 Follow-up the progress of the program requirements  | None  | 1 hour          | <i>Program Coordinator</i><br>DNET |
| 3. Present and   | 3. Conduct post-assessment,  | None  | 4 hour          | <i>Program</i>                     |



|   |  |  |                 |  |
|---|--|--|-----------------|--|
| discuss re-entry plan, and submit requirements to DNET Office | evaluation of the program<br>3.1 Collect evaluation of the preceptors<br>3.2 Check post-assessment<br>3.3 Tabulate final grades and evaluation<br>3.4 Prepare certificate of training<br>3.5 Submit program completion report to the PRC |  | 5 days          | <i>Coordinator</i><br>DNET<br><br><i>Program Coordinator</i><br>DNET |
| 4. Secure certificate of training from DNET Office            | 4. Prepare letter of completion addressed to the director of the requesting institution with the certificate of training as attachment   | PHP 180.00 for the Certificate of Training | 4 hour          | <i>Program Coordinator</i><br>DNET                                   |
| <b>TOTAL:</b>   |  | PHP 230.00                                 | 6 days, 5 hours |  |

### 3. Processing of Request for Educational Tours for Non-PGH Nurses or Nursing Students

This is a structured learning program that aims to provide brief exposure to selected patient care units of the hospital for the non-affiliating nursing schools or other institutions

|  |   |                        |                        |  |
|--|---|------------------------|------------------------|--|
| <b>Office or Division:</b>                 | Division of Nursing Education and Training (DNET)   |                        |                        |  |
| <b>Classification:</b>                     | Simple  |                        |                        |  |
| <b>Type of Transaction:</b>                | G2B &G2G  |                        |                        |  |
| <b>Who may avail:</b>                      | Non-Affiliating Colleges of Nursing/Other Institutions  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>           |   | <b>WHERE TO SECURE</b> |                        |  |
| Letter of Request for Tour                 |   | Requesting Institution |                        |  |
| <b>CLIENT STEPS</b>                        | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.Submit letter of request to the Director | 1. Receive the letter of request<br><br>1.1 Review the request<br><br>1.2 Affix comments and recommendations<br><br>1.3 Forward to the Program Coordinator<br><br>1.4 Check the availability of the requested date in the DNET's calendar of activities<br><br>1.5 Plot request in the DNET calendar of activities<br><br>1.6 Endorse the request for approval to the Deputy Director for Nursing and Director<br><br>1.7 Contact the representative of the requesting institution once request is approved | None                   | 3 days                 | <i>Director</i><br><i>Deputy Director for Nursing</i><br><i>Nurse VII</i><br>DNET<br><br><br><br><br><br><br><i>Nurse IV</i><br><i>Coordinator</i><br>DNET |
| <b>TOTAL:</b>                              |   | None                   | 3 days                 |  |

#### 4. Processing of Request for Clinical Rotation/Orientation from Affiliating Colleges of Nursing

Coordination and collaboration with the UP College of Nursing (UPCN) and other affiliating Colleges of Nursing for the use of hospital facilities for the clinical practicum of nursing students.

| <b>Office or Division:</b>                                    | Division of Nursing Education and Training (DNET)   |                        |                 |   |
|---|---|------------------------|-----------------|---|
| <b>Classification:</b>  | Simple  |                        |                 |   |
| <b>Type of Transaction:</b>                                   | G2B & G2G   |                        |                 |   |
| <b>Who may avail:</b>   | Affiliating Colleges of Nursing   |                        |                 |   |
| CHECKLIST OF REQUIREMENTS                                     |   | WHERE TO SECURE        |                 |   |
| Letter of Request for clinical rotation                       |   | Requesting Institution |                 |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID        | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit letter of request to the Deputy Director of Nursing | 1. Receive the letter of request<br><br>1.1 Review the request<br><br>1.2 Affix comments and recommendations<br><br>1.3 Forward to the Program Coordinator<br><br>1.4 Check request in the master clinical rotation plan<br><br>1.5 Plot request in the master clinical rotation plan<br><br>1.6 Endorse the request for approval to the Deputy Director for Nursing<br><br>1.7 Contact the representative of the requesting institution once request is approved | None                   | 3 days          | <i>Deputy Director for Nursing</i><br><br><i>Nurse VII DNET</i><br><br><i>Nurse IV Coordinator DNET</i> |
| <b>TOTAL:</b>   |   | None                   | 3 days          |   |

## 5. Replacement for Lost Intravenous Therapy Card

Intravenous therapy cards lost may be replaced

|  |   |                             |  |   |
|--|---|-----------------------------|--|---|
| <b>Office or Division:</b>   | Division of Nursing Education and Training  |                             |  |   |
| <b>Classification:</b>   | Simple  |                             |  |   |
| <b>Type of Transaction:</b>  | G2C, G2B and G2G  |                             |  |   |
| <b>Who may avail:</b>  | PGH and Non-PGH Nurses  |                             |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   |                             | <b>WHERE TO SECURE</b>                               |   |
| Affidavit of loss<br>1 X 1 ID picture white background (2 pcs)                                     |   |                             | Notary Public, any legal office<br>Nursing Personnel |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>      | <b>PROCESSING TIME</b>                               | <b>PERSON RESPONSIBLE</b>                   |
| 1. Request for new IVT Card and submit affidavit of loss to DNET Office                            | 1. Receive the request.<br><br>1.1 Check from the IVT database the last attendance to basic IVT or update.<br><br>1.2 Receive the affidavit of loss<br><br>1.3. Make a new IVT Card | PHP 140.00 for new IVT Card | 30 minutes<br><br><br><br>2 days                     | <i>Nurse IV/Program Coordinator</i><br>DNET |
| 2. Claim the new IVT card and sign at the logbook for certificates / ID claimed at the DNET Office | 2.1 Release the new IVT card.   | None                        | 15 minutes   | <i>Nurse IV</i><br>DNET                     |
| <b>TOTAL:</b>  |   | PHP 140.00                  | 2 days, 45 minutes                                   |   |

## 6. Issuance of Certification for Lost Certificates

Certificates of Attendance that were lost may be replaced not with another certificate originally issued but only with a Certification letter

|   |  |                                      |  |                                     |
|---|--|--------------------------------------|--|-------------------------------------|
| <b>Office or Division:</b>  | Division of Nursing Education and Training   |                                      |  |                                     |
| <b>Classification:</b>  | Simple   |                                      |  |                                     |
| <b>Type of Transaction:</b>   | G2B, G2C, G2G  |                                      |  |                                     |
| <b>Who may avail:</b>   | PGH and Non-PGH Nurses   |                                      |  |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>               |  |                                     |
| Verbal or written request<br>At least the month and year when the requesting party attended the program |  | Requesting party<br>Requesting party |  |                                     |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>               | <b>PROCESSING TIME</b>                       | <b>PERSON RESPONSIBLE</b>           |
| 1. Request for Certification at the DNET Office   | 1. Receive the request.<br><br>1.1 Check the client's attendance to the program.<br><br>1.2 Prepare the Certification, duly signed by DNET Chief | None                                 | 30 minutes<br><br><br><br><br><br><br>2 days | <i>Training Coordinator</i><br>DNET |
| 2. Claim the Certification from the DNET Office<br><br>2.1 Sign at the logbook for certificates         | 2. Release the Certification.  | None                                 | 15 minutes                                   | <i>Any DNET staff</i><br>DNET       |
| <b>TOTAL:</b>   |  | None                                 | 2 days,<br>45 minutes                        |                                     |

## 7. Issuance of Certificate of Appearance for Non-PGH Employees for Attending Seminars/Meetings

Non-PGH government employee requests Certificate of Appearance as proof of attendance in a meeting/ seminar

|   |   |  |                        |   |
|---|---|--|------------------------|---|
| <b>Office or Division:</b>  | Division of Nursing Education and Training                            |  |                        |   |
| <b>Classification:</b>  | Simple  |  |                        |   |
| <b>Type of Transaction:</b>   | G2G   |  |                        |   |
| <b>Who may avail:</b>   | Non- PGH Government employees   |  |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                             |                        |   |
| Verbal or written request<br>At least the month and year when the requesting party attended the program |   | Requesting party<br>Requesting party               |                        |   |
| (1) ID card (original)  |   | Hospital/ Institution where employee is affiliated |                        |   |
| (1) Other valid government issued ID (original)   |   | PRC, LTO, DFA, etc.                                |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                     |
| 1. Request for Certificate of Appearance  | 1. Review attendance sheet<br><br>1.1 Issue Certificate of Appearance | None   | 20 minutes             | <i>Nurse Trainor-Program Coordinator DNET</i> |
| <b>TOTAL:</b>   |   | None   | 20 minutes             |   |

# **Division of Nursing Education and Training**

## **Internal Services**

## 1. Development and Approval of Seminar/Training Program for Implementation

Processes in the development, submission and approval of seminar/training program to be conducted for the nursing personnel and other interested clients.

|  |  |  |                        |  |
|--|--|--|------------------------|--|
| <b>Office or Division:</b>   | Division of Nursing Education and Training   |  |                        |  |
| <b>Classification:</b>   | Highly Technical   |  |                        |  |
| <b>Type of Transaction:</b>  | G2C  |  |                        |  |
| <b>Who may avail:</b>  | Nursing Personnel  |  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |  |
| Result of Training/Learning Needs Assessment<br>Initial Draft of the seminar/training program with rationale / reason to conduct such program<br>List of Resource Speakers |  | Requesting Nursing Personnel/<br>Clinical Area<br>Requesting Nursing Personnel/<br>Clinical Area<br>Requesting Nursing Personnel/<br>Clinical Area |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit draft of proposed program to Division of Nursing Education and Training (DNET).  | 1. Receive and check the proposed program.<br>1.1 Set a meeting with the proponent of the program  | None   | 1 day                  | <i>Training Coordinator<br/>Program Coordinator<br/>DNET</i>                               |
| 2. Meet Training Coordinator on the appointed day and time at the assigned venue.  | 2. Discuss and provide feedback on the proposed program presented.   | None   | 4 hours                | <i>Training Coordinator,<br/>Program Coordinator<br/>DNET</i>                              |
| 3. Make the necessary correction on the program as advised and agreed with the Training Coordinator.   | 3. Review and give feedback on the program.<br>3. 1 Finalize the proposed program for presentation to the NVII of DNET.<br>3.2 Set a date and time when to present the final printed copy of program to the NVII of the DNET | None   | 5 days                 | <i>Training Coordinator,<br/>Program Coordinator<br/>DNET</i>                              |
| 4. Present the final printed copy of the program to the NVII of DNET.  | 4. Review and make correction, if any and give final comment on the program.<br>4.1 Approve the program  | None   | 1 day                  | <i>Nurse VII<br/>Area Chief<br/>Nurse<br/>Training Coordinator<br/>Program Coordinator</i> |



|   |  |      |         |   |
|---|--|------|---------|---|
|   |  |      |         | <b>DNET</b>   |
| 5. Schedule the conduct of the program at the designated venue and submit draft invitation letter to the Resource Speakers. | 5. Plot the date when to conduct the program on the Division's calendar of activities.<br>5.1 Check and approve the invitation letter to the speakers. | None | 4 hours | <i>Training Coordinator,<br/>Program Coordinator<br/>DNET</i> |
| 6. Send invitation letters to the Resource Speakers.  | 6. Ensure receipt of the letters to the speakers.  | None | 1 day   | <i>Training Coordinator,<br/>Program Coordinator<br/>DNET</i> |
| 7. Confirm speakers of their schedule in the program.   | 7. Follow up to the program coordinator the confirmation of their speakers.<br>7.1 Make a Router for the clinical areas                                | None | 2 days  | <i>Training Coordinator,<br/>Program Coordinator<br/>DNET</i> |
| 8. Make a program invitation.   | 8. Review the content and completeness of the invitation and certificates.<br>8.1 Review documents to submit PRC for CPD accreditation                 | None | 1 day   | <i>Training Coordinator,<br/>Program Coordinator<br/>DNET</i> |
| <b>TOTAL:</b>   |  | None | 12 days |   |

## 2. Conduct of Approved Seminar/Training Program

Processes in the conduct of approved seminar/training program.

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <b>Office or Division:</b>   |   | Division of Nursing Education and Training |                        |  |
| <b>Classification:</b>   |   | Highly Technical                           |                        |  |
| <b>Type of Transaction:</b>  |   | G2C  |                        |  |
| <b>Who may avail:</b>  |   | Nursing Personnel                          |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                     |                        |  |
| Approved program   |   | Division of Nursing Education and Training |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| <b>Prior to the Program</b>  |   |  |                        |  |
| 1. Prepare the attendance sheet.   | 1. Provide official form of the attendance sheet.   | None                                       | 2 days                 | Training Coordinator,<br>Program Coordinator<br>DNET |
| 2. Prepare program invitation.   | 2. Check the completeness of the program invitation.  |  |                        |  |
| 3. Prepare certificate for the speakers.   | 3. Check the completeness of the certificate.<br>3.1 Provide certificate paper and print the certificate/s  |  |                        |  |
| 4. Prepare the venue   | 4. Provide and check logistics for the conduct of the program (sound system, microphones, projector, etc.)  |  |                        |  |
| <b>Conduct of the Program</b>  |   |  |                        |  |
| 5. Facilitate registration, and provide program invitation, evaluation and paper for post evaluation/test (if applicable) at the designated venue and date | 5. Ensure that all participants register in the attendance sheet.   | None                                       | 1 day                  | Training Coordinator,<br>Program Coordinator<br>DNET |
| 6. Facilitate the program conduction.  | 6. Supervise the flow of the program.<br>6.1 Ensure that all papers for the post test (if applicable) and evaluation forms are filled up and submitted. |  |                        |  |

| Post Program Activities   |  |      |        |  |
|---|--|------|--------|--|
| 7. Tabulate the post test scores (if applicable) and evaluation result  | 7. 1 Ensure that the evaluation is tabulated and scores of the participants' post test also tabulated (If applicable).   | None | 5 days | <i>Training Coordinator,<br/>Program Coordinator</i> |
| 8. Submit all the documents (approved program, copy of the letters for the speakers, copy of the program invitation, copy of the speaker's certificate, attendance sheet, tabulated post-test results, if any, tabulated evaluation results) to PRC | 8. Ensure that all documents are submitted and put into a folder and file for keeping at the DNET office.<br><br>8.1. Ensure certificates are printed, signed and ready for distribution.<br><br>8.2 Submit program completion report to the PRC |      |        |  |
|   | <b>TOTAL:</b>  | None | 8 days |  |

### 3. Processing of Request for Official Time for Attendance to Continuing Education Activities

PGH nursing personnel are given opportunities to attend seminars/ training programs outside of PGH on official time. They are allowed to attend to a maximum of 40 hours.

|   |  |                              |   |                           |
|---|--|------------------------------|---|---------------------------|
| <b>Office or Division:</b>  | Division of Nursing Education and Training                                       |                              |   |                           |
| <b>Classification:</b>  | Simple/Complex   |                              |   |                           |
| <b>Type of Transaction:</b>   | G2G  |                              |   |                           |
| <b>Who may avail:</b>   | PGH Nursing personnel  |                              |   |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>       |   |                           |
| Letter of request of attendance to seminar on official time   |  | Requesting Nursing Personnel |   |                           |
| Program/invitation of the seminar/conference to be attended (1 photocopy)   |  | Requesting Nursing Personnel |   |                           |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b>  | <b>PERSON RESPONSIBLE</b> |
| <b>FOR SEMINAR WITHIN METRO MANILA</b>  |  |                              |   |                           |
| 1. Write a letter to Deputy Director of Nursing requesting to attend seminar within Metro Manila official time    | 1. Endorse the letter to the office of the DDN                                   | None                         | 30 minutes  | Nurse VII DNET            |
| 2. Follow-up letter of request at the DNET Office   | 2. Receive approved letter of official time from the Deputy Director for Nursing | None                         | 1 day   | Ward Clerk DNET           |
| <b>FOR SEMINAR OUTSIDE METRO MANILA</b>   |  |                              |   |                           |
| 1. Write a letter addressed to the Director requesting to attend seminar outside of Metro Manila on Official time | 1. Endorse the letter to the office of the DDN                                   | None                         | 30 minutes  | Nurse VII DNET            |
| 2. Follow-up letter of request from the Director  | 2. Receive approved letter of official time from the Director                    | None                         | 3 days  | Ward clerk DNET           |
| <b>TOTAL:</b>   |  | None                         | For seminar within Metro Manila - 1 day, 30 minutes;<br>For seminar outside Metro Manila - 3 days, 30 minutes |                           |

# **Division of Nursing Research and Development**

## **External Services**

## 1. Initial Screening or Original Documents and Profiling of Entry Level Applicants

Submitted original credentials of applicants, and the examination results are evaluated, tallied in order to come up with an initial profile of applicant

| <b>Office or Division:</b>  | Division of Nursing Research and Development   |
|---|--|
| <b>Classification:</b>  | Complex  |
| <b>Type of Transaction:</b>   | G2C - Government to Citizens   |
| <b>Who may avail:</b>   | Qualified Applicant  |
| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
| <b>For Nurses (All Original unless stated otherwise):</b> <ol style="list-style-type: none"> <li>1. PRC ID</li> <li>2. Board Rating Certificate</li> <li>3. Recent PNA ID</li> <li>4. Transcript of Records</li> <li>5. Related Learning Experience</li> <li>6. Accomplished Dean's Form</li> <li>7. (1) photocopy of Certificate of Attendance on seminars attended (if applicable)<br/>Photocopy of Seminars attended with written number of hours. It is required that:               <ol style="list-style-type: none"> <li>7.1 24 hours minimum for new graduates and those with hospital experience as in Number 8</li> <li>7.2 Forty hours (40) minimum for 2 years post graduates and who have no hospital experience as in Number 8</li> </ol> </li> <li>8. Certificate of Employment if working in a 100-bed tertiary hospital for at least 1 year</li> <li>9. PSA authenticated birth certificate</li> <li>10. One (1) Passport size picture colored white background</li> <li>11. Community tax certificate (cedula)</li> </ol> | <ol style="list-style-type: none"> <li>1. PRC</li> <li>2. PRC</li> <li>3. PNA</li> <li>4. From former School/College/ University graduated</li> <li>5. From former School/College/ University graduated</li> <li>6. Download and print online via email sent to applicant or request personally at the DNRD office to be accomplished by the former school/college/university</li> <li>7. Seminar Provider for seminars attended</li> <li>8. Former or Current Employer</li> <li>9. Philippine Statistics Authority</li> <li>10. Applicant</li> <li>11. City hall where the applicant resides</li> </ol> |
| <b>For Nursing Attendant (All Original unless stated otherwise):</b> <ol style="list-style-type: none"> <li>1. Transcript of Records (if a graduate of</li> </ol>   | <ol style="list-style-type: none"> <li>1. From former School/College/ University</li> </ol>  |

|  |  |
|--|--|
| a health-related course)   | graduated  |
| 2. Related Learning Experience   | 2. From former School/College/ University graduated  |
| 3. National Certificate II for Caregiver   | 3. TESDA   |
| 4. Accomplished Dean's Form (if a college graduate)  | 4. Download and print online via email sent to applicant or request personally at the DNRD office to be accomplished by the former school/college/university |
| 5. High School Diploma (if applicable)   | 5. Former high school  |
| 6. Certificate of Employment (if applicable) Certificate of Employment if working or worked in a hospital or any health facility | 6. Former or current employer  |
| 7. PSA authenticated birth certificate   | 7. Philippine Statistics Authority   |
| 8. One (1) Passport size picture colored white background  | 8. Applicant   |
| 9. Community tax certificate (cedula)  | 9. City hall where the applicant resides   |

## 2. Initial Assessment of Applicants for Nurses and Nursing Attendant Position

Initial assessment of applicants for entry level Nurse and Nursing Attendant position at the Philippine General Hospital

| <b>Office or Division:</b>  | Division of Nursing Research and Development        |  |                 |                                  |
|---|---|--|-----------------|----------------------------------|
| <b>Classification:</b>  | Simple  |  |                 |                                  |
| <b>Type of Transaction:</b>   | G2C - Government to Citizens                        |  |                 |                                  |
| <b>Who may avail:</b>   | Applicant/s for Nurse or Nursing Attendant Position |  |                 |                                  |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE  |                 |                                  |
| <b>For Nurse Applicant:</b><br>One (1) photocopy of PRC ID  |   | PRC  |                 |                                  |
| <b>For Nursing Attendant Applicant (whichever is applicable:</b><br>1. One (1) photocopy of Transcript of Records (if a graduate of a health-related course), or<br>2. One (1) photocopy of PRC ID if a registered Midwife; or<br>3. One (1) photocopy of High School Diploma, with National Certificate II for Caregiver<br>4. One (1) photocopy of Certificate of Employment from a hospital or healthcare facility (optional only) |   | Former College<br><br>PRC<br><br>TESDA<br><br>Former or Current Employer |                 |                                  |
| CLIENT STEPS  | AGENCY ACTION                                       | FEES TO BE PAID  | PROCESSING TIME | PERSON RESPONSIBLE               |
| 1. Show PRC ID / document/s at DNRD   | 1. Review ID/document/s                             | None   | 5 minutes       | <i>Nursing Personnel</i><br>DNRD |
| 2. Process payment for examination at the cashier   | 2. Issue payment slip to applicant                  | Exam Fee applicants:<br>PHP 200.00                                       | 5 minutes       | <i>Nursing Personnel</i><br>DNRD |
| 3. Receive Notice of Examination  | 3. Schedule and issue Notice of Examination         | None   | 5 minutes       | <i>Nursing Personnel</i><br>DNRD |
| <b>TOTAL:</b>   |   | Exam Fee applicants:<br>PHP 200.00                                       | 15 minutes      |                                  |



### 3. Conduct of Examination for Entry Level Applicant

Conducts examination and credential screening for applicant to entry level nurse and nursing attendant.

|                                    |  |                        |                        |                           |
|------------------------------------|--|------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>         | Division of Nursing Research and Development |                        |                        |                           |
| <b>Classification:</b>             | Complex                                      |                        |                        |                           |
| <b>Type of Transaction:</b>        | G2C - Government to Citizens                 |                        |                        |                           |
| <b>Who may avail:</b>              | Qualified Applicant                          |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |                           |
| Notice of Examination (1 original) |  | DNRD Office            |                        |                           |
| <b>CLIENT STEPS</b>                | <b>AGENCY ACTION</b>                         | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
|                                    |  |                        |                        |                           |

|  |   |      |                       |                                  |
|--|---|------|-----------------------|----------------------------------|
| 1. Present Notice of Examination to DNRD Office      | 1. Receive permit and countercheck records for the examination  | None | 5 minutes             | <i>Nursing Personnel</i><br>DNRD |
| 2. Take the examination at the assigned testing room | 2. Administer examination   | None | 30 minutes            | <i>Nursing Personnel</i><br>DNRD |
| 3. Await result of examination                       | 3. Check the examination paper<br>4. Relay results directly to the applicant via email with a printed copy at the DNRD office | None | 7 days                | <i>Nursing Personnel</i><br>DNRD |
| <b>TOTAL:</b>  |   |      | 7 days and 35 minutes |                                  |

#### 4. Credential Screening of Qualified Nurse and Nursing Attendant Applicants for Entry Level

Qualified applicants for nurse entry level are required to submit copy of credential/s via electronic mail (email) for scoring

Conducts credential screening for applicant to entry level for nurse.

|  |  |
|--|--|
| <b>Office or Division:</b>                 | Division of Nursing Research and Development |
| <b>Classification:</b>                     | Complex                                      |
| <b>Type of Transaction:</b>                | G2C - Government to Citizens                 |
| <b>Who may avail:</b>                      | Qualified Applicant                          |
| <b>CHECKLIST OF REQUIREMENTS</b>           | <b>WHERE TO SECURE</b>                       |
| Credential Screening (soft copy via email) | Applicant                                    |

| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE               |
|---|---|-----------------|-----------------|----------------------------------|
| 1. Receives email of passing the qualifying examination with credential list/s required | 1. Sends email to applicant/s who passed qualifying examination with credential list/s required                       | None            | 5 minutes       | <i>Nursing Personnel</i><br>DNRD |
| 2. Upload documents to DNRD via email <b>(for Nurses only)</b>                          | 2. Receive and review documents   | None            | 10 minutes      | <i>Nursing Personnel</i><br>DNRD |
| 3. Receive notice of passing credential screening <b>(for Nurses only)</b>              | 3. Sends notice to those who passed credential screening<br>4. Provide NSO with printed copy of successful applicants | None            | 5 minutes       | <i>Nursing Personnel</i><br>DNRD |
| 4. Submit original documents as required to the DNRD office                             | 4. Receives and check original documents of applicants  | None            | 10 minutes      | <i>Nursing Personnel</i><br>DNRD |
| 5. Take the Personality Test at DNRD  | 5. Conduct Personality Test   | None            | 30 minutes      | <i>Nursing Personnel</i><br>DNRD |
| 6. Proceed to the Nursing Service Office (NSO) for Scheduling of Panel Interview        | 6. Direct applicant/s to the NSO  | None            | 5 minutes       | <i>Nursing Personnel</i><br>DNRD |

| (Qualified applicants only)                                  |  |                                      |   |   |
|--|--|--------------------------------------|---|---|
| 7. Accomplish Application form for Interview at the NSO      | 7. Instruct to accomplish Application for for Interview<br>7.1. Instruct applicant to await notice from the Nursing Service Office (NSO) for schedule of Interview                             | None                                 | 1 hour (Pause – clock)                                      | <i>Nursing Personnel</i><br>DNRD<br>NSO                           |
| 8. Proceeds to for NSO interview                             | 8. Notifies applicant SMS, or call for the following<br>9. Issue applicant's profile with original documents directly to the NSO<br>10. Conduct Panel Interview<br>11. Conduct final Interview | None<br><br>None<br><br>None<br>None | 5 minutes<br><br>10 minutes<br><br>15 minutes<br>30 minutes | NSO<br><br>DNRD<br><br>NHRMPSB<br><br>Deputy Director for Nursing |
| 9. Await preliminary decision application entry level on for | 9. Prepare a Summary ranking of Nurse entry level<br>10. Make a list for the First Endorsement of New Nurses to the Director   | None<br><br>None                     | 1 hour<br><br>5 minutes (Pause-clock)                       | NSO<br><br>NSO  |
| <b>TOTAL:</b>  |  | None                                 | 4 hour and 10 minutes                                       |   |

## 5. Assessment, Initial Investigation and Action, and Endorsement of Administrative Matters

Assessment, initial investigation and action, and endorsement, depending on the outcome, to appropriate level or office on all administrative matters needing appropriate action

|   |   |                              |                        |                             |
|---|---|------------------------------|------------------------|-----------------------------|
| <b>Office or Division:</b>  | Division of Nursing Research and Development              |                              |                        |                             |
| <b>Classification:</b>  | Complex   |                              |                        |                             |
| <b>Type of Transaction:</b>   | G2C - Government to citizens (External, Internal)         |                              |                        |                             |
| <b>Who may avail:</b>   | Public and PGH Staff                                      |                              |                        |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>       |                        |                             |
| Verbal or Written Comment or Complaint from Staff or Other Stakeholders |   | Staff and other Stakeholders |                        |                             |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                      | <b>FEES TO BE PAID</b>       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit verbal or written comment or complaint                        | 1. Receive compliant                                      | None                         | 2 minutes              | <i>Chief and Staff DNRD</i> |
| 2. Narrate incidence surrounding complaint                              | 2. Investigate and make necessary report on the complaint | None                         | 1 hour                 |                             |
| 3. Receive initial decision, action or endorsement                      | 2. Render initial decision, action or endorsement         | None                         | 1 day                  | <i>Chief and Staff DNRD</i> |
| <b>TOTAL:</b>   |   | None                         | 25 hours<br>2 minutes  |                             |

# **Division of Nursing Research and Development**

## **Internal Services**

## 1. Technical Evaluation of Research Proposal of PGH Nursing Staff

Technical evaluation of research proposal of PGH nursing staff, on studies involving the nursing personnel or nursing function in PGH

| <b>Office or Division:</b>  | Division of Nursing Research and Development  |                 |                   |   |
|---|---|-----------------|-------------------|---|
| <b>Classification:</b>  | Complex   |                 |                   |   |
| <b>Type of Transaction:</b>   | G2G - Government to Government (Internal)   |                 |                   |   |
| <b>Who may avail:</b>   | All Nursing Personnel   |                 |                   |   |
| CHECKLIST OF REQUIREMENTS   |   | WHERE TO SECURE |                   |   |
| Research Proposal (1 original)  |   | PGH Staff       |                   |   |
| EHRO Technical Review Form (1 original)   |   | DNRD            |                   |   |
| Certificate of Registration   |   | RGAO            |                   |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE  |
| 1. Submit Research Proposal for Assessment and Review   | 1. Receive and review Research Proposal<br><br>2. Screen the proposal for plagiarism using similarity index | None            | 3 days            | <i>Nursing Personnel</i><br>DNRD  |
| 2. Receive, and revise Research Proposal, accordingly (if with comments)                                  | 2. return proposal with further comments  | None            | 2 days            | <i>Nursing Personnel</i><br>DNRD  |
| 3. Submit revised proposal  | 3. Receive and review revised proposal  | None            | 2 days            | <i>Nursing Personnel</i><br>DNRD  |
| 4. Receive accomplished technical review and endorsement forms for submission to UPM Review Ethics Board. | 4. Issue accomplished EHRO technical review form and scientific/ technical review approval endorsement.     | None            | 2 days            | <i>Deputy Director for Nursing, Chief and Nursing Personnel</i><br>DNRD |
| 5. Accomplish the customer satisfaction survey  | 5. Issue a customer satisfaction survey form  | None            | 5 minutes         | <i>Nursing Personnel</i><br>DNRD  |
| <b>TOTAL:</b>   |   | None            | 9 days, 5 minutes |   |

## 2. Site Coordination for Research Activities

Site Coordination for research studies of undergraduate and post graduate students of the University of the Philippines, or PGH medical residents, fellows and other PGH staff for studies involving the nursing personnel or nursing function in PGH

|  |   |                        |                        |                               |
|--|---|------------------------|------------------------|-------------------------------|
| <b>Office or Division:</b>   | Division of Nursing Research and Development  |                        |                        |                               |
| <b>Classification:</b>   | Simple  |                        |                        |                               |
| <b>Type of Transaction:</b>  | G2G - Government to Government (Internal)   |                        |                        |                               |
| <b>Who may avail:</b>  | All Students of UP, All PGH Staff   |                        |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b> |                        |                               |
| Research Proposal (1 original)   |   | PGH Staff, UP Students |                        |                               |
| UPM-REB/CU-REB Certification of Approval (1 original)  |   | UPMREB / CU-REB        |                        |                               |
| Permit to Conduct Study (1 original)   |   | EHRO                   |                        |                               |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Submit copy of approved Research Proposal, ethics approval letter and permit to conduct study | 1. Review documents   | None                   | 1 day                  | <i>Nursing Personnel DNRD</i> |
| 2. Receive Notice of Upcoming Research from DNRD   | 2. Issue a Notice of Upcoming Research to the investigator/s to be given to the concerned Clinical Nursing Unit/s | None                   | 30 minutes             | <i>Nursing Personnel DNRD</i> |
| 3. Accomplish customer satisfaction survey   | 3. Issue a customer satisfaction survey form  | None                   | 5 minutes              | <i>Nursing personnel DNRD</i> |
| <b>TOTAL:</b>  |   | None                   | 1 day, 35 minutes      |                               |

### 3. Initial Screening or Original Documents and Profiling of Entry Level Applicants

Submitted original credentials of applicants, and the examination results are evaluated, tallied in order to come up with an initial profile of applicant

| <b>Office or Division:</b>  | Division of Nursing Research and Development   |
|---|--|
| <b>Classification:</b>  | Complex  |
| <b>Type of Transaction:</b>   | G2C - Government to Citizens   |
| <b>Who may avail:</b>   | Qualified Applicant  |
| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
| <b>For Nurses (All Original unless stated otherwise):</b><br>1. PRC ID<br>2. Board Rating Certificate<br>3. Recent PNA ID<br>4. Transcript of Records<br><br>5. Related Learning Experience<br>6. Accomplished Dean's Form<br><br>7. (1) photocopy of Certificate of Attendance on seminars attended (if applicable)<br>Photocopy of Seminars attended with written number of hours. It is required that:<br>7.1. 24 hours minimum for new graduates and those with hospital experience as in Number 8<br>7.2. Forty hours (40) minimum for 2 years post graduates and who have no hospital experience as in Number 8<br>8. Certificate of Employment if working in a 100-bed tertiary hospital for at least 1 year<br>9. PSA authenticated birth certificate<br>10. One (1) Passport size picture colored white background<br>11. Community tax certificate (cedula) | 1. PRC<br>2. PRC<br>3. PNA<br>4. From former School/College/ University graduated<br><br>5. From former School/College/ University graduated<br>6. Download and print online via email sent to applicant or request personally at the DNRD office to be accomplished by the former school/college/university<br><br>7. Seminar Provider for seminars attended<br><br>8. Former or Current Employer<br>9. Philippine Statistics Authority<br>10. Applicant<br>11. City hall where the applicant resides |
| <b>For Nursing Attendant (All Original unless</b>   |  |



|   |  |
|---|--|
| <p><b>stated otherwise):</b></p> <p>10. Transcript of Records (if a graduate of a health-related course)</p> <p>11. Related Learning Experience</p> <p>12. National Certification (NC) II Caregiving</p> <p>13. Accomplished Dean's Form (if a college graduate)</p> <p>14. High School Diploma (if applicable)</p> <p>15. Certificate of Employment (if applicable) Certificate of Employment if working or worked in a hospital or any health facility</p> <p>16. PSA authenticated birth certificate</p> <p>17. One (1) Passport size picture colored white background</p> <p>18. Community tax certificate (cedula)</p> | <p>10. From former School/College/ University graduated</p> <p>11. From former School/College/ University graduated</p> <p>12. TESDA</p> <p>13. Download and print online via email sent to applicant or request personally at the DNRD office to be accomplished by the former school/college/university</p> <p>14. Former high school</p> <p>15. Former or current employer</p> <p>16. Philippine Statistics Authority</p> <p>17. Applicant</p> <p>18. City hall where the applicant resides</p> |
|---|--|

#### 4. Initial Assessment of Applicants for Nurses and Nursing Attendant Position

Initial assessment of applicants for entry level Nurse and Nursing Attendant position at the Philippine General Hospital

|   |   |   |                        |                                  |
|---|---|---|------------------------|----------------------------------|
| <b>Office or Division:</b>  | Division of Nursing Research and Development        |   |                        |                                  |
| <b>Classification:</b>  | Simple  |   |                        |                                  |
| <b>Type of Transaction:</b>   | G2C - Government to Citizens                        |   |                        |                                  |
| <b>Who may avail:</b>   | Applicant/s for Nurse or Nursing Attendant Position |   |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>  |                        |                                  |
| <b>For Nurse Applicant:</b><br>One (1) photocopy of PRC ID  |   | PRC   |                        |                                  |
| <b>For Nursing Attendant Applicant (whichever is applicable:</b><br>5. One (1) photocopy of Transcript of Records (if a graduate of a health-related course), or<br>6. One (1) photocopy of PRC ID if a registered Midwife; or<br>7. One (1) photocopy of High School Diploma, with National Certificate II for Caregiver<br>8. One (1) photocopy of Certificate of Employment from a hospital or healthcare facility (optional only) |   | Former College<br><br>PRC<br><br>TESDA<br><br>Former or Current Employer  |                        |                                  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>                                | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Show PRC ID / document/s at DNRD   | 1. Review ID/document /s                            | None  | 5 minutes              | <i>Nursing Personnel</i><br>DNRD |
| 2. Process payment for examination at the cashier   | 2. Issue payment slip to applicant                  | Exam Fee<br><br>For PGH staff/1st degree relative of staff:<br>PHP 100.00 | 5 minutes              | <i>Nursing Personnel</i><br>DNRD |
| 3. 3. Receive Notice of Examination   | 3. Schedule and issue Notice of Examination         | None  | 5 minutes              | <i>Nursing Personnel</i><br>DNRD |
| <b>TOTAL:</b>   |   | Exam Fee<br><br>For PGH staff/1st degree relative of staff:<br>PHP 100.00 | 15 minutes             |                                  |

## 5. Conduct of Examination for Entry Level Applicant

Conducts examination and credential screening for applicant to entry level nurse and nursing attendant.

| <b>Office or Division:</b>                           | Division of Nursing Research and Development  |                 |                       |                                  |
|--|---|-----------------|-----------------------|----------------------------------|
| <b>Classification:</b>                               | Complex   |                 |                       |                                  |
| <b>Type of Transaction:</b>                          | G2C - Government to Citizens  |                 |                       |                                  |
| <b>Who may avail:</b>                                | Qualified Applicant   |                 |                       |                                  |
| CHECKLIST OF REQUIREMENTS                            |   | WHERE TO SECURE |                       |                                  |
| Notice of Examination (1 original)                   |   | DNRD Office     |                       |                                  |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE               |
| 1. Present Notice of Examination to DNRD Office      | 1. Receive permit and countercheck records for the examination  | None            | 5 minutes             | <i>Nursing Personnel</i><br>DNRD |
| 2. Take the examination at the assigned testing room | 2. Administer examination   | None            | 30 minutes            | <i>Nursing Personnel</i><br>DNRD |
| 3. Await result of examination                       | 3. Check the examination paper<br>4. Relay results directly to the applicant via email with a printed copy at the DNRD office<br>5. Post results in the <i>pgh.gov.ph</i> website within one (1) week after the exam. | None            | 7 days                | <i>Nursing Personnel</i><br>DNRD |
| <b>TOTAL:</b>  |   |                 | 7 days and 35 minutes |                                  |

## 6. Credential Screening of Qualified Nurse and Nursing Attendant Applicants for Entry Level

Qualified applicants for nurse entry level are required to submit copy of credential/s via electronic mail (email) for scoring

Conducts credential screening for applicant to entry level for nurse.

|   |   |  |                        |                                  |
|---|---|--|------------------------|----------------------------------|
| <b>Office or Division:</b>  |   | Division of Nursing Research and Development |                        |                                  |
| <b>Classification:</b>  |   | Complex                                      |                        |                                  |
| <b>Type of Transaction:</b>   |   | G2C - Government to Citizens                 |                        |                                  |
| <b>Who may avail:</b>   |   | Qualified Applicant                          |                        |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>                       |                        |                                  |
| Credential Screening (soft copy via email)  |   | Applicant                                    |                        |                                  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>        |
| 1. Receives email of passing the qualifying examination with credential list/s required | 1. Sends email to applicant/s who passed qualifying examination with credential list/s required                       | None   | 5 minutes              | <i>Nursing Personnel</i><br>DNRD |
| 2. Upload documents to DNRD via email <b>(for Nurses only)</b>                          | 2. Receive and review documents   | None   | 10 minutes             | <i>Nursing Personnel</i><br>DNRD |
| 3. Receive notice of passing credential screening <b>(for Nurses only)</b>              | 3. Sends notice to those who passed credential screening<br>4. Provide NSO with printed copy of successful applicants | None   | 5 minutes              | <i>Nursing Personnel</i><br>DNRD |
| 4. Submit original documents as required to the DNRD office                             | 4. Receives and check original documents of applicants  | None   | 10 minutes             | <i>Nursing Personnel</i><br>DNRD |
| 5. Take the Personality Test at DNRD  | 5. Conduct Personality Test   | None   | 30 minutes             | <i>Nursing Personnel</i><br>DNRD |
| 6. Proceed to the Nursing Service Office  | 6. Direct applicant/s to the NSO  | None   | 5 minutes              | <i>Nursing Personnel</i><br>DNRD |

|   |  |                                      |   |   |
|---|--|--------------------------------------|---|---|
| (NSO) for Scheduling of Panel Interview (Qualified applicants only) |  |                                      |   |   |
| 7. Accomplish Application form for Interview at the NSO             | 7. Instruct to accomplish Application for Interview<br>7.1. Instruct applicant to await notice from the Nursing Service Office (NSO) for schedule of Interview                                 | None                                 | 1 hour (Pause – clock)                                      | <i>Nursing Personnel</i><br>DNRD<br>NSO                       |
| 8. Proceeds to NSO interview  | 8. Notifies applicant SMS, or call for the following<br>9. Issue applicant's profile with original documents directly to the NSO<br>10. Conduct Panel Interview<br>11. Conduct final Interview | None<br><br>None<br><br>None<br>None | 5 minutes<br><br>10 minutes<br><br>15 minutes<br>30 minutes | NSO<br><br>DNRD<br><br>NHRMPSB<br>Deputy Director for Nursing |
| 9. Await preliminary decision on application for entry level        | 9. Prepare a Summary ranking of Nurse entry level<br>10. Make a list for the First Endorsement of New Nurses to the Director   | None<br><br>None                     | 1 hour<br><br>5 minutes (Pause-clock)                       | NSO<br><br>NSO  |
| <b>TOTAL:</b>   |  | None                                 | 4 hour and 10 minutes                                       |   |

## 7. Initial Assessment of Qualified Applicants for Promotion

Qualified applicant for promotion is scheduled for a qualifying examination

|   |   |                        |                        |                                   |
|---|---|------------------------|------------------------|-----------------------------------|
| <b>Office or Division:</b>                            | Division of Nursing Research and Development    |                        |                        |                                   |
| <b>Classification:</b>                                | Simple  |                        |                        |                                   |
| <b>Type of Transaction:</b>                           | G2G - Government to Government (Internal)       |                        |                        |                                   |
| <b>Who may avail:</b>                                 | Applicant for Promotion                         |                        |                        |                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                      |   | <b>WHERE TO SECURE</b> |                        |                                   |
| Letter of Intent (1 original)                         |   | Applicant              |                        |                                   |
| <b>CLIENT STEPS</b>                                   | <b>AGENCY ACTION</b>                            | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>         |
| 1. Receive and reads Memorandum on call for promotion | 1. Disseminate Memorandum on call for promotion | None                   | 5 minutes              | <i>Nursing Personnel<br/>DNRD</i> |
| 2. Submit Letter of Intent to DNRD                    | 2. Receive Letter of Intent                     | None                   | 5 minutes              | <i>Nursing Personnel<br/>DNRD</i> |
| 3. Receive Notice of Examination from DNRD Office     | 3. Issue Notice of Examination                  | None                   | 5 minutes              | <i>Nursing Personnel<br/>DNRD</i> |
| <b>TOTAL:</b>   |   | None                   | 10 minutes             |                                   |

## 8. Conduct of Examination of Applicants for Promotion

Conducts qualifying examination for applicants for promotion to Nurse II – VII, Nursing Attendant II, and Ward Assistant.

| <b>Office or Division:</b>                       | Division of Nursing Research and Development  |                 |                            |                                  |
|--|---|-----------------|----------------------------|----------------------------------|
| <b>Classification:</b>                           | Complex   |                 |                            |                                  |
| <b>Type of Transaction:</b>                      | G2G - Government to Government (Internal)   |                 |                            |                                  |
| <b>Who may avail:</b>                            | Qualified Applicant for Promotion   |                 |                            |                                  |
| CHECKLIST OF REQUIREMENTS                        |   | WHERE TO SECURE |                            |                                  |
| Notice of Examination (1 original)               |   | DNRD            |                            |                                  |
| CLIENT STEPS                                     | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME            | PERSON RESPONSIBLE               |
| 1. Present Notice of Examination to DNRD         | 1. Receive the Notice of Examination  | None            | 2 minutes                  | <i>Nursing Personnel</i><br>DNRD |
| 2. Take the examination at DNRD designated venue | 2. Administer examination   | None            | 4 hours                    | <i>Nursing Personnel</i><br>DNRD |
| 3. Await result of examination                   | 3. Check the examination paper<br>4. Relay results directly to the applicant via email with a printed copy at the DNRD office | None            | 7 days (Pause - clock)     | <i>Nursing Personnel</i><br>DNRD |
| <b>TOTAL:</b>                                    |   | None            | 7 days, 4 hours, 2 minutes |                                  |

## 9. Initial Screening of Qualifying Requirements, Profiling and Ranking or Applicants for Promotion

Qualified applicants for promotion are required to submit original/photocopy of qualifying documents, for profiling and initial ranking

|   |   |  |                          |                                  |
|---|---|--|--------------------------|----------------------------------|
| <b>Office or Division:</b>  | Division of Nursing Research and Development  |  |                          |                                  |
| <b>Classification:</b>  | Highly Technical  |  |                          |                                  |
| <b>Type of Transaction:</b>   | G2G - Government to Government (Internal)   |  |                          |                                  |
| <b>Who may avail:</b>   | Qualified Applicant for Promotion   |  |                          |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>   |                          |                                  |
| One (1) photocopy each of IPCR Rating for the last 2 rating periods<br>One (1) photocopy of Transcript of Records<br>One (1) photocopy certification of units earned for a Masteral course in Nursing<br>One (1) photocopy of Certificate of Attendance of seminars attended for the last 5 years<br>Certification or one (1) photocopy of Award/s/ citation/s received<br>Brief write up of accomplishment/s, achievement/s, implemented Innovation/s, with notation of the Area Chief Nurse |   | HRDD directly given to DNRD upon request<br><br>Former college/university attended<br>University enrolled in or graduated from<br><br>Seminar Provider for seminars attended<br><br>Award giving body or agency<br><br>c/o Applicant |                          |                                  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>   | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>        |
| 1. Submit copy of qualifying documents to DNRD  | 1. Receive and review documents   | None   | 10 minutes               | <i>Nursing Personnel</i><br>DNRD |
| 2. Take the Personality Test at DNRD  | 2. Conduct Personality Test   | None   | 30 minutes               | <i>Nursing Personnel</i><br>DNRD |
| 3. Await preliminary decision on application for promotion  | 3. Compute and submit to NSO an initial Summary of Ranking of applicants for promotion<br>3.1 Submit summary profile for promotion to the NSO | None   | 10 minutes (Pause-clock) | <i>Nursing Personnel</i><br>DNRD |
| <b>TOTAL:</b>   |   | None   | 50 minutes               |                                  |



## 10. Assessment and Signing of Bundy Card, Daily Time Record, Application for Leaves

Assessment and signing of Bundy Card, Daily Time Record and Application for Leaves, for monitoring and regulation of staff attendance

|  |  |                        |                        |                               |
|--|--|------------------------|------------------------|-------------------------------|
| <b>Office or Division:</b>   | Division of Nursing Research and Development                                       |                        |                        |                               |
| <b>Classification:</b>   | Simple   |                        |                        |                               |
| <b>Type of Transaction:</b>  | G2G - Government to Government (Internal)  |                        |                        |                               |
| <b>Who may avail:</b>  | DNRD STAFF   |                        |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b> |                        |                               |
| Bundy Card (1 original)  |  | HRDD                   |                        |                               |
| Accomplished Daily Time Record (1 original)  |  | HRDD                   |                        |                               |
| Application for Leaves (1 original)  |  | HRDD                   |                        |                               |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Submit Bundy card, accomplished Daily time Record and leave application to the HRDD | 1. Receive and review completeness of forms  | None                   | 15 minutes             | Chief DNRD                    |
| 2. Receive signed Bundy Card or leave application/s                                    | 2. Sign Bundy cards and leave application/s  | None                   | 15 minutes             | Chief DNRD                    |
| 3. Submit accomplished Bundy card and leave forms to HRDD                              | 3. Ensure submission of Bundy cards and signed Leave Application forms to the HRDD | None                   | 15 minutes             | Chief, Nursing Personnel DNRD |
| <b>TOTAL:</b>  |  | None                   | 45 minutes             |                               |

## 11. Assessment Signing and Endorsement of Requests

Assess, act, sign or endorse accordingly on any request submitted to the office

| <b>Office or Division:</b>   | Division of Nursing Research and Development   |                 |                     |                                  |
|--|--|-----------------|---------------------|----------------------------------|
| <b>Classification:</b>   | Simple   |                 |                     |                                  |
| <b>Type of Transaction:</b>  | G2G - Government to Government (Internal)  |                 |                     |                                  |
| <b>Who may avail:</b>  | DNRD Staff/PGH Nursing Personnel   |                 |                     |                                  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE |                     |                                  |
| Letter of Request (1 original)   |  | Staff           |                     |                                  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE PAID | PROCESSING TIME     | PERSON RESPONSIBLE               |
| 1. Submit letter request to DNRD   | 1. Receive, letter request   | None            | 5 minutes           | Chief, Nursing Personnel<br>DNRD |
| 2. Follow – up letter of request   | 2. Review letter with appropriate initial action/recommendation  | None            | 4 hours             | Chief<br>DNRD                    |
| 3. Retrieve letter request to concerned PGH department/office or appropriate level | 3. Sign and return letter or reject and explain the process flow and advice for the next appropriate office/level to submit the letter request | None            | 15 minutes          | Chief, Nursing Personnel<br>DNRD |
| <b>TOTAL:</b>  |  | None            | 4 hours, 20 minutes |                                  |

# **Central Sterile Supply Room / Operating Room Sterilization Area External Services**

## 1. Provision of Sterile Packs, Medical/Surgical Supplies and Instruments

To provide sterile packs, medical/surgical supplies and instruments

|   |  |  |                            |   |
|---|--|--|----------------------------|---|
| <b>Office or Division:</b>  | ORSA/CSSR  |  |                            |   |
| <b>Classification:</b>  | Simple   |  |                            |   |
| <b>Type of Transaction:</b>   | G2G - Government to Government (Internal); G2B - Government to Business (External)   |  |                            |   |
| <b>Who may avail:</b>   | All PGH units, other hospitals, other businesses   |  |                            |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |  | <b>WHERE TO SECURE</b>                               |                            |   |
| Requisition Slip (1 original)   |  | All clinical units                                   |                            |   |
| PGH Official Receipt (1 original)   |  | Cashier  |                            |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b>                               | <b>PROCESSING TIME</b>     | <b>PERSON RESPONSIBLE</b>                               |
| 1. Present requisition slip for any of the following: <ul style="list-style-type: none"> <li>sterile supplies/sterile instruments</li> <li>Implants/instrumentation and other supplies</li> </ul> | <ul style="list-style-type: none"> <li>For sterile supplies and sterile instruments:</li> </ul> 1. Receive and prepare needed sterile supplies/instruments<br>1.1 Prepare charge slip<br>1.2 Issue sterile supplies/instruments and document | None<br><br>Based on approved hospital rates<br>None | 30 minutes                 | <i>Nurse on duty/ Administrative Staff</i><br>ORSA/CSSR |
|   | <ul style="list-style-type: none"> <li>For sterile supplies and sterile instruments</li> </ul> 1. Receive and countercheck instrumentation/implants for sterilization<br>1.1 Prepare charge slip   | None<br><br>Based on approved hospital rates         | 5 minutes<br><br>5 minutes | <i>Nurse on duty/ Administrative Staff</i><br>ORSA/CSSR |

|               |  |                                  |  |  |
|---------------|--|----------------------------------|--|--|
|               | 1.2 Process sterilization of instruments/ implants                     | None                             | 1 hour, 15 minutes   |  |
|               | 1.3 Safe storage of sterile instruments/ implants as per HICU standard | None                             |  |  |
|               | 1.4 Issue to client and documents                                      | None                             | 10 minutes   |  |
| <b>TOTAL:</b> |  | Based on approved hospital rates | For requisition of sterilized of supplies and instruments: 30 minutes<br><br>For sterilization of implants/ instrumentation and other supplies: 1 hour, 35 minutes |  |

## 2. Sterilization of Instruments

Process of receiving and performing sterilization of soiled instruments

|                                      |  |                        |                        |   |
|--------------------------------------|--|------------------------|------------------------|---|
| <b>Office or Division:</b>           | ORSA/CSSR  |                        |                        |   |
| <b>Classification:</b>               | Simple   |                        |                        |   |
| <b>Type of Transaction:</b>          | G2G - Government to Government (Internal); G2B - Government to Business (External) |                        |                        |   |
| <b>Who may avail:</b>                | All PGH units, other hospitals, other businesses                                   |                        |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>     |  | <b>WHERE TO SECURE</b> |                        |   |
| Requisition Slip (1 original)        |  | All clinical units     |                        |   |
| <b>CLIENT STEPS</b>                  | <b>AGENCY ACTION</b>   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Return soiled sets of instruments | 1. Receive, countercheck completeness of soiled sets of instruments and document   | None                   | 15 minutes             | <i>Nurse on duty/<br/>Administrative Staff</i><br>ORSA/CSSR |
|                                      | 1.1 Disinfect, clean, process, pack and sterilize sets of instruments              |                        | 75 minutes             |   |
|                                      | 1.2 Safekeeping of sterile instruments as per HICU standard                        |                        |                        |   |
| <b>TOTAL:</b>                        |  | None                   | 1 hour, 30 minutes     |   |

# **Central Sterile Supply Room / Operating Room Sterilization Area**

## **Internal Services**

## 1. Distribution of Supplies

Distribute medical, office and housekeeping supplies to OR units and other PGH units

| <b>Office or Division:</b>                              | ORSA/CSSR  |                    |                 |   |
|---|--|--------------------|-----------------|---|
| <b>Classification:</b>                                  | Simple   |                    |                 |   |
| <b>Type of Transaction:</b>                             | G2G - Government to Government (Internal)                          |                    |                 |   |
| <b>Who may avail:</b>                                   | All OR units, other PGH units                                      |                    |                 |   |
| CHECKLIST OF REQUIREMENTS                               |  | WHERE TO SECURE    |                 |   |
| Requisition Slip (1 original)                           |  | All clinical units |                 |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE PAID    | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Request of medical, office and housekeeping supplies | 1. Receive and prepare medical, office and housekeeping supplies   | None               | 30 minutes      | <i>Nurse on duty/<br/>Administrative Staff</i><br>ORSA/CSSR |
|   | 1.1 Issue and documents, medical, office and housekeeping supplies |                    | 30 minutes      |   |
| <b>TOTAL:</b>   |  | None               | 1 hour          |   |



## 2. Distribution of Sterile/Clean Linen

Distribution of sterile/clean linen to OR units and other PGH units

|  |   |                                  |                        |  |
|--|---|----------------------------------|------------------------|--|
| <b>Office or Division:</b>                         | ORSA/CSSR   |                                  |                        |  |
| <b>Classification:</b>                             | Simple  |                                  |                        |  |
| <b>Type of Transaction:</b>                        | G2G - Government to Government (Internal)         |                                  |                        |  |
| <b>Who may avail:</b>                              | All OR units, other PGH units                     |                                  |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                   |   | <b>WHERE TO SECURE</b>           |                        |  |
| Requisition Slip (1 original)                      |   | All clinical units               |                        |  |
| PGH Official Receipt (1 original)                  |   | Cashier                          |                        |  |
| <b>CLIENT STEPS</b>                                | <b>AGENCY ACTION</b>                              | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                    |
| 1. Submit requisition slip for sterile/clean linen | 1. Prepare needed sterile/clean linen             | None                             | 10 minutes             | <i>Nurse on duty/<br/>Administrative Staff<br/>ORSA/CSSR</i> |
|  | 1.1 Prepare charge slip                           | Based on approved hospital rates | 5 minutes              |  |
|  | 1.2 Issue and document needed sterile/clean linen | None                             | 5 minutes              |  |
| <b>TOTAL:</b>                                      |   | Based on approved hospital rates | 20 minutes             |  |

## VI. Feedback and Complaints

| FEEDBACK AND COMPLAINTS MECHANISMS |  |
|------------------------------------|--|
| How to send feedback               | <p><b><u>Walk-in</u></b></p> <ul style="list-style-type: none"> <li>Visit the PGH Client Service Center (PGH-CSC)/ Public Assistance Office (PAO) - G/F PGH Administration Building (beside the Office of the Director).</li> <li>Fill out PGH Client Service Center Form.</li> </ul> <p><b><u>Email</u></b></p> <ul style="list-style-type: none"> <li>Send feedback to <a href="mailto:od.uppgh@up.edu.ph">od.uppgh@up.edu.ph</a></li> </ul> <p><b><u>Telephone Call</u></b></p> <ul style="list-style-type: none"> <li>Dial (02) 8554-8400 local 2063.</li> <li>Give details of the feedback.</li> </ul>  |
| How feedback is processed          | <p><b><u>Walk-In</u></b></p> <ul style="list-style-type: none"> <li>The PGH-CSC representative receives feedback at the PGH-CSC/PAO Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays &amp; Sundays &amp; holidays, declared non-working day/half day).</li> <li>Feedback is checked for completeness of information and documented.</li> <li>Feedback requiring action is forwarded to the office/ unit concerned and asked to respond within the prescribed period based on R.A. 11032.</li> <li>The response of the office/unit is then relayed to the client thru the contact information provided.</li> </ul> <p><b><u>Email</u></b></p> <ul style="list-style-type: none"> <li>The PGH-CSC representative opens/checks email on Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays &amp; Sundays &amp; holidays, declared non-working day/half-day).</li> <li>Feedback is received, acknowledged and documented.</li> <li>Feedback requiring action is forwarded to the office/unit concerned and asked to respond within the prescribed period based on RA 11032.</li> <li>The response of the office/unit is received and relayed to the citizen/client thru email.</li> </ul> <p><b><u>Telephone Call</u></b></p> <ul style="list-style-type: none"> <li>The PGH-CSC representative receives phone call at the PGH-CSC/PAO Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays &amp; Sundays &amp; holidays, declared non-working day/half day)</li> </ul> |

## FEEDBACK AND COMPLAINTS MECHANISMS

|                                     |  |
|-------------------------------------|--|
|                                     | <ul style="list-style-type: none"> <li>PGH-CSC representative documents the feedback. (Note: May also advise citizens/clients to email feedback, if possible.)</li> <li>Feedback requiring action is forwarded to the office/unit concerned and asked to respond within the prescribed period based on RA 11032.</li> <li>The response of the office/unit is received and relayed to the citizen/client thru the contact information provided.</li> </ul> <p><b>NOTE:</b> For inquiries and follow-up, client may contact (02) 8554-8400 local 8888/8889 or email <a href="mailto:od.uppgh@up.edu.ph">od.uppgh@up.edu.ph</a></p>   |
| <b>How to file a complaint</b>      | <p><b><u>Walk-in</u></b></p> <ul style="list-style-type: none"> <li>Visit the PGH Client Service Center (PGH-CSC)/ Public Assistance Office (PAO) - G/F PGH Administration Building (beside the Office of the Director).</li> <li>Fill out PGH Client Service Center Form.</li> </ul> <p><b><u>Email</u></b></p> <ul style="list-style-type: none"> <li>Send Incident Report/Complaint to <a href="mailto:od.uppgh@up.edu.ph">od.uppgh@up.edu.ph</a></li> </ul> <p><b><u>Telephone Call</u></b></p> <ul style="list-style-type: none"> <li>Dial (02)-85548400 local2063.</li> <li>Give details of the complaint and contact information.</li> </ul>  |
| <b>How complaints are processed</b> | <p><b><u>Walk-In</u></b></p> <ul style="list-style-type: none"> <li>The PGH-CSC representative receives complaint at the PGH-CSC/PAO on Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays &amp; Sundays &amp; holidays, declared non-working day/half day)</li> <li>Complaint is checked for completeness of information and documented.</li> <li>Complaint is analyzed, given initial intervention and coordinated with the office/unit concerned.</li> <li>If the complaint cannot be resolved with the initial intervention, the matter is forwarded to the office/unit concerned for appropriate action.</li> </ul> <p><b><u>Email</u></b></p> <ul style="list-style-type: none"> <li>The PGH-CSC representative opens/checks email on Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays &amp; Sundays &amp; holidays, declared non-working day/half-day).</li> <li>Complaint is received, acknowledged and documented.</li> </ul> |

## FEEDBACK AND COMPLAINTS MECHANISMS

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>Complaint is forwarded to the office/unit concerned for appropriate action.</li> <li>See <b>NOTES</b> below.</li> </ul> <p><b>Telephone Call</b></p> <ul style="list-style-type: none"> <li>The PGH-CSC representative receives phone call at the PGH-CSC/PAO Mondays to Fridays from 8 AM to 4:30 PM (except holidays, declared non-working day/half day)</li> <li>PGH-CSC representative documents the complaint. (Note: May also advise citizens/clients to email complaints, if possible.)</li> <li>Complaint is analyzed, given initial intervention and coordinated with the office/unit concerned.</li> <li>If the complaint cannot be resolved with the initial intervention, the matter is forwarded to the office/unit concerned for appropriate action.</li> <li>See <b>NOTES</b> below.</li> </ul> <p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>Office/unit concerned conducts investigation and prepares response within the prescribed period based on RA 11032. (Note: The Office/Unit concerned determines the no. of days needed to resolve the complaint to be relayed to the complainant.)</li> <li>Official response is sent to the complainant based on the contact information provided.</li> <li>For inquiries and follow-ups, client may contact: (02) 8554-8400 local 2063 or email <a href="mailto:od.uppgh@up.edu.ph">od.uppgh@up.edu.ph</a></li> </ul> |
| <p><b>Contact Information of the national feedback and complaints centers:</b></p> <ul style="list-style-type: none"> <li>Legal and Public Assistance Office (LPAO) of the Anti-Red Tape Authority (ARTA)</li> <li>Presidential Complaints Center (PCC)</li> <li>Contact Center ng Bayan (CCB)</li> </ul> | <ul style="list-style-type: none"> <li>ARTA: <a href="mailto:complaint@arta.gov.ph">complaint@arta.gov.ph</a><br/>: 1-ARTA (2782)</li> <li>PCC: 8888</li> <li>CCB: 0908-881-6565 (SMS)</li> </ul>  |
|   |  |

## VII. List of Offices

| Office   | Address   | Contact Information          |   |
|--|---|------------------------------|---|
|  |   | Direct/Telefax Number        | Local Numbers (PGH Trunkline: 85548400) |
| <b>Office of the Director</b>                              | PGH Main Building, Ground Floor                       | 85237123; 85242221           | 2001; 2002                              |
| Information Technology Office                              | PGH Main Building, 2nd Floor                          | 85264351; 85548411           | 2087; 2038; 2088; 2090                  |
| Institutional Research, Planning and Development Staff     | PGH Main Building, 2nd Floor                          | 85548412                     | 2033; 2035; 2085                        |
| Internal Audit Special Services Staff                      | PGH PNB Building, 2nd Floor                           | 85548413                     | 3950; 3951                              |
| Legal Office   | PGH Main Building, 2nd Floor                          | 85548414                     | 2044; 2234                              |
| <b>Office of the Deputy Director for Health Operations</b> | PGH Main Building, Ground Floor                       | 85234246; 85548408           | 2008                                    |
| Anesthesiology   | PGH Central Block Building, 3 <sup>rd</sup> Floor     | 85242991; 85249926; 85548452 | 3320; 3321                              |
| Cancer Institute   | PGH CI Building, Ground Floor                         | 85266953; 85548453           | 4203; 4102; 4100                        |
| Dermatology  | PGH OPD Building, Dermatology Clinic                  | -                            | 5105; 5106                              |
| Emergency Medicine   | PGH DEM Building, ER Complex, Ground Floor            | 85249966; 85548455           | 2500                                    |
| Family and Community Medicine                              | PGH DEM Building, ER Complex, 2 <sup>nd</sup> Floor   | 85548458                     | 5300; 5303                              |
| Hospital Dentistry   | PGH OPD Building, 2 <sup>nd</sup> Floor, Room 229-230 | -                            | 5220; 5230                              |
| Laboratories   | PGH Central Block Building, 2 <sup>nd</sup> Floor     | 85548460                     | 3201                                    |
| Medicine   | PGH Main Building, Ground Floor                       | 85548461; 85264372           | 2200                                    |
| Neurosciences  | PGH Central Block Building, Ground Floor              | 85548462                     | 2405                                    |
| Obstetrics and Gynecology                                  | PGH Central Block Building, 2 <sup>nd</sup> Floor     | 85243518; 85254708; 85241098 | 2300; 2301; 3970                        |

| Office  | Address   | Contact Information                    |   |
|---|---|--|---|
|   |   | Direct/Telefax Number                  | Local Numbers (PGH Trunkline: 85548400) |
| Ophthalmology and Visual Sciences             | PGH Sentro Oftalmologico Jose Rizal Building, 5 <sup>th</sup> Floor                 | 83365203                               | 8502; 8504                              |
| Orthopedics                                   | PGH Spine Unit Building, 3 <sup>rd</sup> Floor                                      | 85218538; 86664382; 85260149           | 6300; 6304                              |
| Otorhinolaryngology                           | PGH Main Building, 2 <sup>nd</sup> Floor  | 85679508; 85264360; 85548467; 85260149 | 2152; 2153                              |
| Outpatient Services                           | PGH OPD Building, 3 <sup>rd</sup> Floor, Room 308                                   | 85548468                               | 5306                                    |
| Pay Patient Services                          | PGH Central Block Building, 5 <sup>th</sup> Floor; Pay Admitting Unit, Ground Floor | 85548435; 85673116                     | 3587; 3588<br>2067; 2068                |
| Pediatrics                                    | PGH Main Building, Ground Floor   | 85260150; 83531605; 85240892           | 2100; 2102; 2103                        |
| Psychiatry and Behavioral Medicine            | PGH Central Block Building, Ground Floor  | 85548470                               | 2436; 2440                              |
| Radiology                                     | PGH Central Block Building, Ground Floor  | 85548471                               | 3100; 3107                              |
| Rehabilitation Medicine                       | PGH Central Block Building, 2 <sup>nd</sup> Floor                                   | 85548494                               | 2403; 2410                              |
| Surgery                                       | PGH Main Building, 2 <sup>nd</sup> Floor  | 85264356                               | 2250; 2257                              |
| Dietary Department                            | PGH Dietary Building, Ground Floor  | 85210008                               | 2443; 2044                              |
| Medical Records Division                      | PGH OPD Building, 3 <sup>rd</sup> Floor   | 85548424                               | 5314; 5320                              |
| Medical Social Services Division              | PGH Main Building, Ground Floor   | 85260298                               | 2059; 2060                              |
| Pharmacy Department                           | PGH Main Pharmacy Building, Ground Floor  | 85676954                               | 3942                                    |
| Operating Room Management Team                | PGH Central Block Building, OR Complex, 3 <sup>rd</sup> Floor                       | 85548485                               | 3350                                    |
| National Poison Management and Control Center | PGH Central Block Building, Ground Floor  | 85241078; 85672057; 85260062           | 2311                                    |

| Office   | Address   | Contact Information          |   |
|--|---|------------------------------|---|
|  |   | Direct/Telefax Number        | Local Numbers (PGH Trunkline: 85548400) |
| Child Protection Unit                                    | PGH - In front of DEM Building, Ground Floor                              | 83530667; 85240712; 85241512 | 2534; 2535                              |
| Central Endoscopy Unit                                   | PGH Central Block Building, OR Complex, 3 <sup>rd</sup> Floor             | -                            | 2075                                    |
| Hospital Infection Control Unit                          | PGH ER Complex, 2 <sup>nd</sup> Floor                                     | 85673394; 85548482           | 3238                                    |
| Women's Desk   | PGH - In front of DEM Building, Ground Floor                              | 85673394                     | 2536                                    |
| Critical Care Unit – Management Team                     | PGH Central Block Building, 2 <sup>nd</sup> Floor                         | 85522155; 85548474           | 3258; 3250; 3253                        |
| <b>Office of the Deputy Director Administration</b>      | PGH Main Building, Ground Floor   | 85232706; 85548408           | 2006                                    |
| Human Resource and Development Division (HRDD)           | PGH Main Building, 2 <sup>nd</sup> Floor                                  | 85548423                     | 2250; 2051; 2055                        |
| Office and Custodial Services                            | PGH Main Building, 2 <sup>nd</sup> Floor                                  | 85548433                     | 3033; 3034; 2036; 2047                  |
| Office of Engineering and Technical Services             | PGH OETS Building, 2 <sup>nd</sup> Floor                                  | 85548429                     | 3900; 3932                              |
| Property and Supply Division                             | PGH Property and Supply Division, 2 <sup>nd</sup> Floor; Near Power House | 85267082; 85548427; 85548428 | 2250; 2257; 3003; 3005                  |
| Public Assistance and Auxiliary Services                 | PGH Main Building, Ground Floor   | 85264355                     | 2095; 2096                              |
| Security Services Division                               | PGH Security Building, Ground Floor                                       | 85548434                     | 2551                                    |
| <b>Office of the Deputy Director for Fiscal Services</b> | PGH Main Building, Ground Floor   | 85245142; 85548404           | 2004                                    |
| Accounting Services Division                             | PGH Main Building, Ground Floor   | 85548415                     | 2014                                    |
| Budget Services Division                                 | PGH Main Building, 2 <sup>nd</sup> Floor                                  | 85233822                     | 2030; 2045; 2046                        |

| Office  | Address   | Contact Information   |   |
|---|---|-----------------------|---|
|   |   | Direct/Telefax Number | Local Numbers (PGH Trunkline: 85548400) |
| Cash Services Division  | PGH Main Building, Ground Floor   | 85240076; 85548419    | 2011                                    |
| Purchasing Office   | PGH Purchasing Office, 2 <sup>nd</sup> Floor; Near Power House and Property and Supply Division | 85264359; 85548420    | 3025; 3026                              |
| <b>Office of the Deputy Director for Nursing</b>                | PGH Main Building, Ground Floor   | 85364625              | 2071                                    |
| Division of Nursing Education and Training                      | PGH Central Block Building, 2 <sup>nd</sup> Floor   | 85240703; 85548490    | 3264; 3265                              |
| Division of Clinical Nursing Operation                          | PGH Central Block Building, 2 <sup>nd</sup> Floor   | 85448445              | 3266                                    |
| Division of Nursing Research and Development                    | PGH Central Block Building, 2 <sup>nd</sup> Floor   | 85548491              | 3267                                    |
| Operating Room Sterilization Area / Central Sterile Supply Room | PGH Central Block Building, 2 <sup>nd</sup> Floor   | -                     | 3390; 3270                              |
|   |   |                       |   |



## VIII. PGH Anti-Red Tape Committee Members

|                                    |  |  |
|------------------------------------|--|--|
| <i>Chair</i>                       | Dr. Maria Teresa Julieta U. Benedicto                  | Office of the Deputy Director for Administration     |
| <i>Vice Chair</i>                  | Dr. Rodney B. Dofitas                                  | Office of the Deputy Director for Health Operations  |
| <i>Members</i>                     | Dr. Maria Margarita DL. Lat-Luna                       | Office of the Deputy Director for Fiscal Services    |
|                                    | Ms. Cecilia G. Peña                                    | Office of the Deputy Director for Nursing            |
|                                    | Ms Marjorie L. Torres                                  | Human Resource Development Division                  |
|                                    | Mr. Orlando V. ALba                                    | Institutional Research, Planning & Development Staff |
|                                    | Mr. Arnel P. Distor                                    | Information Technology Office                        |
|                                    | Atty. Hope R. Valenzuela                               | Legal Office   |
|                                    | Mr. Abner M. Henson                                    | Public Assistance and Auxiliary Services             |
|                                    | Ms. Josephine C. Castillo                              | Internal Audit Special Services Staff                |
|                                    | Ms. Karen S. Faurillo                                  | Union Representative                                 |
| <i>Administrative &amp; Fiscal</i> | Mr. Arjay C. Mendoza                                   | Accounting Services Division                         |
|                                    | Ms. Raquel M Abad                                      | Budget Services Division                             |
|                                    | Engr. Manolito L. Cuevas                               | Office of Engineering and Technical Services         |
|                                    | Atty. Shelamari M. Beltran                             | Legal Office   |
|                                    | Ms. Lenydin D. Manalo                                  | Property and Supply                                  |
| <i>Paramedical</i>                 | Ms. Donna Rose P. Martinez                             | Dietary Department                                   |
|                                    | Ms. Joselyn A. Mendoza                                 | Department of Laboratories                           |
|                                    | Ms. Rona T. Magpantay                                  | Medical Records Division                             |
|                                    | Mr. Baldwin Cabatit                                    | Medical Social Services Division                     |
|                                    | Ms. Pamela D. Nala                                     | Pharmacy Department                                  |
| <i>Nursing</i>                     | Ms. Nerizza N. Enriquez                                | Division of Nursing Education and Training           |
|                                    | Ms. Maria Cecilia Palomeno                             | SOJR   |
|                                    | Ms Gloria G. Almariego                                 | Division of Clinical Nursing Operations              |
|                                    | Ms. Lilibeth L. Cosep                                  | Department of Pay Patient Services                   |
|                                    | Ms. Maria Cecilia E. Punzalan                          | DNRD   |
| <i>Medical</i>                     | Dr. Orlando O. Ocampo                                  | ER Management Action Team                            |
|                                    | Dr. John C. Añonuevo                                   | Department of Medicine                               |
|                                    | Dr. Esther A. Saguil                                   | Department of Outpatient Services                    |
|                                    | Dr Catherine Jessica M. Lazaro                         | Department of Radiology                              |
|                                    | Dr. Homer U. Co  | Quality Improvement and Patient Safety Committee     |
| <i>Secretariat</i>                 | Mr. Christian Kit Labrador                             | Public Assistance and Auxiliary Services             |
| <i>Support Staff</i>               | Institutional Research, Planning and Development Staff |  |
|                                    | Human Resource and Development Division Staff          |  |



## IX. Schedule of Fees



| DEPARTMENT-SECTION                   | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                                      |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| BURN UNIT                            | ROOM RATE/DAY (BURN)   | -             | -              | 2,500.00              | 2,500.00  | 2,500.00         |
| CENDU                                | BRONCHOSCOPY   | 1,970.00      | 8,310.00       | 8,730.00              | 9,140.00  | 10,520.00        |
| CENDU                                | CHOLEDOCHOSCOPY (DIAGNOSTIC)   | 1,400.00      | 3,500.00       | 3,950.00              | 4,380.00  | 4,590.00         |
| CENDU                                | CHOLEDOCHOSCOPY (THERAPEUTIC)  | 1,970.00      | 6,440.00       | 7,080.00              | 7,410.00  | 7,730.00         |
| CENDU                                | COLONOSCOPY (DIAGNOSTIC)   | 1,400.00      | 4,410.00       | 4,850.00              | 5,070.00  | 5,300.00         |
| CENDU                                | COLONOSCOPY (THERAPEUTIC)  | 2,510.00      | 6,710.00       | 7,380.00              | 7,710.00  | 8,050.00         |
| CENDU                                | ENDOSCOPIC RETROGADE<br>CHOLANGIOPANCREATOGRAPHY                               | 3,260.00      | 6,650.00       | 7,320.00              | 7,650.00  | 7,820.00         |
| CENDU                                | ENDOSCOPIC ULTRASOUND (DIAGNOSTIC)   | 6,240.00      | 15,080.00      | 18,970.00             | 21,110.00 | 23,270.00        |
| CENDU                                | ENDOSCOPIC ULTRASOUND (THERAPEUTIC)  | 8,460.00      | 15,080.00      | 18,970.00             | 21,110.00 | 23,270.00        |
| CENDU                                | GASTROSCOPY (DIAGNOSTIC)   | 1,400.00      | 3,490.00       | 3,950.00              | 4,380.00  | 4,590.00         |
| CENDU                                | GASTROSCOPY (THERAPEUTIC)  | 2,510.00      | 4,690.00       | 5,160.00              | 5,390.00  | 5,620.00         |
| CENDU                                | POLYPECTOMY  | 770.00        | -              | 3,025.00              | 3,375.00  | 3,490.00         |
| CENDU                                | PROCTOSIGMOIDOSCOPY  | 250.00        | -              | 780.00                | 875.00    | 875.00           |
| CENTRAL INTENSIVE CARE UNIT (CENICU) | ROOM RATE/DAY (CENICU)   | -             | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| CI                                   | AMBULATORY CHEMO THERAPY   | 500.00        | 800.00         | 800.00                | 800.00    | 800.00           |
| CI                                   | MAMMOGRAPHY  | 795.00        | 870.00         | 870.00                | 870.00    | 870.00           |
| CI                                   | ROOM RATE- BRACHYTHERAPY ROOM/DAY  | -             | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| DEM                                  | BASIC EMERGENCY SERVICES   | -             | -              | 950.00                | 950.00    | -                |
| DEM                                  | ER BED FEE   | 500.00        | 1,200.00       | 1,200.00              | 1,200.00  | 1,200.00         |
| DEM                                  | AMBULANCE CONDUCTION (CHARGE/KILOMETER IN<br>EXCESS OF TWENTY (20) KILOMETERS) | 130.00        | 150.00         | 150.00                | 150.00    | 150.00           |
| DEM                                  | AMBULANCE CONDUCTION   | 1,230.00      | 2,070.00       | 2,070.00              | 2,070.00  | 2,070.00         |
| DENTISTRY                            | ALVEOLECTOMY   | 80.00         | 210.00         | 210.00                | 210.00    | 210.00           |
| DENTISTRY                            | ALVEOLOPLASTY  | 80.00         | 210.00         | 210.00                | 210.00    | 210.00           |
| DENTISTRY                            | APICOECTOMY  | 65.00         | 165.00         | 165.00                | 165.00    | 165.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION        | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|------------------------------------|---------------|----------------|-----------------------|----------|------------------|
|                    |                                    |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| DENTISTRY          | CURETTAGE                          | 75.00         | 202.00         | 202.00                | 202.00   | 202.00           |
| DENTISTRY          | CYSTECTOMY                         | 75.00         | 202.00         | 202.00                | 202.00   | 202.00           |
| DENTISTRY          | FRENECTOMY                         | 75.00         | 202.00         | 202.00                | 202.00   | 202.00           |
| DENTISTRY          | GINGIVECTOMY                       | 65.00         | 165.00         | 165.00                | 165.00   | 165.00           |
| DENTISTRY          | HARD TISSUE REMOVAL                | 75.00         | 202.00         | 202.00                | 202.00   | 202.00           |
| DENTISTRY          | IDW-MMF                            | 95.00         | 247.00         | 247.00                | 247.00   | 247.00           |
| DENTISTRY          | INCISION & DRAINAGE                | 75.00         | 202.00         | 202.00                | 202.00   | 202.00           |
| DENTISTRY          | ODONTECTOMY                        | 65.00         | 165.00         | 165.00                | 165.00   | 165.00           |
| DENTISTRY          | OPERCULECTOMY                      | 60.00         | 142.00         | 142.00                | 142.00   | 142.00           |
| DENTISTRY          | ORO-ANTRAL MANAGEMENT              | 75.00         | 202.00         | 202.00                | 202.00   | 202.00           |
| DENTISTRY          | PERIO THERAPY (PREVENTIVE)         | 30.00         | 90.00          | 90.00                 | 90.00    | 90.00            |
| DENTISTRY          | PERIO THERAPY (TREATMENT)          | 65.00         | 165.00         | 165.00                | 165.00   | 165.00           |
| DENTISTRY          | PULPECTOMY                         | 35.00         | 97.00          | 97.00                 | 97.00    | 97.00            |
| DENTISTRY          | SOFT TISSUE EXCISION               | 75.00         | 202.00         | 202.00                | 202.00   | 202.00           |
| DENTISTRY          | TMJ, TOMOGRAPH                     | 470.00        | 730.00         | 770.00                | 820.00   | 860.00           |
| DENTISTRY          | TOOTH EXTRACTION                   | 35.00         | 97.00          | 97.00                 | 97.00    | 97.00            |
| DENTISTRY          | VESTIBULOPLASTY                    | 75.00         | 202.00         | 202.00                | 202.00   | 202.00           |
| DENTISTRY          | X-RAY, CEPHALOMETRIC               | 570.00        | 670.00         | 710.00                | 750.00   | 790.00           |
| DENTISTRY          | X-RAY OCCLUSAL                     | 335.00        | 550.00         | 550.00                | 550.00   | 550.00           |
| DENTISTRY          | X-RAY, PANORAMIC                   | 500.00        | 750.00         | 790.00                | 840.00   | 880.00           |
| DENTISTRY          | X-RAY PERIAPICAL                   | 160.00        | 265.00         | 265.00                | 265.00   | 265.00           |
| DENTISTRY          | CBCT                               | 2,800.00      | 5,000.00       | 5,300.00              | 5,590.00 | 5,880.00         |
| DIETARY            | ADULT TUBE FEEDING - BOOST OPTIMUM | 305.00        | -              | -                     | 305.00   | -                |
| DIETARY            | ADULT TUBE FEEDING - ENSURE        | 350.00        | -              | -                     | 350.00   | -                |
| DIETARY            | PEDIATRIC TUBE FEEDING - PEDIASURE | 285.00        | -              | -                     | -        | -                |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| DIETARY            | HOSPITAL DIETETICS PRACTICUM FOR 500 HOURS                         | 2,240.00      | -              | -                     | 2,240.00 | -                |
| DIETARY            | SUPPORTAN PER 750 CALORIES   | 320.00        | 520.00         | 520.00                | 520.00   | 520.00           |
| DIETARY            | VITAL HP PER 1000 CALORIES   | 390.00        | 630.00         | 630.00                | 630.00   | 630.00           |
| DIETARY            | GLUCERNA SR PER 1000 CALORIES                                      | 410.00        | 410.00         | 410.00                | 410.00   | 410.00           |
| DIETARY            | HOSPITAL DIETETICS PRACTICUM FOR 600 HOURS                         | 2,690.00      | -              | -                     | 2,690.00 | -                |
| DIETARY            | TUBE FEEDING FORMULA-JEVITY RTH, 500 KCAL/500ML BOTTLE             | 230.00        | -              | -                     | 230.00   | -                |
| DIETARY            | TUBE FEEDING FORMULA-OXEPA RTH, 750 KCAL/500ML BOTTLE              | 560.00        | -              | -                     | 560.00   | -                |
| DIETARY            | ADULT TUBE FEEDING/1,000 CAL, NUTREN DIABETES                      | 635.00        | 635.00         | 635.00                | 635.00   | 635.00           |
| DIETARY            | ADULT TUBE FEEDING/1,000 CAL, PEPTAMEN                             | 705.00        | 705.00         | 705.00                | 705.00   | 705.00           |
| DIETARY            | COMMERCIAL FORMULA/1,000 CAL, ISOCAL                               | 360.00        | 360.00         | 360.00                | 360.00   | 360.00           |
| DIETARY            | COMMERCIAL FORMULA/1,000 CAL, NUTREN FIBER                         | 480.00        | 480.00         | 480.00                | 480.00   | 480.00           |
| DIETARY            | DIET PRESCRIPTIONS FOR CARDIOVASCULAR DISORDERS                    | 300.00        | 300.00         | 300.00                | 300.00   | 300.00           |
| DIETARY            | DIET PRESCRIPTIONS FOR DIABETICS                                   | 300.00        | 300.00         | 300.00                | 300.00   | 300.00           |
| DIETARY            | DIET PRESCRIPTIONS FOR FOLLOW-UP & REVIEW OF NUTRITIONAL CARE PLAN | 150.00        | 150.00         | 150.00                | 150.00   | 150.00           |
| DIETARY            | DIET PRESCRIPTIONS-LOW CHOLESTEROL DIET                            | 250.00        | 250.00         | 250.00                | 250.00   | 250.00           |
| DIETARY            | DIET PRESCRIPTIONS-LOW IODINE DIET                                 | 250.00        | 250.00         | 250.00                | 250.00   | 250.00           |
| DIETARY            | DIET PRESCRIPTIONS-LOW PURINE DIET                                 | 250.00        | 250.00         | 250.00                | 250.00   | 250.00           |
| DIETARY            | DIET PRESCRIPTIONS-RENAL DIET                                      | 300.00        | 300.00         | 300.00                | 300.00   | 300.00           |
| DIETARY            | DIET PRESCRIPTIONS-WEIGHT CONTROL/MANAGEMENT                       | 300.00        | 300.00         | 300.00                | 300.00   | 300.00           |
| DIETARY            | HOSPITAL-PREPARED TUBE FEEDING/1,000 CAL, BANANA BASED             | 130.00        | 130.00         | 130.00                | 130.00   | 130.00           |



| DEPARTMENT-SECTION           | PRODUCT/SERVICE DESCRIPTION                            | SERVICE RATES | PAY RATES      |                       |           |                  |
|------------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                              |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| DIETARY                      | HOSPITAL-PREPARED TUBE FEEDING/1,000 CAL, PAPAYA BASED | 130.00        | 130.00         | 130.00                | 130.00    | 130.00           |
| DIETARY                      | HOSPITAL-PREPARED TUBE FEEDING/1,000 CAL, PLAIN        | 130.00        | 130.00         | 130.00                | 130.00    | 130.00           |
| DIETARY                      | PEDIATRIC TUBE FEEDING/1,000 CAL, NUTREN JUNIOR        | 335.00        | 335.00         | 335.00                | 335.00    | 335.00           |
| DIETARY                      | TUBE FEEDING FORMULA-BOOST FIBRE PER 1000 CALORIES     | 360.00        | -              | -                     | 360.00    | -                |
| DIETARY                      | TUBE FEEDING FORMULA-NEPHRISOL-D PER 1000 CALORIES     | 680.00        | -              | -                     | 680.00    | -                |
| DIETARY                      | TUBE FEEDING FORMULA-NEPHRISOL PER 1000 CALORIES       | 565.00        | -              | -                     | 565.00    | -                |
| DIVISION OF NUCLEAR MEDICINE | FBB PET + DIAGNOSTIC CT WITH CONTRAST                  | 11,400.00     | 13,500.00      | -                     | 13,500.00 | -                |
| DIVISION OF NUCLEAR MEDICINE | FBB PET + DIAGNOSTIC CT WITHOUT CONTRAST               | 9,500.00      | 11,300.00      | -                     | 11,300.00 | -                |
| DIVISION OF NUCLEAR MEDICINE | FBB PET + NON-DIAGNOSTIC CT                            | 8,900.00      | 10,600.00      | -                     | 10,600.00 | -                |
| DIVISION OF NUCLEAR MEDICINE | FDG PET + DIAGNOSTIC CT WITH CONTRAST                  | 11,400.00     | 13,500.00      | -                     | 13,500.00 | -                |
| DIVISION OF NUCLEAR MEDICINE | FDG PET + DIAGNOSTIC CT WITHOUT CONTRAST               | 9,500.00      | 11,300.00      | -                     | 11,300.00 | -                |
| DIVISION OF NUCLEAR MEDICINE | FDG PET + NON-DIAGNOSTIC CT                            | 8,900.00      | 10,600.00      | -                     | 10,600.00 | -                |
| DIVISION OF NUCLEAR MEDICINE | FPSMA PET + DIAGNOSTIC CT WITH CONTRAST                | 11,400.00     | 13,500.00      | -                     | 13,500.00 | -                |
| DIVISION OF NUCLEAR MEDICINE | FPSMA PET + DIAGNOSTIC CT WITHOUT CONTRAST             | 9,500.00      | 11,300.00      | -                     | 11,300.00 | -                |
| DIVISION OF NUCLEAR MEDICINE | FPSMA PET + NON-DIAGNOSTIC CT                          | 8,900.00      | 10,600.00      | -                     | 10,600.00 | -                |
| DPPS (ROOM RATE)             | BIG PRIVATE  | -             | -              | -                     | 2,750.00  | -                |
| DPPS (ROOM RATE)             | WARD   | -             | -              | -                     | 715.00    | -                |
| DPPS (ROOM RATE)             | SUPERIOR   | -             | -              | -                     | 3,300.00  | -                |
| DPPS (ROOM RATE)             | STUDIO ROOM  | -             | -              | -                     | 1,650.00  | -                |
| DPPS (ROOM RATE)             | SMALL PRIVATE  | -             | -              | -                     | 2,200.00  | -                |
| DPPS (ROOM RATE)             | CUBICLE  | -             | -              | -                     | 1,100.00  | -                |
| DPPS (ROOM RATE)             | EXECUTIVE ROOM   | -             | -              | -                     | 5,500.00  | -                |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                      | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| DPPS (ROOM RATE)   | SEMI-PRIVATE II (1-2BEDS)                        | -             | -              |                       | 1,430.00 | -                |
| DPPS (ROOM RATE)   | SEMI-PRIVATE I (1-3 BEDS)                        | -             | -              |                       | 1,000.00 | -                |
| DPPS (ROOM RATE)   | PRESIDENTIAL SUITE                               | -             | -              |                       | 6,600.00 | -                |
| EAR                | AABR   | 2,800.00      | 3,290.00       | 3,290.00              | 3,290.00 | 3,290.00         |
| EAR                | ASSR   | 3,035.00      | 3,575.00       | 3,575.00              | 3,575.00 | 3,575.00         |
| EAR                | BRAINSTEM EVOKED RESPONSE AUDIOMETRY             | 1,885.00      | 1,830.00       | 1,925.00              | 2,015.00 | 2,110.00         |
| EAR                | CORTICAL AUDITORY EVOKED POTENTIAL (CAEP)        | 195.00        | 290.00         | 325.00                | 335.00   | 350.00           |
| EAR                | ELECTROCOCHLEOGRAPHY                             | 2,405.00      | 2,855.00       | 3,001.00              | 3,140.00 | 3,285.00         |
| EAR                | HEARING AND NOISE TEST (HINT)                    | 255.00        | 225.00         | 240.00                | 245.00   | 260.00           |
| EAR                | OTOACOUSTIC EMISSIONS (DPOAE OR TEOAE)           | 420.00        | 670.00         | 670.00                | 670.00   | 670.00           |
| EAR                | SPEECH AIDED                                     | 255.00        | 440.00         | 465.00                | 485.00   | 510.00           |
| EAR                | TINNITUS MATCHING                                | 700.00        | 830.00         | 830.00                | 830.00   | 830.00           |
| EAR                | VESTIBULO EVOKED MYOGENIC POTENTIAL (VEMP)       | 1,185.00      | 2,040.00       | 2,140.00              | 2,245.00 | 2,345.00         |
| EAR                | VIDEO HEAD IMPULSE TEST (VHIT)                   | 1,200.00      | 1,420.00       | 1,420.00              | 1,420.00 | 1,420.00         |
| EAR                | VIDEONYSTAFMOGRAPHY (VNG) COMPLETE               | 3,850.00      | 4,530.00       | 4,530.00              | 4,530.00 | 4,530.00         |
| EAR                | ACOUSTIC REFLEX                                  | 560.00        | 670.00         | 670.00                | 670.00   | 670.00           |
| EAR                | PLAY AUDIOMETRY                                  | 850.00        | 995.00         | 995.00                | 995.00   | 995.00           |
| EAR                | STAPEDIAL REFLEX                                 | 730.00        | 860.00         | 860.00                | 860.00   | 860.00           |
| EAR                | TYMPANOMETRY                                     | 560.00        | 670.00         | 670.00                | 670.00   | 670.00           |
| EAR                | DISTORTION PRODUCT OTOACOUSTIC EMISSIONS (DPOAE) | 370.00        | 390.00         | 450.00                | 450.00   | 520.00           |
| EAR                | PURETONE AUDIOMETRY SPEECH TEST                  | 195.00        | 440.00         | 460.00                | 480.00   | 500.00           |
| EAR                | AIDED AUDIOMETRY                                 | 650.00        | 770.00         | 770.00                | 770.00   | 770.00           |
| EAR                | PTA/ST   | 650.00        | 765.00         | 765.00                | 765.00   | 765.00           |
| EAR                | PURETONE AUDIOMETRY WITH PATCH TESTING           | 650.00        | 765.00         | 765.00                | 765.00   | 765.00           |
| EAR                | CO2 LASER  | 1,250.00      | 5,000.00       | 5,000.00              | 5,000.00 | 5,000.00         |



| DEPARTMENT-SECTION                 | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|------------------------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| EAR                                | KTP LASER  | 1,625.00      | 6,500.00       | 6,500.00              | 6,500.00 | 6,500.00         |
| ECG                                | 24 HOURS MONITORING  | 2,460.00      | 2,565.00       | 2,695.00              | 2,820.00 | 2,950.00         |
| ECG                                | 48 HOURS MONITORING  | 3,320.00      | 3,465.00       | 3,635.00              | 3,810.00 | 3,980.00         |
| ECG                                | 72 HOURS MONITORING  | 4,180.00      | 4,360.00       | 4,580.00              | 4,795.00 | 5,015.00         |
| ECG                                | 24-HOUR HOLTER MONITORING STATION  | -             | -              | 1,782.00              | 1,913.00 | 2,000.00         |
| ECG                                | LONG LEAD II/RHYTHM STRIP  | 40.00         | 80.00          | 80.00                 | 80.00    | 80.00            |
| ECG                                | 12-LEAD ELECTROCARDIOGRAM- (ADDITIONAL FOR STAT/EMERGENCY)                             | 70.00         | 80.00          | 80.00                 | 90.00    | 135.00           |
| ECG                                | 12-LEAD ELECTROCARDIOGRAM-BEDSIDE  | 70.00         | 383.00         | 383.00                | 457.00   | 591.00           |
| ECG                                | 12-LEAD ELECTROCARDIOGRAM-STATION  | 70.00         | 317.00         | 317.00                | 378.00   | 496.00           |
| ECG                                | 24-HOUR HOLTER MONITORING (PGH & UPM EMPLOYEE CONFINED AT INFIRMARY WARD)              | -             | 850.00         | -                     | -        | -                |
| ECG                                | ADDITIONAL COPY OF TRAINING CERTIFICATE FOR THE EKG OBSERVERSHIP TRAINING PROGRAM/COPY | 100.00        | 100.00         | 100.00                | 100.00   | 100.00           |
| ECG                                | 24-HOUR HOLTER MONITORING  | -             | 1,782.00       | 1,782.00              | 1,913.00 | 2,000.00         |
| FAMED                              | FLU VACCINE  | 550.00        | 550.00         | 550.00                | 550.00   | 550.00           |
| FAMED                              | HEPATITIS A & B COMBINATION  | 1,700.00      | 1,700.00       | 1,700.00              | 1,700.00 | 1,700.00         |
| FAMED                              | HEPATITIS A VACCINE  | 1,800.00      | 1,800.00       | 1,800.00              | 1,800.00 | 1,800.00         |
| FAMED                              | HEPATITIS B VACCINE  | 500.00        | 500.00         | 500.00                | 500.00   | 500.00           |
| FAMED                              | MEDICAL CERTIFICATE  | 200.00        | 200.00         | 200.00                | 200.00   | 200.00           |
| FAMED                              | MMR VACCINE  | 400.00        | 400.00         | 400.00                | 400.00   | 400.00           |
| FAMED                              | PPD EXAM   | 175.00        | 175.00         | 175.00                | 175.00   | 175.00           |
| FAMED                              | VARICELLA VACCINE  | 1,200.00      | 1,200.00       | 1,200.00              | 1,200.00 | 1,200.00         |
| INTENSIVE MATERNAL CARE UNIT (IMU) | ROOM RATE/DAY (IMU)  | -             | 2,500.00       | 2,500.00              | 2,500.00 | 2,500.00         |
| LAB_BLOODBANK                      | ALITUOT LEUKOREDUCTED PRBC   | 1,250.00      | -              | 1,475.00              | 1,475.00 | -                |
| LAB_BLOODBANK                      | ANTIBODY IDENTIFICATION  | -             | -              | 140.00                | 140.00   | -                |





| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| LAB_BLOODBANK      | ANTIBODY SCREENING FOR BLOOD UNITS         | -             | -              | 950.00                | 950.00    | -                |
| LAB_BLOODBANK      | ANTIBODY SCREENING/INDIRECT COOMBS         | 415.00        | -              | 710.00                | 710.00    | -                |
| LAB_BLOODBANK      | BLOOD TYPING (ABO & RH)- AUTOMATED         | 615.00        | -              | 660.00                | 660.00    | 660.00           |
| LAB_BLOODBANK      | CONVALESCENT PLASMA                        | 17,800.00     | -              | 20,585.00             | 20,585.00 | -                |
| LAB_BLOODBANK      | LEUKOREduced PRBC                          | 1,340.00      | -              | 2,550.00              | 2,550.00  | -                |
| LAB_BLOODBANK      | PLATELET CONCENTRATE (PC)                  | 670.00        | -              | 950.00                | 950.00    | -                |
| LAB_BLOODBANK      | ROUTINE CROSSMATCHING - AUTOMATED          | 940.00        | -              | 1,010.00              | 1,010.00  | -                |
| LAB_BLOODBANK      | AUTOLOGOUS DONATION                        | 150.00        | 670.00         | 670.00                | 670.00    | -                |
| LAB_BLOODBANK      | ALiquot PRBC W/ DONOR                      | 670.00        | 750.00         | 810.00                | 870.00    | 870.00           |
| LAB_BLOODBANK      | CRYOPRECIPITATE                            | 305.00        | 950.00         | 950.00                | 950.00    | 870.00           |
| LAB_BLOODBANK      | DIFFICULT CROSSMATCHING                    | 855.00        | 1,275.00       | 1,275.00              | 1,275.00  | -                |
| LAB_BLOODBANK      | DIRECT COOMBS                              | 90.00         | 305.00         | 305.00                | 305.00    | -                |
| LAB_BLOODBANK      | FRESH FROZEN PLASMA (FFP)                  | 305.00        | 950.00         | 950.00                | 950.00    | -                |
| LAB_BLOODBANK      | LEUKOREduced PRBC W/DONOR                  | 825.00        | 1,720.00       | 1,720.00              | 1,720.00  | 1,720.00         |
| LAB_BLOODBANK      | PLATELETPHERESIS                           | 16,825.00     | 19,460.00      | 19,460.00             | 19,460.00 | -                |
| LAB_BLOODBANK      | ROUTINE CROSSMATCHING - STAT               | 1,225.00      | 1,225.00       | 1,315.00              | 1,315.00  | -                |
| LAB_BLOODBANK      | WHOLE BLOOD W/DONOR                        | 525.00        | 1,720.00       | 1,720.00              | 1,720.00  | 1,720.00         |
| LAB_BLOODBANK      | BLOOD TYPING (ABO & RH)- STAT              | 800.00        | 790.00         | 790.00                | 790.00    | 790.00           |
| LAB_BLOODBANK      | PACKED RED BLOOD CELL (PRBC)               | 1,340.00      | 1,425.00       | 1,425.00              | 1,425.00  | 1,425.00         |
| LAB_BLOODBANK      | PACKED RED BLOOD CELL (PRBC) W/ DONOR      | 450.00        | 1,430.00       | 1,430.00              | 1,430.00  | 1,430.00         |
| LAB_BLOODBANK      | RESOLVING ABO TYPING DISCREPANCY           | 805.00        | 1,205.00       | 1,205.00              | 1,205.00  | -                |
| LAB_BLOODBANK      | THERAPEUTIC PLASMA EXCHANGE/PLASMAPHERESIS | 17,775.00     | 22,000.00      | 22,000.00             | 22,000.00 | -                |
| LAB_BLOODBANK      | CYROSUPERNATE                              | 305.00        | 950.00         | 950.00                | 950.00    | -                |
| LAB_CHEMISTRY      | BLOOD - ALCOHOL                            | 215.00        | 345.00         | 360.00                | 380.00    | 400.00           |
| LAB_CHEMISTRY      | BLOOD - DTIBC                              | 575.00        | 915.00         | 955.00                | 1,005.00  | 1,050.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION   | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_CHEMISTRY      | BLOOD - FERRITIN  | 765.00        | 1,830.00       | 1,920.00              | 2,220.00 | 2,330.00         |
| LAB_CHEMISTRY      | BLOOD - HBA1C   | 450.00        | 755.00         | 800.00                | 915.00   | 1,005.00         |
| LAB_CHEMISTRY      | BLOOD - LIPID - DIRECT LDL  | 170.00        | 200.00         | 225.00                | 235.00   | 245.00           |
| LAB_CHEMISTRY      | BLOOD - LITHIUM   | 215.00        | 345.00         | 360.00                | 380.00   | 400.00           |
| LAB_CHEMISTRY      | BLOOD - LIVER FUNCTION TEST (LFT) - AST, ALT, ALP, LDH, TPAG, TBIL, DBIL,IBIL | 685.00        | 1,560.00       | 2,995.00              | 3,070.00 | 3,225.00         |
| LAB_CHEMISTRY      | BLOOD - NEONATAL BILIRUBIN- TB/DB/IB (0-15 DAYS)                              | 160.00        | 415.00         | 505.00                | 570.00   | 625.00           |
| LAB_CHEMISTRY      | BLOOD - PLASMA LACTATE  | 215.00        | 305.00         | 320.00                | 340.00   | 355.00           |
| LAB_CHEMISTRY      | BLOOD - PRE-ALBUMIN   | 480.00        | 815.00         | 855.00                | 895.00   | 895.00           |
| LAB_CHEMISTRY      | BLOOD - RAPID HEP-ANTI-HCV (QUALITATIVE)                                      | 260.00        | 570.00         | 600.00                | 625.00   | 640.00           |
| LAB_CHEMISTRY      | BLOOD - SALICYLATES   | 245.00        | 415.00         | 435.00                | 455.00   | 478.00           |
| LAB_CHEMISTRY      | BLOOD - SERUM IRON  | 240.00        | 425.00         | 445.00                | 470.00   | 490.00           |
| LAB_CHEMISTRY      | BLOOD - TROPONIN I (QUANTITATIVE)   | 890.00        | 1,475.00       | 1,650.00              | 1,725.00 | 1,810.00         |
| LAB_CHEMISTRY      | BLOOD - VALPROIC  | 730.00        | 1,220.00       | 1,280.00              | 1,340.00 | 1,400.00         |
| LAB_CHEMISTRY      | BLOOD - VANCOMYCIN  | 745.00        | 1,240.00       | 1,300.00              | 1,365.00 | 1,430.00         |
| LAB_CHEMISTRY      | COVID IGG ASSAY   | 750.00        | 1,090.00       | 1,150.00              | 1,210.00 | 1,280.00         |
| LAB_CHEMISTRY      | COVID TOTAL ANTIBODY ASSAY (IGG,IGM,IGA)                                      | 810.00        | 1,260.00       | 1,330.00              | 1,400.00 | 1,480.00         |
| LAB_CHEMISTRY      | CSF & OTHER BODY FLUIDS - CREATININE  | 50.00         | 105.00         | 215.00                | 230.00   | 250.00           |
| LAB_CHEMISTRY      | ELECTROPHORESIS - HEMOGLOBIN  | 1,960.00      | 2,125.00       | 2,235.00              | 2,340.00 | 2,385.00         |
| LAB_CHEMISTRY      | ELECTROPHORESIS - HEMOGLOBIN - PACKAGE  | 2,205.00      | 3,955.00       | 4,155.00              | 4,350.00 | 4,550.00         |
| LAB_CHEMISTRY      | ELECTROPHORESIS - SERUM PROTEIN   | 1,655.00      | 1,795.00       | 1,885.00              | 1,930.00 | 1,990.00         |
| LAB_CHEMISTRY      | ELECTROPHORESIS - URINE PROTEIN   | 4,615.00      | 6,495.00       | 6,820.00              | 7,145.00 | 7,145.00         |
| LAB_CHEMISTRY      | HSCRP   | 730.00        | 1,130.00       | 1,190.00              | 1,260.00 | 1,320.00         |
| LAB_CHEMISTRY      | NT PRO BNP  | 2,210.00      | 3,270.00       | 3,430.00              | 3,600.00 | 3,760.00         |
| LAB_CHEMISTRY      | URINE - ELECTROLYTES (NA, K, CL)  | 310.00        | 780.00         | 830.00                | 875.00   | 965.00           |
| LAB_CHEMISTRY      | URINE - MALB (MICROALBUMIN TEST)  | 525.00        | 845.00         | 890.00                | 930.00   | 970.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|-----------------------------|---------------|----------------|-----------------------|----------|------------------|
|                    |                             |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_CHEMISTRY      | NEPHROCHECK                 | 4,110.00      | 4,755.00       | 4,995.00              | 5,230.00 | 5,470.00         |
| LAB_CHEMISTRY      | BLOOD - ALBUMIN             | 75.00         | 155.00         | 260.00                | 285.00   | 310.00           |
| LAB_CHEMISTRY      | BLOOD - ALT (SGPT)          | 65.00         | 130.00         | 270.00                | 300.00   | 330.00           |
| LAB_CHEMISTRY      | BLOOD - AMYLASE             | 105.00        | 170.00         | 305.00                | 335.00   | 370.00           |
| LAB_CHEMISTRY      | BLOOD - AST (SGOT)          | 60.00         | 130.00         | 290.00                | 320.00   | 350.00           |
| LAB_CHEMISTRY      | BLOOD EXTRACTION FEE        | -             | -              | 110.00                | 114.00   | 120.00           |
| LAB_CHEMISTRY      | BLOOD - BUN                 | 50.00         | 105.00         | 210.00                | 230.00   | 255.00           |
| LAB_CHEMISTRY      | BLOOD - CALCIUM (CA), SERUM | 90.00         | 245.00         | 270.00                | 300.00   | 330.00           |
| LAB_CHEMISTRY      | BLOOD - CK-MB               | 280.00        | 525.00         | 825.00                | 910.00   | 1,000.00         |
| LAB_CHEMISTRY      | BLOOD - CK TOTAL            | 190.00        | 380.00         | 550.00                | 605.00   | 665.00           |
| LAB_CHEMISTRY      | BLOOD - CHLORIDE (CL)       | 85.00         | 150.00         | 270.00                | 300.00   | 330.00           |
| LAB_CHEMISTRY      | BLOOD - CREATININE          | 50.00         | 105.00         | 215.00                | 230.00   | 250.00           |
| LAB_CHEMISTRY      | BLOOD - GGT                 | 150.00        | 530.00         | 625.00                | 690.00   | 755.00           |
| LAB_CHEMISTRY      | BLOOD - LIPID -HDL          | 135.00        | 210.00         | 450.00                | 495.00   | 545.00           |
| LAB_CHEMISTRY      | BLOOD - POTASSIUM (K)       | 75.00         | 150.00         | 280.00                | 310.00   | 340.00           |
| LAB_CHEMISTRY      | BLOOD - LIPASE              | 165.00        | 420.00         | 470.00                | 515.00   | 570.00           |
| LAB_CHEMISTRY      | BLOOD - SODIUM (NA)         | 75.00         | 150.00         | 275.00                | 305.00   | 335.00           |
| LAB_CHEMISTRY      | BLOOD - AMMONIA             | 165.00        | 1,105.00       | 1,225.00              | 1,355.00 | 1,490.00         |
| LAB_CHEMISTRY      | BLOOD - PLASMA K            | 75.00         | 150.00         | 285.00                | 315.00   | 345.00           |
| LAB_CHEMISTRY      | BLOOD - TPAG/GLOBULIN       | 170.00        | 440.00         | 730.00                | 815.00   | 855.00           |
| LAB_CHEMISTRY      | URINE - AMYLASE             | 135.00        | 265.00         | 345.00                | 380.00   | 420.00           |
| LAB_CHEMISTRY      | URINE - CALCIUM             | 85.00         | 245.00         | 295.00                | 325.00   | 360.00           |
| LAB_CHEMISTRY      | URINE - CHLORIDE (CL)       | 105.00        | 230.00         | 250.00                | 255.00   | 280.00           |
| LAB_CHEMISTRY      | URINE - CREATININE          | 90.00         | 180.00         | 240.00                | 290.00   | 305.00           |
| LAB_CHEMISTRY      | URINE - POTASSIUM (K)       | 105.00        | 275.00         | 290.00                | 320.00   | 350.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_CHEMISTRY      | URINE - UREA NITROGEN  | 75.00         | 165.00         | 210.00                | 230.00   | 255.00           |
| LAB_CHEMISTRY      | URINE - SODIUM (NA)  | 105.00        | 275.00         | 290.00                | 320.00   | 350.00           |
| LAB_CHEMISTRY      | URINE - PHOSPHOROUS (PO4)                                    | 75.00         | 230.00         | 245.00                | 290.00   | 375.00           |
| LAB_CHEMISTRY      | URINE - SUGAR  | 105.00        | 185.00         | 195.00                | 205.00   | 225.00           |
| LAB_CHEMISTRY      | URINE - URIC ACID  | 60.00         | 200.00         | 210.00                | 245.00   | 265.00           |
| LAB_CHEMISTRY      | BLOOD - DRUG ASSAY -ACETAMINOPHEN                            | 190.00        | 665.00         | 760.00                | 835.00   | 920.00           |
| LAB_CHEMISTRY      | BLOOD - ALKALINE PHOSPHATASE (ALP)                           | 75.00         | 145.00         | 295.00                | 325.00   | 355.00           |
| LAB_CHEMISTRY      | BLOOD EXTRACTION FEE (IN EXCESS OF 1 TEST TUBE/TUBE          | -             | -              | 9.50                  | 9.50     | 9.50             |
| LAB_CHEMISTRY      | BLOOD - LIPID-TOTAL CHOLESTEROL                              | 50.00         | 105.00         | 240.00                | 265.00   | 290.00           |
| LAB_CHEMISTRY      | CSF & OTHER BODY FLUIDS - ALBUMIN                            | 75.00         | 150.00         | 260.00                | 285.00   | 310.00           |
| LAB_CHEMISTRY      | CSF & OTHER BODY FLUIDS - CHOLESTEROL                        | 90.00         | 195.00         | 230.00                | 250.00   | 275.00           |
| LAB_CHEMISTRY      | CSF & OTHER BODY FLUIDS - SUGAR                              | 90.00         | 200.00         | 210.00                | 225.00   | 245.00           |
| LAB_CHEMISTRY      | CSF & OTHER BODY FLUIDS - TRIGLYCERIDES                      | 180.00        | 255.00         | 345.00                | 400.00   | 440.00           |
| LAB_CHEMISTRY      | BLOOD - BILIRUBIN -DB (ADULT)                                | 90.00         | 215.00         | 270.00                | 300.00   | 330.00           |
| LAB_CHEMISTRY      | BLOOD - ELECTROLYTES (NA, K, CL)                             | 240.00        | 460.00         | 785.00                | 840.00   | 880.00           |
| LAB_CHEMISTRY      | BLOOD - RAPID HEP-HBSAG (QUALITATIVE)                        | 165.00        | 265.00         | 270.00                | 295.00   | 325.00           |
| LAB_CHEMISTRY      | BLOOD - LACTIC DEHYDROGENASE (LDH)                           | 105.00        | 195.00         | 295.00                | 325.00   | 355.00           |
| LAB_CHEMISTRY      | BLOOD - DRUG ASSAY -PHENOPBARBITAL                           | 455.00        | 1,265.00       | 1,420.00              | 1,440.00 | 1,455.00         |
| LAB_CHEMISTRY      | BLOOD - SUGAR - FBS/ RBS, 2HRS. PPBS                         | 60.00         | 105.00         | 215.00                | 235.00   | 260.00           |
| LAB_CHEMISTRY      | CSF & OTHER BODY FLUIDS - TOTAL PROTEIN/SUGAR (QUANTITATIVE) | 210.00        | 420.00         | 475.00                | 490.00   | 540.00           |
| LAB_CHEMISTRY      | BLOOD - BILIRUBIN -TB (ADULT)                                | 90.00         | 210.00         | 270.00                | 300.00   | 330.00           |
| LAB_CHEMISTRY      | BLOOD - BILIRUBIN -TB DB IB/IB (ADULT)                       | 160.00        | 333.00         | 475.00                | 535.00   | 535.00           |
| LAB_CHEMISTRY      | BLOOD - IONIZED CALCIUM, PLASMA,                             | 385.00        | 425.00         | 470.00                | 495.00   | 545.00           |
| LAB_CHEMISTRY      | IMMUNOTYPING   | 4,590.00      | 6,285.00       | 6,600.00              | 7,040.00 | 7,040.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_CHEMISTRY      | BLOOD - LIPID -LIPID PROFILE (TRIGLYCERIDE, TOTAL CHOLESTEROL, HDL, LDL) | 410.00        | 690.00         | 1,240.00              | 1,340.00 | 1,530.00         |
| LAB_CHEMISTRY      | BLOOD - LIPID -TRIGLYCERIDES,  | 120.00        | 170.00         | 420.00                | 460.00   | 505.00           |
| LAB_CHEMISTRY      | CSF & OTHER BODY FLUIDS - LDH,   | 150.00        | 280.00         | 295.00                | 325.00   | 355.00           |
| LAB_CHEMISTRY      | CSF & OTHER BODY FLUIDS - TOTAL PROTEIN,                                 | 150.00        | 220.00         | 270.00                | 300.00   | 330.00           |
| LAB_CHEMISTRY      | BLOOD - MAGNESIUM (MG),  | 200.00        | 335.00         | 420.00                | 460.00   | 510.00           |
| LAB_CHEMISTRY      | BLOOD - SUGAR -OGCT (50 GMS),  | 210.00        | 210.00         | 430.00                | 475.00   | 520.00           |
| LAB_CHEMISTRY      | BLOOD - SUGAR -OGTT (100 GMS),   | 260.00        | 425.00         | 820.00                | 900.00   | 990.00           |
| LAB_CHEMISTRY      | BLOOD - SUGAR -OGTT (75 GMS),  | 230.00        | 315.00         | 820.00                | 900.00   | 990.00           |
| LAB_CHEMISTRY      | BLOOD - PHOSPHOROUS (PO4),   | 80.00         | 150.00         | 260.00                | 285.00   | 315.00           |
| LAB_CHEMISTRY      | BLOOD - URIC ACID,   | 75.00         | 105.00         | 210.00                | 230.00   | 255.00           |
| LAB_CHEMISTRY      | URINE - MAGNESIUM (FOR 24 HRS URINE COLLECTION),                         | 210.00        | 305.00         | 320.00                | 340.00   | 370.00           |
| LAB_CHEMISTRY      | URINE - TOTAL PROTEIN,   | 150.00        | 220.00         | 270.00                | 300.00   | 330.00           |
| LAB_CHEMISTRY      | BLOOD - TOTAL CARBON DIOXIDE (TCO2)                                      | 135.00        | 195.00         | 220.00                | 245.00   | 265.00           |
| LAB_CHEMISTRY      | BLOOD - TOTAL PROTEIN,   | 105.00        | 150.00         | 270.00                | 300.00   | 330.00           |
| LAB_HEMATOLOGY     | CLOT RETRACTION TIME (CRT)   | 65.00         | 190.00         | 190.00                | 240.00   | 250.00           |
| LAB_HEMATOLOGY     | FIBRINOGEN   | 870.00        | -              | 1,350.00              | 1,510.00 | 1,590.00         |
| LAB_HEMATOLOGY     | PLATELET AGGREGOMETRY  | 4,790.00      | 7,410.00       | 7,840.00              | 8,280.00 | 8,710.00         |
| LAB_HEMATOLOGY     | BLEEDING TIME (BT)   | 65.00         | 190.00         | 190.00                | 240.00   | 250.00           |
| LAB_HEMATOLOGY     | CLOTTING TIME (CT)   | 65.00         | 190.00         | 190.00                | 240.00   | 250.00           |
| LAB_HEMATOLOGY     | DIFFERENTIAL COUNT   | 110.00        | 210.00         | 210.00                | 310.00   | 325.00           |
| LAB_HEMATOLOGY     | FILARIAL SMEAR   | 80.00         | 240.00         | 240.00                | 280.00   | 300.00           |
| LAB_HEMATOLOGY     | HEMATOCRIT   | 110.00        | 210.00         | 210.00                | 310.00   | 325.00           |
| LAB_HEMATOLOGY     | HEMOGLOBIN   | 110.00        | 210.00         | 210.00                | 310.00   | 325.00           |
| LAB_HEMATOLOGY     | LE CELL PREPARATION  | 100.00        | 265.00         | 265.00                | 305.00   | 320.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_HEMATOLOGY     | MALARIAL SMEAR                               | 80.00         | 240.00         | 240.00                | 280.00   | 300.00           |
| LAB_HEMATOLOGY     | RBC/WBC MORPHOLOGY (PBS)                     | 80.00         | 280.00         | 280.00                | 310.00   | 320.00           |
| LAB_HEMATOLOGY     | PLATELET COUNT                               | 110.00        | 210.00         | 210.00                | 310.00   | 325.00           |
| LAB_HEMATOLOGY     | PROTHROMBIN TIME                             | 180.00        | 240.00         | 240.00                | 285.00   | 300.00           |
| LAB_HEMATOLOGY     | RETICULOCYTE COUNT                           | 90.00         | 250.00         | 250.00                | 310.00   | 330.00           |
| LAB_HEMATOLOGY     | WHITE BLOOD CELL COUNT                       | 110.00        | 210.00         | 210.00                | 310.00   | 310.00           |
| LAB_HEMATOLOGY     | ACTIVATED PARTIAL THROMBOPLASTIN TEST (APTT) | 175.00        | 510.00         | 510.00                | 565.00   | 595.00           |
| LAB_HEMATOLOGY     | CBC (HB, WBC, RBC & DIFF. CT)                | 180.00        | 300.00         | 300.00                | 400.00   | 430.00           |
| LAB_HEMATOLOGY     | ERYTHROCYTE SEDIMENTATION RATE (ESR)         | 100.00        | 230.00         | 230.00                | 240.00   | 250.00           |
| LAB_HEMATOLOGY     | D DIMER                                      | 3,360.00      | 3,680.00       | 3,680.00              | 3,855.00 | 4,060.00         |
| LAB_HEMATOLOGY     | FACTOR IX                                    | 930.00        | 1,345.00       | 1,345.00              | 1,390.00 | 1,465.00         |
| LAB_HEMATOLOGY     | FACTOR VIII                                  | 930.00        | 1,345.00       | 1,345.00              | 1,390.00 | 1,465.00         |
| LAB_HEMATOLOGY     | LUPUS CONFIRM                                | 1,775.00      | 2,105.00       | 2,105.00              | 2,220.00 | 2,335.00         |
| LAB_HEMATOLOGY     | LUPUS SCREEN                                 | 1,440.00      | 2,585.00       | 2,585.00              | 2,705.00 | 2,850.00         |
| LAB_HEMATOLOGY     | PROTEIN C                                    | 2,400.00      | 3,275.00       | 3,275.00              | 3,430.00 | 3,560.00         |
| LAB_HEMATOLOGY     | PROTEIN S                                    | 4,315.00      | 6,390.00       | 6,390.00              | 6,740.00 | 7,095.00         |
| LAB_HEMATOLOGY     | SCT  | 820.00        | 1,270.00       | 1,350.00              | 1,420.00 | 1,500.00         |
| LAB_HEMATOLOGY     | CBC W/ VCS (VOLUME CONDUCTIVITY SCATTER)     | 200.00        | -              | -                     | -        | -                |
| LAB_IMMUNOLOGY     | ANTI-LIVER KIDNEY MICROSOMAL ANTIBODY        | 1,255.00      | 1,255.00       | 1,305.00              | 1,370.00 | 1,435.00         |
| LAB_IMMUNOLOGY     | ANTI-SMOOTH MUSCLE ANTIBODY                  | 3,140.00      | 3,140.00       | 3,270.00              | 3,420.00 | 3,575.00         |
| LAB_IMMUNOLOGY     | CSF BACTIGEN                                 | 1,145.00      | 1,500.00       | 1,800.00              | 2,025.00 | 2,130.00         |
| LAB_IMMUNOLOGY     | CYCLOSPORIN                                  | 6,795.00      | 6,795.00       | 7,075.00              | 7,410.00 | 7,750.00         |
| LAB_IMMUNOLOGY     | HERPES 1 IGG                                 | 705.00        | 1,080.00       | 1,130.00              | 1,190.00 | 1,240.00         |
| LAB_IMMUNOLOGY     | HERPES 2 IGG                                 | 705.00        | 1,080.00       | 1,130.00              | 1,190.00 | 1,240.00         |
| LAB_IMMUNOLOGY     | HIV CONFIRMATORY TEST (RHIVDA)               | 110.00        | 140.00         | 150.00                | 155.00   | 160.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|-----------------------------|---------------|----------------|-----------------------|----------|------------------|
|                    |                             |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_IMMUNOLOGY     | H-PYLORI IGG                | 1,045.00      | 1,045.00       | 1,095.00              | 1,150.00 | 1,150.00         |
| LAB_IMMUNOLOGY     | INTERLEUKIN - 6             | 2,180.00      | 2,970.00       | 3,370.00              | 3,560.00 | 3,960.00         |
| LAB_IMMUNOLOGY     | MUMPS IGG                   | 1,115.00      | 1,735.00       | 1,820.00              | 1,905.00 | 1,995.00         |
| LAB_IMMUNOLOGY     | RUBEOLA IGG                 | 1,285.00      | 2,475.00       | 2,600.00              | 2,720.00 | 2,845.00         |
| LAB_IMMUNOLOGY     | SERUM AFP QUALI             | 450.00        | 985.00         | 1,280.00              | 1,430.00 | 1,500.00         |
| LAB_IMMUNOLOGY     | SERUM AFP QUANTI            | 730.00        | 1,445.00       | 2,025.00              | 2,245.00 | 2,355.00         |
| LAB_IMMUNOLOGY     | SERUM ANTI-HAV IGM          | 350.00        | 670.00         | 965.00                | 1,070.00 | 1,125.00         |
| LAB_IMMUNOLOGY     | SERUM ANTI-HBC IGM          | 450.00        | 735.00         | 885.00                | 995.00   | 1,045.00         |
| LAB_IMMUNOLOGY     | SERUM ANTI-HBC TOTAL        | 340.00        | 695.00         | 830.00                | 945.00   | 990.00           |
| LAB_IMMUNOLOGY     | SERUM ANTI-HBE              | 310.00        | 645.00         | 965.00                | 1,035.00 | 1,085.00         |
| LAB_IMMUNOLOGY     | SERUM ANTI-HBS              | 320.00        | 545.00         | 570.00                | 600.00   | 630.00           |
| LAB_IMMUNOLOGY     | SERUM ANTI-HCV              | 620.00        | 1,105.00       | 1,160.00              | 1,215.00 | 1,275.00         |
| LAB_IMMUNOLOGY     | SERUM ASO                   | 285.00        | 385.00         | 540.00                | 580.00   | 610.00           |
| LAB_IMMUNOLOGY     | SERUM CA125                 | 790.00        | 1,270.00       | 1,400.00              | 1,570.00 | 1,650.00         |
| LAB_IMMUNOLOGY     | SERUM CA125 DILUTED         | 1,005.00      | 1,485.00       | 1,560.00              | 1,635.00 | 1,715.00         |
| LAB_IMMUNOLOGY     | SERUM CA 15-3               | 1,010.00      | 1,585.00       | 1,665.00              | 1,740.00 | 1,830.00         |
| LAB_IMMUNOLOGY     | SERUM CA 19-9               | 1,060.00      | 1,655.00       | 1,740.00              | 2,155.00 | 2,265.00         |
| LAB_IMMUNOLOGY     | SERUM CA19-9 DILUTED        | 1,270.00      | 1,865.00       | 1,960.00              | 2,330.00 | 2,445.00         |
| LAB_IMMUNOLOGY     | SERUM CEA                   | 455.00        | 755.00         | 1,635.00              | 1,815.00 | 1,905.00         |
| LAB_IMMUNOLOGY     | SERUM CEA DILUTED           | 615.00        | 915.00         | 1,780.00              | 1,960.00 | 2,060.00         |
| LAB_IMMUNOLOGY     | SERUM CRP                   | 235.00        | 395.00         | 495.00                | 535.00   | 560.00           |
| LAB_IMMUNOLOGY     | SERUM DENGUE IGG/IGM        | 1,225.00      | 1,355.00       | 1,420.00              | 1,555.00 | 1,635.00         |
| LAB_IMMUNOLOGY     | SERUM DENGUE NSI AG         | 1,135.00      | 1,535.00       | 1,610.00              | 1,785.00 | 1,875.00         |
| LAB_IMMUNOLOGY     | SERUM DHEA-S                | 625.00        | 980.00         | 1,030.00              | 1,075.00 | 1,130.00         |
| LAB_IMMUNOLOGY     | SERUM ESTRADIOL             | 395.00        | 605.00         | 635.00                | 725.00   | 760.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION      | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|----------------------------------|---------------|----------------|-----------------------|----------|------------------|
|                    |                                  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_IMMUNOLOGY     | SERUM FREE T3                    | 475.00        | 735.00         | 775.00                | 810.00   | 850.00           |
| LAB_IMMUNOLOGY     | SERUM FREE T4                    | 365.00        | 570.00         | 600.00                | 660.00   | 690.00           |
| LAB_IMMUNOLOGY     | SERUM FSH                        | 350.00        | 550.00         | 580.00                | 660.00   | 695.00           |
| LAB_IMMUNOLOGY     | SERUM HBEAG                      | 335.00        | 640.00         | 1,010.00              | 1,195.00 | 1,255.00         |
| LAB_IMMUNOLOGY     | SERUM HBSAG                      | 235.00        | 440.00         | 505.00                | 595.00   | 620.00           |
| LAB_IMMUNOLOGY     | SERUM HCG DILUTED                | 910.00        | 1,340.00       | 1,410.00              | 1,475.00 | 1,550.00         |
| LAB_IMMUNOLOGY     | SERUM HCG TOTAL UNDILUTED        | 540.00        | 605.00         | 665.00                | 725.00   | 760.00           |
| LAB_IMMUNOLOGY     | SERUM HE4                        | 1,255.00      | 1,860.00       | 1,950.00              | 2,045.00 | 2,145.00         |
| LAB_IMMUNOLOGY     | SERUM HEPATITIS B PROFILE        | 1,940.00      | 2,895.00       | 3,430.00              | 3,900.00 | 4,095.00         |
| LAB_IMMUNOLOGY     | SERUM HEPATITIS PROFILE          | 3,110.00      | 4,650.00       | 5,480.00              | 6,280.00 | 6,590.00         |
| LAB_IMMUNOLOGY     | SERUM HIV COMBI AG/AB            | 330.00        | 595.00         | 885.00                | 940.00   | 985.00           |
| LAB_IMMUNOLOGY     | SERUM INSULIN                    | 530.00        | 1,210.00       | 1,270.00              | 1,330.00 | 1,400.00         |
| LAB_IMMUNOLOGY     | SERUM LEPTOSPIRA IGG/IGM (RAPID) | 500.00        | 640.00         | 670.00                | 735.00   | 770.00           |
| LAB_IMMUNOLOGY     | SERUM LH                         | 525.00        | 705.00         | 740.00                | 810.00   | 850.00           |
| LAB_IMMUNOLOGY     | SERUM PROGESTERONE               | 495.00        | 875.00         | 920.00                | 965.00   | 1,010.00         |
| LAB_IMMUNOLOGY     | SERUM PROLACTIN                  | 365.00        | 560.00         | 590.00                | 645.00   | 675.00           |
| LAB_IMMUNOLOGY     | SERUM RF                         | 200.00        | 335.00         | 475.00                | 575.00   | 605.00           |
| LAB_IMMUNOLOGY     | SERUM RPR QUALI                  | 140.00        | 210.00         | 420.00                | 455.00   | 480.00           |
| LAB_IMMUNOLOGY     | SERUM RPR QUANTI                 | 270.00        | 270.00         | 405.00                | 425.00   | 445.00           |
| LAB_IMMUNOLOGY     | SERUM SALMONELLA IGG/IGM         | 1,485.00      | 1,705.00       | 1,790.00              | 1,910.00 | 2,005.00         |
| LAB_IMMUNOLOGY     | SERUM SHBG                       | 640.00        | 1,260.00       | 1,325.00              | 1,450.00 | 1,520.00         |
| LAB_IMMUNOLOGY     | SERUM TESTOSTERONE               | 870.00        | 1,835.00       | 1,925.00              | 2,015.00 | 2,115.00         |
| LAB_IMMUNOLOGY     | SERUM TOTAL PSA                  | 570.00        | 900.00         | 990.00                | 1,175.00 | 1,230.00         |
| LAB_IMMUNOLOGY     | SERUM TOTAL PSA DILUTED          | 755.00        | 1,110.00       | 1,165.00              | 1,220.00 | 1,285.00         |
| LAB_IMMUNOLOGY     | SERUM TSH                        | 345.00        | 600.00         | 690.00                | 780.00   | 820.00           |





| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                    | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| LAB_IMMUNOLOGY     | SIROLIMUS                                      | 5,190.00      | 5,190.00       | 5,405.00              | 5,660.00  | 5,925.00         |
| LAB_IMMUNOLOGY     | TACROLIMUS                                     | 2,515.00      | 2,515.00       | 2,620.00              | 2,740.00  | 2,870.00         |
| LAB_IMMUNOLOGY     | TORCH PANEL                                    | 7,330.00      | 9,340.00       | 10,275.00             | 10,740.00 | 12,025.00        |
| LAB_IMMUNOLOGY     | TOXO IGG                                       | 880.00        | 1,025.00       | 1,150.00              | 1,275.00  | 1,335.00         |
| LAB_IMMUNOLOGY     | TOXO IGM                                       | 775.00        | 1,130.00       | 1,360.00              | 1,475.00  | 1,545.00         |
| LAB_IMMUNOLOGY     | ANTI-NMDA RECEPTOR                             | 6,795.00      | 7,296.00       | 7,662.00              | 8,025.00  | 8,390.00         |
| LAB_IMMUNOLOGY     | SERUM ANTI-TREPONEMA PALLIDUM IGG-FTA-ABS      | 1,275.00      | 1,370.00       | 1,435.00              | 1,505.00  | 1,575.00         |
| LAB_IMMUNOLOGY     | TB QUANTIFERON                                 | 4,710.00      | 5,060.00       | 5,310.00              | 5,565.00  | 5,820.00         |
| LAB_IMMUNOLOGY     | ANTI-ACETYLCHOLINE RECEPTOR IGG                | 2,000.00      | 2,370.00       | 2,549.00              | 2,731.00  | 2,913.00         |
| LAB_IMMUNOLOGY     | ANTI-AQUAPORIN-4                               | 3,350.00      | 3,960.00       | 4,266.00              | 4,570.00  | 4,875.00         |
| LAB_IMMUNOLOGY     | ANTI-BP180 IGG                                 | 1,160.00      | 1,370.00       | 1,480.00              | 1,585.00  | 1,691.00         |
| LAB_IMMUNOLOGY     | ANTI-BP230 IGG                                 | 1,160.00      | 1,370.00       | 1,480.00              | 1,585.00  | 1,691.00         |
| LAB_IMMUNOLOGY     | ANTI-DESMOGLEIN 1 IGG                          | 1,160.00      | 1,370.00       | 1,480.00              | 1,585.00  | 1,691.00         |
| LAB_IMMUNOLOGY     | ANTI-DESMOGLEIN 3 IGG                          | 1,160.00      | 1,370.00       | 1,480.00              | 1,585.00  | 1,691.00         |
| LAB_IMMUNOLOGY     | ANTI-MITOCHONDRIAL ANTIBODY                    | 1,910.00      | 3,030.00       | 3,210.00              | 3,390.00  | 3,560.00         |
| LAB_IMMUNOLOGY     | TB QUANTIFERON (FOR OPERATIONAL RESEARCH ONLY) | 1,565.00      | -              | -                     | 1,565.00  | -                |
| LAB_IMMUNOLOGY     | CSF, CALAS                                     | 810.00        | 1,735.00       | 1,820.00              | 1,910.00  | 2,005.00         |
| LAB_IMMUNOLOGY     | CMV IGM  | 1,190.00      | 1,190.00       | 1,285.00              | 1,475.00  | 1,545.00         |
| LAB_IMMUNOLOGY     | CMV IGG  | 775.00        | 1,045.00       | 1,100.00              | 1,150.00  | 1,200.00         |
| LAB_IMMUNOLOGY     | MMR  | 2,805.00      | 4,540.00       | 4,770.00              | 4,995.00  | 5,225.00         |
| LAB_IMMUNOLOGY     | RUBEOLA, IGG (CSF)                             | 970.00        | 2,475.00       | 2,600.00              | 2,720.00  | 2,845.00         |
| LAB_IMMUNOLOGY     | RUBELLA IGG                                    | 545.00        | 1,080.00       | 1,130.00              | 1,190.00  | 1,240.00         |
| LAB_IMMUNOLOGY     | RUBELLA IGM                                    | 1,175.00      | 1,925.00       | 2,020.00              | 2,985.00  | 3,120.00         |
| LAB_IMMUNOLOGY     | SYPHILIS                                       | 390.00        | 444.00         | 675.00                | 740.00    | 740.00           |
| LAB_IMMUNOLOGY     | SERUM ANTI-HAV IGG                             | 400.00        | 540.00         | 580.00                | 630.00    | 670.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|------------------------------|---------------|----------------|-----------------------|-----------|------------------|
|                    |                              |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| LAB_IMMUNOLOGY     | SERUM METHOTREXATE           | 3,370.00      | 4,900.00       | 5,210.00              | 5,520.00  | 5,820.00         |
| LAB_IMMUNOLOGY     | SERUM PHENYTOIN              | 660.00        | 965.00         | 1,030.00              | 1,090.00  | 1,180.00         |
| LAB_IMMUNOLOGY     | VARICELLA IGG                | 820.00        | 1,515.00       | 1,590.00              | 1,670.00  | 1,745.00         |
| LAB_IMMUNOLOGY     | EBV IGG                      | 2,010.00      | 2,385.00       | 2,505.00              | 2,620.00  | 2,740.00         |
| LAB_IMMUNOLOGY     | EBV IGM                      | 2,010.00      | 2,280.00       | 2,395.00              | 2,510.00  | 2,620.00         |
| LAB_IMMUNOLOGY     | PROCALCITONIN                | 2,935.00      | 3,040.00       | 3,190.00              | 3,345.00  | 3,495.00         |
| LAB_IMMUNOLOGY     | ANTI-MULLERIAN HORMONE (AMH) | 3,410.00      | 4,360.00       | 4,410.00              | 4,500.00  | 4,560.00         |
| LAB_MICROBIOLOGY   | BLOOD CS                     | 825.00        | 1,800.00       | 2,430.00              | 2,550.00  | 2,680.00         |
| LAB_MICROBIOLOGY   | FUNGAL CS                    | 795.00        | 1,570.00       | 1,760.00              | 1,810.00  | 1,900.00         |
| LAB_MICROBIOLOGY   | MAKI ENVIROMENTAL            | 420.00        | 440.00         | 460.00                | 490.00    | 505.00           |
| LAB_MICROBIOLOGY   | STOOL GS/CS                  | 875.00        | 1,295.00       | 2,430.00              | 2,550.00  | 2,680.00         |
| LAB_MICROBIOLOGY   | PNEUMONIA PANEL              | 13,450.00     | 15,900.00      | 17,120.00             | 18,340.00 | 19,560.00        |
| LAB_MICROBIOLOGY   | RT-PCR FOR MDR-TB            | 5,420.00      | 5,820.00       | 6,110.00              | 6,405.00  | 6,695.00         |
| LAB_MICROBIOLOGY   | AFB STAIN (AURAMINE)         | 105.00        | 145.00         | 350.00                | 415.00    | 435.00           |
| LAB_MICROBIOLOGY   | AFB CS                       | 2,040.00      | 2,475.00       | 2,630.00              | 2,785.00  | 2,845.00         |
| LAB_MICROBIOLOGY   | CSF GS/CS                    | 665.00        | 1,295.00       | 2,430.00              | 2,550.00  | 2,680.00         |
| LAB_MICROBIOLOGY   | GRAM STAIN                   | 105.00        | 145.00         | 150.00                | 160.00    | 165.00           |
| LAB_MICROBIOLOGY   | INDIA INK                    | 105.00        | 115.00         | 130.00                | 135.00    | 140.00           |
| LAB_MICROBIOLOGY   | MRSA SCREENING               | 710.00        | 1,065.00       | 4,855.00              | 5,100.00  | 5,355.00         |
| LAB_MICROBIOLOGY   | TMG SMEAR                    | 270.00        | 320.00         | 560.00                | 670.00    | 705.00           |
| LAB_MICROBIOLOGY   | URINE GS/CS                  | 735.00        | 1,260.00       | 2,430.00              | 2,550.00  | 2,680.00         |
| LAB_MICROBIOLOGY   | KOH MOUNT                    | 70.00         | 114.00         | 114.00                | 129.00    | 129.00           |
| LAB_MICROBIOLOGY   | EXUDATES GS/CS               | 1,090.00      | 1,295.00       | 2,430.00              | 2,550.00  | 2,680.00         |
| LAB_MICROBIOLOGY   | RESPIRATORY GS/CS            | 970.00        | 1,295.00       | 2,430.00              | 2,550.00  | 2,680.00         |
| LAB_MICROBIOLOGY   | ANAEROBIC CULTURE            | 765.00        | 890.00         | 940.00                | 990.00    | 1,025.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                 | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_MICROBIOLOGY   | HMI (HUMAN MILK SPECIMEN)                                   | 230.00        | -              | 430.00                | 430.00   | 430.00           |
| LAB_MICROBIOLOGY   | TPN SOLUTION  | 415.00        | 300.00         | 325.00                | 340.00   | 345.00           |
| LAB_MICROBIOLOGY   | AFB (MODIFIED)  | 105.00        | 150.00         | 350.00                | 415.00   | 435.00           |
| LAB_MICROSCOPY     | CLOSTRIDIUM DIFFICILE ANTIGEN                               | 1,325.00      | 1,495.00       | 1,570.00              | 1,645.00 | 1,720.00         |
| LAB_MICROSCOPY     | CSF - PH  | 95.00         | 120.00         | 130.00                | 190.00   | 200.00           |
| LAB_MICROSCOPY     | CSF - QUALITATIVE   | 140.00        | 225.00         | 405.00                | 600.00   | 630.00           |
| LAB_MICROSCOPY     | CSF - RBC COUNT   | 95.00         | 150.00         | 350.00                | 525.00   | 550.00           |
| LAB_MICROSCOPY     | CSF - SPECIFIC GRAVITY                                      | 95.00         | 120.00         | 130.00                | 190.00   | 200.00           |
| LAB_MICROSCOPY     | OTHER BODY FLUIDS- PH                                       | 95.00         | 120.00         | 130.00                | 190.00   | 200.00           |
| LAB_MICROSCOPY     | OTHER BODY FLUIDS- QUALITATIVE                              | 140.00        | 225.00         | 405.00                | 600.00   | 630.00           |
| LAB_MICROSCOPY     | OTHER BODY FLUIDS- RBC MORPHOLOGY                           | 60.00         | 145.00         | 150.00                | 170.00   | 180.00           |
| LAB_MICROSCOPY     | OTHER BODY FLUIDS- SPECIFIC GRAVITY                         | 65.00         | 120.00         | 130.00                | 190.00   | 200.00           |
| LAB_MICROSCOPY     | SEMEN- SEMINALYSIS  | 510.00        | 785.00         | 835.00                | 880.00   | 925.00           |
| LAB_MICROSCOPY     | STOOL - CRYPTO/GIARDIA ANTIGEN                              | 2,045.00      | 3,020.00       | 3,200.00              | 3,375.00 | 3,545.00         |
| LAB_MICROSCOPY     | STOOL - DIRECT FECAL SMEAR W/ FECAL CONCENTRATION TECHNIQUE | 220.00        | 340.00         | 360.00                | 380.00   | 440.00           |
| LAB_MICROSCOPY     | STOOL - E-HISTOLYTICA ANTIGEN                               | 2,125.00      | 3,145.00       | 3,330.00              | 3,515.00 | 3,690.00         |
| LAB_MICROSCOPY     | STOOL - FECAL IMMUNO-CHEMICAL TEST FOR OCCULT BLOOD (FIT)   | 215.00        | 320.00         | 340.00                | 360.00   | 370.00           |
| LAB_MICROSCOPY     | STOOL - OCCULT BLOOD (GUAIAAC)                              | 85.00         | 100.00         | 195.00                | 270.00   | 285.00           |
| LAB_MICROSCOPY     | STOOL - ROTAVIRUS ANTIGEN                                   | 930.00        | 1,375.00       | 1,455.00              | 1,535.00 | 1,610.00         |
| LAB_MICROSCOPY     | SYNOVIAL FLUID- TEST FOR CRYSTALS                           | 160.00        | 240.00         | 250.00                | 265.00   | 275.00           |
| LAB_MICROSCOPY     | VAGINAL FLUID - FERNING TEST                                | 70.00         | 100.00         | 150.00                | 200.00   | 210.00           |
| LAB_MICROSCOPY     | VAGINAL FLUID - VAGINAL WASHING ANALYSIS FOR SPERM CELLS    | 55.00         | 100.00         | 205.00                | 270.00   | 285.00           |
| LAB_MICROSCOPY     | STONE ANALYSIS  | 770.00        | 1,190.00       | 1,260.00              | 1,330.00 | 1,400.00         |



| DEPARTMENT-SECTION    | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|-----------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                       |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_MICROSCOPY        | URINE - PREGNANCY TEST   | 180.00        | -              | 375.00                | 385.00   | 395.00           |
| LAB_MICROSCOPY        | URINE - ALBUMIN (QUALI)  | 65.00         | 95.00          | 150.00                | 195.00   | 205.00           |
| LAB_MICROSCOPY        | URINE - BILIRUBIN  | 65.00         | 110.00         | 170.00                | 195.00   | 205.00           |
| LAB_MICROSCOPY        | URINE - HEMOGLOBIN   | 65.00         | 110.00         | 170.00                | 195.00   | 205.00           |
| LAB_MICROSCOPY        | URINE - KETONE   | 65.00         | 110.00         | 170.00                | 195.00   | 205.00           |
| LAB_MICROSCOPY        | URINE - LEUKOCYTE  | 65.00         | 110.00         | 170.00                | 195.00   | 205.00           |
| LAB_MICROSCOPY        | URINE - MYOGLOBIN  | 95.00         | 170.00         | 180.00                | 200.00   | 220.00           |
| LAB_MICROSCOPY        | URINE - NITRITE  | 65.00         | 110.00         | 170.00                | 195.00   | 205.00           |
| LAB_MICROSCOPY        | URINE - PH   | 60.00         | 95.00          | 115.00                | 165.00   | 170.00           |
| LAB_MICROSCOPY        | URINE - SUGAR (QUALI)  | 65.00         | 95.00          | 115.00                | 165.00   | 175.00           |
| LAB_MICROSCOPY        | URINE - SPECIFIC GRAVITY   | 50.00         | 95.00          | 115.00                | 165.00   | 175.00           |
| LAB_MICROSCOPY        | URINE - UROBILINOGEN   | 65.00         | 110.00         | 170.00                | 195.00   | 205.00           |
| LAB_MICROSCOPY        | CSF & OTHER BODY FLUIDS - DIRECT WET MOUNT   | 50.00         | -              | 150.00                | 205.00   | 205.00           |
| LAB_MICROSCOPY        | URINE - URINALYSIS (AUTOMATED)   | 240.00        | 260.00         | 275.00                | 290.00   | 300.00           |
| LAB_MICROSCOPY        | CSF- RBC MORPHOLOGY  | 60.00         | 145.00         | 150.00                | 170.00   | 180.00           |
| LAB_MICROSCOPY        | DIRECT FECAL SMEAR WITH FECAL CONCENTRATION TECHNIQUE                                  | 45.00         | 325.00         | 343.00                | 363.00   | 380.00           |
| LAB_MICROSCOPY        | DIRECT FECAL SMEAR WITH FECAL CONCENTRATION TECHNIQUE AND OCCULT BLOOD (GUAIAC METHOD) | 290.00        | 420.00         | 535.00                | 620.00   | 640.00           |
| LAB_MICROSCOPY        | URINE- RBC MORPHOLOGY  | 40.00         | 140.00         | 155.00                | 230.00   | 240.00           |
| LAB_DRUG TESTING UNIT | CONFIRMATORY DRUG TESTING FEE (BENZODIAZEPINES)  | 1,500.00      | -              | -                     | 1,500.00 | -                |
| LAB_DRUG TESTING UNIT | CONFIRMATORY DRUG TESTING FEE (COCAINE)  | 1,500.00      | -              | -                     | 1,500.00 | -                |
| LAB_DRUG TESTING UNIT | CONFIRMATORY DRUG TESTING FEE (ECSTASY)  | 1,500.00      | -              | -                     | 1,500.00 | -                |
| LAB_DRUG TESTING UNIT | CONFIRMATORY DRUG TESTING FEE (OPIATES/MORPHINE)                                       | 1,500.00      | -              | -                     | 1,500.00 | -                |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION     | SERVICE RATES | PAY RATES      |                       |          |                  |
|------------------------|---------------------------------|---------------|----------------|-----------------------|----------|------------------|
|                        |                                 |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_DRUG TESTING UNIT  | DUAL PANEL (MET/THC)            | 250.00        | 250.00         | -                     | 250.00   | -                |
| LAB_DRUG TESTING UNIT  | FIVE PANEL                      | 660.00        | 1,020.00       | -                     | 1,020.00 | -                |
| LAB_DRUG TESTING UNIT  | URINE ALCOHOL                   | 300.00        | -              | -                     | 460.00   | -                |
| LAB_DRUG TESTING UNIT  | URINE BARBITURATES              | 480.00        | -              | -                     | 740.00   | -                |
| LAB_DRUG TESTING UNIT  | URINE BENZODIAZEPINE            | 480.00        | -              | -                     | 740.00   | -                |
| LAB_DRUG TESTING UNIT  | URINE COTININE                  | 260.00        | -              | -                     | 390.00   | -                |
| LAB_SURGICAL PATHOLOGY | PHOTOMICROGRAPHY                | 120.00        | 120.00         | 120.00                | 120.00   | 120.00           |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - ANTIHISTONE        | 1,510.00      | 2,340.00       | 2,480.00              | 2,620.00 | 2,750.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - ATRX               | 1,980.00      | 2,590.00       | 2,720.00              | 2,850.00 | 2,980.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - BER-EP4            | 1,920.00      | 2,120.00       | 2,225.00              | 2,330.00 | 2,440.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CD31               | 1,920.00      | 2,120.00       | 2,225.00              | 2,330.00 | 2,440.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CD7                | 1,920.00      | 2,120.00       | 2,225.00              | 2,330.00 | 2,440.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CMYC               | 2,010.00      | 3,290.00       | 3,455.00              | 3,619.00 | 3,785.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - DOG1               | 2,815.00      | 3,020.00       | 3,170.00              | 3,320.00 | 3,475.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - GLYPICAN 3         | 1,470.00      | 2,280.00       | 2,280.00              | 2,280.00 | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - GRANZYME B         | 2,645.00      | 3,090.00       | 3,245.00              | 3,400.00 | 3,555.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - KAPPA LIGHT CHAIN  | 1,920.00      | 2,120.00       | 2,225.00              | 2,330.00 | 2,440.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - LAMBDA LIGHT CHAIN | 1,920.00      | 2,120.00       | 2,225.00              | 2,330.00 | 2,440.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - MDM2               | 1,920.00      | 2,970.00       | 3,140.00              | 3,320.00 | 3,490.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - MYOGENIN           | 1,920.00      | 2,120.00       | 2,225.00              | 2,330.00 | 2,440.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - NAPSIN A           | 2,520.00      | 2,900.00       | 3,045.00              | 3,190.00 | 3,335.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - NKX3.1             | 1,470.00      | 2,280.00       | 2,280.00              | 2,280.00 | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - SOX10              | 3,180.00      | 3,650.00       | 3,835.00              | 4,015.00 | 4,220.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - STAT 6             | 2,025.00      | 2,415.00       | 2,535.00              | 2,655.00 | 2,775.00         |
| LAB_SURGICAL PATHOLOGY | A-1 ANTITRYPSIN                 | 1,890.00      | 2,930.00       | 3,100.00              | 3,270.00 | 3,440.00         |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION            | SERVICE RATES | PAY RATES      |                       |           |                  |
|------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                        |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| LAB_SURGICAL PATHOLOGY | ANDROGEN RECEPTOR                      | 1,380.00      | 2,140.00       | 2,260.00              | 2,390.00  | 2,510.00         |
| LAB_SURGICAL PATHOLOGY | ANTI-ADENOCORTICOTROPIN HORMONE (ACTH) | 1,380.00      | 2,140.00       | 2,260.00              | 2,390.00  | 2,510.00         |
| LAB_SURGICAL PATHOLOGY | ARGINASE 1                             | 2,790.00      | 4,320.00       | 4,570.00              | 4,820.00  | 5,080.00         |
| LAB_SURGICAL PATHOLOGY | BCL 10                                 | 2,510.00      | 3,890.00       | 4,120.00              | 4,340.00  | 4,570.00         |
| LAB_SURGICAL PATHOLOGY | BCOR                                   | 2,570.00      | 3,970.00       | 4,200.00              | 4,440.00  | 4,670.00         |
| LAB_SURGICAL PATHOLOGY | BIOSAFETY CABINET CLASS II             | 50.00         | -              | -                     | 50.00     | -                |
| LAB_SURGICAL PATHOLOGY | CD123 IL-3RA                           | 2,410.00      | 3,730.00       | 3,950.00              | 4,160.00  | 4,380.00         |
| LAB_SURGICAL PATHOLOGY | CD23                                   | 1,550.00      | 2,400.00       | 2,540.00              | 2,690.00  | 2,830.00         |
| LAB_SURGICAL PATHOLOGY | CD235A GLYCOPHORIN A                   | 1,380.00      | 2,140.00       | 2,260.00              | 2,390.00  | 2,510.00         |
| LAB_SURGICAL PATHOLOGY | HHV-8                                  | 1,470.00      | -              | 2,280.00              | 2,280.00  | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | IGD                                    | 1,550.00      | 2,400.00       | 2,540.00              | 2,690.00  | 2,830.00         |
| LAB_SURGICAL PATHOLOGY | MUC 5AC                                | 1,550.00      | 2,400.00       | 2,540.00              | 2,690.00  | 2,830.00         |
| LAB_SURGICAL PATHOLOGY | MUC 6                                  | 2,300.00      | 3,560.00       | 3,770.00              | 3,980.00  | 4,190.00         |
| LAB_SURGICAL PATHOLOGY | MUTS PROTEIN HOMOLOG 2                 | 1,980.00      | 2,065.00       | 2,165.00              | 2,270.00  | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | MUTS PROTEIN HOMOLOG 6                 | 1,980.00      | 2,065.00       | 2,165.00              | 2,270.00  | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | NKX 2.2                                | 3,170.00      | -              | 5,190.00              | 5,480.00  | 5,770.00         |
| LAB_SURGICAL PATHOLOGY | OLIG-2                                 | 2,360.00      | -              | 3,870.00              | 4,080.00  | 5,770.00         |
| LAB_SURGICAL PATHOLOGY | PAN-TRK                                | 3,720.00      | 5,750.00       | 6,090.00              | 6,430.00  | 6,770.00         |
| LAB_SURGICAL PATHOLOGY | PHOX 2-B                               | 3,700.00      | -              | 6,050.00              | 6,390.00  | 6,730.00         |
| LAB_SURGICAL PATHOLOGY | PREALBUMIN/TRANSTHYRETIN               | 2,290.00      | 3,550.00       | 3,760.00              | 3,960.00  | 4,170.00         |
| LAB_SURGICAL PATHOLOGY | TIA-A                                  | 2,210.00      | 3,420.00       | 3,620.00              | 3,820.00  | 4,020.00         |
| LAB_SURGICAL PATHOLOGY | UROPLAKIN III                          | 2,420.00      | 3,750.00       | 3,970.00              | 4,190.00  | 4,410.00         |
| LAB_SURGICAL PATHOLOGY | 1P19Q FISH                             | 14,910.00     | 19,450.00      | 20,425.00             | 21,395.00 | 22,370.00        |
| LAB_SURGICAL PATHOLOGY | BRACHYURY                              | 1,780.00      | -              | 2,920.00              | 3,080.00  | 3,240.00         |
| LAB_SURGICAL PATHOLOGY | CAM 5.2                                | 2,570.00      | 3,295.00       | 3,390.00              | 3,425.00  | 3,555.00         |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION                                       | SERVICE RATES | PAY RATES      |                       |          |                  |
|------------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                        |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_SURGICAL PATHOLOGY | CHORIONIC GONADOTROPIN  | 1,550.00      | 2,400.00       | 2,540.00              | 2,690.00 | 2,830.00         |
| LAB_SURGICAL PATHOLOGY | CK 18/8   | 2,755.00      | 2,905.00       | 2,915.00              | 2,920.00 | 2,925.00         |
| LAB_SURGICAL PATHOLOGY | ERG   | 1,980.00      | -              | -                     | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ESTROGEN RECEPTOR   | 1,550.00      | 2,400.00       | 2,540.00              | 2,690.00 | 2,830.00         |
| LAB_SURGICAL PATHOLOGY | EWSR FISH   | 8,380.00      | -              | -                     | 9,620.00 | 10,060.00        |
| LAB_SURGICAL PATHOLOGY | FOLLICLE STIMULATING HORMONE (FSH)                                | 1,380.00      | 2,140.00       | 2,260.00              | 2,390.00 | 2,510.00         |
| LAB_SURGICAL PATHOLOGY | GAB 1/GRB 2- ASSOCIATED BINDING PROTEIN I                         | 2,310.00      | -              | 3,790.00              | 4,000.00 | 4,210.00         |
| LAB_SURGICAL PATHOLOGY | GROWTH HORMONE  | 1,380.00      | 2,140.00       | 2,260.00              | 2,390.00 | 2,510.00         |
| LAB_SURGICAL PATHOLOGY | HERCEPT   | 3,110.00      | 4,800.00       | 5,090.00              | 5,370.00 | 5,650.00         |
| LAB_SURGICAL PATHOLOGY | IIMMUNISTAINS - CALDESMON   | 1,730.00      | -              | -                     | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - BETA CATENIN                                       | 1,980.00      | 2,250.00       | 2,360.00              | 2,475.00 | 2,585.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CD2  | 1,980.00      | 2,250.00       | 2,360.00              | 2,475.00 | 2,585.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - MDM2   | 2,365.00      | 3,140.00       | 3,295.00              | 3,455.00 | 3,610.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - PMSI-2   | 1,980.00      | 1,980.00       | 2,250.00              | 2,475.00 | 2,585.00         |
| LAB_SURGICAL PATHOLOGY | INHIBIN-A   | 1,980.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | LANGERIN  | 2,250.00      | 3,480.00       | 3,680.00              | 3,890.00 | 4,090.00         |
| LAB_SURGICAL PATHOLOGY | LIQUID BASED CYTOLOGY FOR GYNECOLOGICAL SAMPLES                   | 1,695.00      | 1,915.00       | 2,010.00              | 2,105.00 | 2,205.00         |
| LAB_SURGICAL PATHOLOGY | LIQUID BASED CYTOLOGY FOR NON-GYNECOLOGICAL SAMPLES               | 2,305.00      | 2,605.00       | 2,735.00              | 2,865.00 | 2,995.00         |
| LAB_SURGICAL PATHOLOGY | LIQUID BASED CYTOLOGY FOR NON-GYNECOLOGICAL SAMPLES WITH CELLBOOK | 2,715.00      | 3,030.00       | 3,180.00              | 3,335.00 | 3,485.00         |
| LAB_SURGICAL PATHOLOGY | LUTEINIZING HORMONE (LH)  | 1,380.00      | 2,140.00       | 2,260.00              | 2,390.00 | 2,510.00         |
| LAB_SURGICAL PATHOLOGY | LYSOZYME  | 1,160.00      | 1,790.00       | 1,900.00              | 2,000.00 | 2,110.00         |
| LAB_SURGICAL PATHOLOGY | MASPIN  | 2,420.00      | 3,750.00       | 3,970.00              | 4,190.00 | 4,410.00         |
| LAB_SURGICAL PATHOLOGY | MDM2-FISH   | 8,380.00      | 8,745.00       | 9,185.00              | 9,620.00 | 10,060.00        |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION           | SERVICE RATES | PAY RATES      |                       |           |                  |
|------------------------|---------------------------------------|---------------|----------------|-----------------------|-----------|------------------|
|                        |                                       |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| LAB_SURGICAL PATHOLOGY | MUC 2                                 | 1,550.00      | 2,400.00       | 2,540.00              | 2,690.00  | 2,830.00         |
| LAB_SURGICAL PATHOLOGY | MUC-4                                 | 2,395.00      | 2,500.00       | 2,625.00              | 2,750.00  | 2,875.00         |
| LAB_SURGICAL PATHOLOGY | MUTS PROTEIN HOMOLOG 1                | 1,980.00      | 2,065.00       | 2,165.00              | 2,270.00  | -                |
| LAB_SURGICAL PATHOLOGY | PAP SMEAR, CONVENTIONAL               | 225.00        | 645.00         | 660.00                | 665.00    | 670.00           |
| LAB_SURGICAL PATHOLOGY | PROGESTERONE RECEPTOR                 | 1,550.00      | 2,400.00       | 2,540.00              | 2,690.00  | 2,830.00         |
| LAB_SURGICAL PATHOLOGY | PSMA                                  | 1,980.00      | 2,065.00       | 2,165.00              | 2,270.00  | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | SATB2                                 | 1,470.00      | 2,280.00       | 2,280.00              | 2,280.00  | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - DIFF QUICK STAIN     | 1,025.00      | 1,070.00       | 1,125.00              | 1,175.00  | 1,230.00         |
| LAB_SURGICAL PATHOLOGY | SS18                                  | 9,225.00      | 9,625.00       | 10,105.00             | 10,590.00 | 11,070.00        |
| LAB_SURGICAL PATHOLOGY | TFT3                                  | 2,565.00      | 2,675.00       | 2,810.00              | 2,945.00  | 3,075.00         |
| LAB_SURGICAL PATHOLOGY | TLE 1                                 | 2,710.00      | 2,830.00       | 2,970.00              | 3,110.00  | 3,250.00         |
| LAB_SURGICAL PATHOLOGY | HPV DNA PCR TEST                      | 2,840.00      | 4,380.00       | -                     | 4,380.00  | -                |
| LAB_SURGICAL PATHOLOGY | LBC-GYNE + HPV DNA PCR TEST (PACKAGE) | 3,550.00      | 4,780.00       | -                     | 4,780.00  | -                |
| LAB_SURGICAL PATHOLOGY | TISSUE BIOPSY - EXTRA-LARGE           | 765.00        | 1,820.00       | 1,910.00              | 2,000.00  | 2,090.00         |
| LAB_SURGICAL PATHOLOGY | CELL BLOCKS/CYTOLOGY (CB)             | 360.00        | 685.00         | 720.00                | 755.00    | 790.00           |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - GIEMSA               | 365.00        | 420.00         | 425.00                | 440.00    | 445.00           |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - RETICULIN            | 365.00        | 420.00         | 425.00                | 440.00    | 445.00           |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - WRIGHTS              | 365.00        | -              | 425.00                | 440.00    | 445.00           |
| LAB_SURGICAL PATHOLOGY | SLIDE REVIEW (SR)                     | 245.00        | 290.00         | 300.00                | 315.00    | 330.00           |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - ALK (CD46)             | 3,110.00      | 4,700.00       | 4,700.00              | 4,700.00  | 4,700.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CD3                    | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00  | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CD 34                  | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00  | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CD 56                  | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00  | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CD99                   | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00  | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CD117                  | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00  | 2,375.00         |





| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION                     | SERVICE RATES | PAY RATES      |                       |          |                  |
|------------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                        |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CEA                              | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CK7                              | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CK 56                            | 1,980.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CK20                             | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - DESMIN                           | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - EMA                              | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - GFAP                             | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - ER OR PR ONLY                    | 1,980.00      | 2,405.00       | 2,525.00              | 2,645.00 | 2,765.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - ER & PR ASSAY                    | 3,200.00      | 4,680.00       | 4,915.00              | 5,150.00 | 5,380.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - HMB 45                           | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - HEP PAR1                         | 1,980.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - HER2NEU                          | 995.00        | 1,560.00       | 1,560.00              | 1,560.00 | 1,560.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - IDH1                             | 2,670.00      | 2,785.00       | 2,840.00              | 2,870.00 | 2,895.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - KI67                             | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - NSE                              | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - P53                              | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - P63                              | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - PLAP                             | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - SMA                              | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - S-100                            | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - TDT                              | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - TTF-1                            | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - VIMENTIN                         | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | TISSUE BIOPSY - SMALL (< 1 CM)                  | 345.00        | 670.00         | 705.00                | 740.00   | 770.00           |
| LAB_SURGICAL PATHOLOGY | TISSUE BIOPSY - MEDIUM (1 CM <= 2CM AGGREGATES) | 410.00        | 740.00         | 755.00                | 810.00   | 850.00           |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION                | SERVICE RATES | PAY RATES      |                       |          |                  |
|------------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                        |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_SURGICAL PATHOLOGY | TISSUE BIOPSY - LARGE (>2 CM)              | 630.00        | 910.00         | 955.00                | 1,000.00 | 1,045.00         |
| LAB_SURGICAL PATHOLOGY | ASPIRATES, SMEARS (MAXIMUM OF 4 SLIDES)    | 270.00        | 410.00         | 460.00                | 485.00   | 505.00           |
| LAB_SURGICAL PATHOLOGY | TISSUE BIOPSY - FROZEN SECTION             | 590.00        | 1,030.00       | 1,080.00              | 1,130.00 | 1,180.00         |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - PERIODIC ACID SCHIFF      | 365.00        | 420.00         | 425.00                | 440.00   | 445.00           |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CK (CYTOKERATIN)            | 1,540.00      | 2,175.00       | 2,280.00              | 2,305.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - ER/PR WITH HER2NEU          | 4,360.00      | 6,240.00       | 6,550.00              | 6,865.00 | 7,175.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - SYNAPTHOPHYSIN              | 1,470.00      | 2,280.00       | 2,280.00              | 2,280.00 | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | HER2 FISH                                  | 8,895.00      | 9,510.00       | -                     | -        | -                |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CD138                       | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CD 68                       | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CHROMOGRANIN                | 1,470.00      | -              | 2,280.00              | 2,280.00 | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CK19                        | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CK (CYTOKERATIN) 8 & 18     | 1,850.00      | -              | 1,950.00              | 1,950.00 | 1,950.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CK HMW (34BE12)             | 1,980.00      | -              | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CYCLIN D1                   | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - E-CADHERIN                  | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - INI-1                       | 2,645.00      | -              | 2,900.00              | 2,875.00 | 2,905.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - MELANIN A                   | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - MUSCLE SPECIFIC ACTIN (MSA) | 1,980.00      | -              | 2,320.00              | 2,430.00 | 2,540.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - P40                         | 1,470.00      | 2,280.00       | 2,280.00              | 2,280.00 | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - P57                         | 1,470.00      | 2,280.00       | 2,280.00              | 2,280.00 | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - PAX5                        | 2,070.00      | 2,780.00       | 2,920.00              | 3,060.00 | 3,195.00         |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - CONGO RED                 | 365.00        | -              | 425.00                | 440.00   | 445.00           |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - ELASTIC STAIN             | 365.00        | -              | 425.00                | 440.00   | 445.00           |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - FITE FERACO               | 365.00        | -              | 425.00                | 440.00   | 445.00           |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION         | SERVICE RATES | PAY RATES      |                       |          |                  |
|------------------------|-------------------------------------|---------------|----------------|-----------------------|----------|------------------|
|                        |                                     |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - MASSON TRICHROME   | 365.00        | -              | 425.00                | 440.00   | 445.00           |
| LAB_SURGICAL PATHOLOGY | SPECIAL STAINS - PAPANICOLAOU STAIN | 365.00        | -              | 425.00                | 440.00   | 445.00           |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - AFP                    | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - AMACR                  | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - BCL6                   | 1,730.00      | 2,785.00       | 2,830.00              | 2,995.00 | 3,145.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CA19-9                 | 1,460.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CALDESMON              | 1,160.00      | 1,800.00       | 1,900.00              | 2,010.00 | 2,110.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CD1A                   | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CD21                   | 1,920.00      | 2,120.00       | 2,225.00              | 2,330.00 | 2,440.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CD4                    | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CD79A                  | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CD8                    | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - CDX2                   | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - GATA3                  | 1,470.00      | 2,280.00       | 2,280.00              | 2,280.00 | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - HBME1                  | 1,370.00      | 2,250.00       | 2,250.00              | 2,360.00 | 2,475.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - MUMI                   | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - MYELOPEROXIDASE        | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - MYOD1                  | 1,385.00      | 2,130.00       | 2,235.00              | 2,340.00 | 2,445.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - NEUROFILAMENT          | 1,730.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - P16                    | 2,670.00      | 3,900.00       | 3,900.00              | 3,900.00 | 3,900.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - PAX-8                  | 2,460.00      | 2,770.00       | 2,910.00              | 3,045.00 | 3,185.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - PD-LHHC                | 4,025.00      | 5,700.00       | 5,985.00              | 6,270.00 | 6,555.00         |
| LAB_SURGICAL PATHOLOGY | ANTIBODIES - SALL4                  | 1,470.00      | 2,280.00       | 2,280.00              | 2,280.00 | 2,280.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - BCL2                 | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY | IMMUNOSTAINS - CALRETININ           | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |



| DEPARTMENT-SECTION                 | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|------------------------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - CD 10   | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - CD 15   | 1,540.00      | 2,240.00       | 2,285.00              | 2,305.00 | 2,370.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - CD 20   | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - CD 30   | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - CD 45   | 1,540.00      | 2,065.00       | 2,165.00              | 2,270.00 | 2,375.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - CD 5  | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - CKLMW   | 2,520.00      | 2,690.00       | 2,825.00              | 2,960.00 | 3,095.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - HERCEP 2  | 3,275.00      | 4,045.00       | 4,245.00              | 4,450.00 | 4,650.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - MAMMAGLOBIN   | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - THYROGLOBULIN   | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - TOXOPLASMA  | 2,250.00      | 2,845.00       | 2,985.00              | 3,130.00 | 3,270.00         |
| LAB_SURGICAL PATHOLOGY             | IMMUNOSTAINS - WT 1  | 1,980.00      | 2,295.00       | 2,410.00              | 2,525.00 | 2,640.00         |
| LABORATORY INFORMATION             | ANTIGEN TEST KIT FOR COVID-19 (INDIVIDUALLY PACKED)                            | 281.75        | -              | -                     | -        | -                |
| MEDICAL INTENSIVE CARE UNIT (MICU) | ROOM RATE/DAY (MICU)   | -             | 2,500.00       | 2,500.00              | 2,500.00 | 2,500.00         |
| MEDICAL RECORDS DIVISION           | AFFIDAVIT TO USE SURNAME OF FATHER FOR BIRTH CERTIFICATE REGISTRATION          | 30.00         | 30.00          | 30.00                 | 30.00    | 30.00            |
| MEDICAL RECORDS DIVISION           | PHOTOCOPY OF PHYSICAL RECORDS AND PRINTING OF ELECTRONIC HEALTH RECORDS / PAGE | 2.00          | 2.00           | 2.00                  | 2.00     | 2.00             |
| MEDICAL RECORDS DIVISION           | FEE FOR LOST CHART (PER CHART)   | 150.00        | 150.00         | 150.00                | 150.00   | 150.00           |
| MEDICAL RECORDS DIVISION           | PENALTY FOR FAILURE TO RETURN BORROWED CHART ON DUE DATE (PER WORKING DAY)     | 15.00         | 15.00          | 15.00                 | 15.00    | 15.00            |
| MEDICAL RECORDS DIVISION           | REPLACEMENT OF BLUE CARD (LOST)  | 5.00          | 5.00           | 5.00                  | 5.00     | 5.00             |
| MEDICAL RECORDS DIVISION           | ADMISSION FEE FOR NEW OPD PATIENTS (BLUE CARD)                                 | 7.00          | 7.00           | 7.00                  | 7.00     | 7.00             |
| MEDICAL RECORDS DIVISION           | ISSUANCE OF CERTIFIED TRUE COPY OF A DOCUMENT (PER DOCUMENT)                   | 30.00         | 30.00          | 30.00                 | 30.00    | 30.00            |



| DEPARTMENT-SECTION                 | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|------------------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MEDICAL RECORDS DIVISION           | MEDICAL CERTIFICATES EXCLUDING FOR INSURANCE PURPOSES                                  | 30.00         | -              | 30.00                 | 30.00     | 30.00            |
| MEDICAL RECORDS DIVISION           | MEDICAL CERTIFICATES FOR INSURANCE PURPOSES  | 90.00         | -              | 90.00                 | 90.00     | 90.00            |
| MEDICAL RECORDS DIVISION           | MEDICO LEGAL CERTIFICATE   | 30.00         | 30.00          | 30.00                 | 30.00     | 30.00            |
| MEDICAL RECORDS DIVISION           | PREPARATION OF BIRTH CERTIFICATE AND AFFIDAVIT FOR LATE REGISTRATION                   | 50.00         | 50.00          | 50.00                 | 50.00     | 50.00            |
| MEDICAL RECORDS DIVISION           | VERIFICATION OF BIRTH CERTIFICATES PREPARED AND TRANSMITTED TO LCR                     | 30.00         | 30.00          | 30.00                 | 30.00     | 30.00            |
| MEDICAL RECORDS DIVISION           | MEDICAL CERTIFICATES EXCLUDING FOR INSURANCE PURPOSES                                  | 30.00         | 30.00          | 30.00                 | 30.00     | 30.00            |
| MEDICAL RECORDS DIVISION           | MEDICAL CERTIFICATES FOR INSURANCE PURPOSES  | 90.00         | 90.00          | 90.00                 | 90.00     | 90.00            |
| MEDICAL RESEARCH LABORATORY        | DIF (DIRECT IMMUNOFLOURESCENCE)  | 2,605.00      | 2,000.00       | 2,985.00              | 3,130.00  | 3,270.00         |
| MEDICAL RESEARCH LABORATORY        | IFF (INDIRECT IMMUNOFLOURESCENCE)  | 1,000.00      | 2,000.00       | 2,000.00              | 2,000.00  | 2,000.00         |
| MEDICAL RESEARCH LABORATORY        | SILICA CLOTTING TIME (SCT)   | 890.00        | 1,350.00       | 1,350.00              | 1,420.00  | 1,500.00         |
| MEDICINE (CARDIAC CATHETERIZATION) | HIGH FLOW O2 SYSTEM  | 1,910.00      | -              | 2,030.00              | 2,030.00  | 2,030.00         |
| MEDICINE (CARDIAC CATHETERIZATION) | CENTRAL LINE INSERTION/WC FILTER INSERTION   | 3,875.00      | 11,250.00      | 11,250.00             | 12,500.00 | 12,500.00        |
| MEDICINE (CARDIAC CATHETERIZATION) | CORONARY ANGIOGRAM (CATH LAB)  | 4,815.00      | 20,185.00      | 20,185.00             | 22,425.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION) | DIGITAL SUBTRACIONAL ANGIOGRAM   | 4,540.00      | 15,000.00      | 15,000.00             | 16,675.00 | 16,675.00        |
| MEDICINE (CARDIAC CATHETERIZATION) | FLUOROSCOPY  | 1,980.00      | 4,470.00       | 4,470.00              | 5,175.00  | -                |
| MEDICINE (CARDIAC CATHETERIZATION) | HEMODYNAMIC STUDIES  | 5,705.00      | 24,325.00      | 24,325.00             | 27,025.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION) | ITC HEMOCHRON 401 ACT MACHINE ANTI-COAGULATION MANAGEMENT UNIT                         | 550.00        | 550.00         | 550.00                | 550.00    | 550.00           |
| MEDICINE (CARDIAC CATHETERIZATION) | PERCUTANEOUS SET INCLUSIVE OF: (1) MOSQUITO FORCEP, CURVED; (1) BLADE HOLDER; (1) TRAY | 145.00        | 145.00         | 145.00                | 145.00    | 145.00           |
| MEDICINE (CARDIAC CATHETERIZATION) | PERCUTANEOUS TRANSEPTAL MITRAL COMMISUROTOMY (EXCLUDES OTHER SPECIAL ITEMS)            | 7,975.00      | 28,465.00      | 28,465.00             | 31,625.00 | 31,625.00        |



| DEPARTMENT-SECTION                         | PRODUCT/SERVICE DESCRIPTION   | SERVICE RATES | PAY RATES      |                       |           |                  |
|--|---|---------------|----------------|-----------------------|-----------|------------------|
|  |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MEDICINE (CARDIAC CATHETERIZATION)         | PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (EXCLUDES OTHER SPECIAL ITEMS) | 5,225.00      | 28,465.00      | 28,465.00             | 31,625.00 | 31,625.00        |
| MEDICINE (CARDIAC CATHETERIZATION)         | PERMANENT PACEMAKER INSERTION   | 4,250.00      | 13,050.00      | 13,050.00             | 14,500.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION)         | PPI SET   | 570.00        | 570.00         | 570.00                | 570.00    | 570.00           |
| MEDICINE (CARDIAC CATHETERIZATION)         | PTBD INSERTION  | 3,550.00      | 9,315.00       | 9,315.00              | 10,350.00 | 10,350.00        |
| MEDICINE (CARDIAC CATHETERIZATION)         | TEMPORARY PACEMAKER INSERTION   | 3,110.00      | 13,500.00      | 13,500.00             | 15,000.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION)         | TEMPORARY PULSE GENERATOR   | 400.00        | 400.00         | 400.00                | 400.00    | 400.00           |
| MEDICINE (CARDIAC CATHETERIZATION)         | WATERS WHOLE BLOOD OXIMETER   | 600.00        | 600.00         | 600.00                | 600.00    | 600.00           |
| MEDICINE (CARDIAC CATHETERIZATION)         | DIGITAL SUBTRACTION ANGIOGRAPHY   | 4,540.00      | 15,000.00      | 15,000.00             | 16,675.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION)         | IABP INSERTION  | 3,550.00      | 9,315.00       | 9,315.00              | 10,350.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION)         | PERMANENT PACEMAKER INSERTION (W/ USE OF PPI SET)                             | -             | -              | 13,620.00             | 15,070.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION)         | PTCA  | 5,255.00      | 28,465.00      | 28,465.00             | 31,625.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION)         | PTMC  | 7,975.00      | 28,465.00      | 28,465.00             | 31,625.00 | -                |
| MEDICINE (CARDIAC CATHETERIZATION)         | SWAN GANZ INSERTION   | 3,875.00      | 11,250.00      | 11,250.00             | 12,500.00 | -                |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | IMPORTED ALLERGEN - COCKROACH   | -             | -              | -                     | 3,380.00  | -                |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | IMPORTED ALLERGEN - HOUSE DUST MITE   | -             | -              | -                     | 2,465.00  | -                |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | LOCAL ALLERGEN IN STERILE VIAL - FOOD/ML                                      | -             | -              | -                     | 480.00    | -                |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | LOCAL ALLERGEN IN STERILE VIAL - POLLEN/ML                                    | -             | -              | -                     | 530.00    | -                |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | LOCAL ALLERGEN - POLLEN/ML  | 310.00        | -              | -                     | 350.00    | -                |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | LOCAL ALLERGEN - FOOD/ML  | 265.00        | -              | -                     | 300.00    | -                |



| DEPARTMENT-SECTION                         | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--|--|---------------|----------------|-----------------------|----------|------------------|
|  |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | IMMUNOTHERAPY TO COACKROACH  | 280.00        | 390.00         | 390.00                | 390.00   | 390.00           |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | IMMUNOTHERAPY TO HOUSEDUST MITE                                    | 280.00        | 390.00         | 390.00                | 390.00   | 390.00           |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | IMMUNOTHERAPY TO POLLENS   | 90.00         | 190.00         | 190.00                | 190.00   | 190.00           |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | INTRADERMAL TESTING TO INDOOR ALLERGEN                             | 450.00        | 450.00         | 450.00                | 450.00   | 450.00           |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | SKIN TESTING TO AEROALLERGENS                                      | 750.00        | 1,800.00       | 1,800.00              | 1,800.00 | 1,800.00         |
| MEDICINE (SECTION OF ALLERGY & IMMUNOLOGY) | SKIN TESTING TO FOOD ALLERGENS                                     | 450.00        | 1,350.00       | 1,350.00              | 1,350.00 | 1,350.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | PRESSURES WITH PULSE VOLUME RECORDING (UPPER OR LOWER EXTREMITIES) | 1,020.00      | 1,845.00       | 1,940.00              | 2,030.00 | 2,125.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | 3D ONLY  | 3,110.00      | -              | 3,135.00              | 3,285.00 | 3,435.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | AMBULATORY BLOOD PRESSURE MONITORING                               | 1,000.00      | -              | 2,230.00              | 2,340.00 | 2,445.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | ARTERIAL DUPLEX SCAN, LOWER EXTREMITIES                            | 1,495.00      | -              | 3,425.00              | 3,590.00 | 3,755.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | CAROTID DUPLEX SCAN (BILATERAL)                                    | 1,650.00      | -              | 3,215.00              | 3,365.00 | 3,520.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | DUPLEX ULTRASOUND OF VASCULAR MASS (PSEUDO-ANEURYSM)               | 1,665.00      | -              | 1,680.00              | 1,760.00 | 1,840.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | FOCUSED CARDIAC ULTRASOUND   | 935.00        | -              | 940.00                | 985.00   | 1,030.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | POINT OF CARE VASCULAR ULTRASOUND                                  | 765.00        | -              | 770.00                | 810.00   | 845.00           |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | TOE BRACHIAL INDEX (TBI)   | 355.00        | -              | 460.00                | 480.00   | 505.00           |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | TRANSTHORACIC ECHO, BRIEF STUDY (FOLLOW-UP STUDY WITHIN 6 MONTHS)  | 1,510.00      | -              | 2,845.00              | 2,980.00 | -                |
| MEDICINE (SECTION OF CARDIOLOGY) CVS       | TRANSTHORACIC ECHOCARDIOGRAPHY, (FULL-BEDSIDE)- IN PATIENT ONLY    | 2,015.00      | -              | 3,850.00              | 4,030.00 | 4,215.00         |





| DEPARTMENT-SECTION                   | PRODUCT/SERVICE DESCRIPTION                                | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                                      |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | TRANSTHORACIC ECHOCARDIOGRAPHY (FULL STUDY)                | 1,680.00      | -              | 3,150.00              | 3,300.00  | 3,450.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | VENOUS DUPLEX SCAN, LOWER EXTREMITIES                      | 1,495.00      | -              | 3,425.00              | 3,590.00  | 3,755.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | WRIST BRACHIAL INDEX (WBI)                                 | 350.00        | -              | 460.00                | 480.00    | 505.00           |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | DOBUTAMINE STRESS ECHOCARDIO-GRAPHY (DSE)                  | 2,940.00      | 6,995.00       | 7,345.00              | 7,695.00  | 8,045.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | TREADMILL EXERCISE TEST                                    | 1,400.00      | -              | 1,685.00              | 1,765.00  | 1,845.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | TILT TABLE TEST  | 2,520.00      | 3,570.00       | 3,750.00              | 3,925.00  | 4,105.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | ARTERIAL DUPLEX SCAN, UPPER EXTREMITIES                    | 1,495.00      | 3,265.00       | 3,425.00              | 3,590.00  | 3,755.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | ARTERIAL & VEIN MAPPING                                    | 2,840.00      | 4,510.00       | 4,735.00              | 4,960.00  | 5,185.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | AVF GRAFT SURVEILLANCE                                     | 2,080.00      | 3,775.00       | 3,965.00              | 4,150.00  | 4,340.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | DVT SCREENING  | 1,090.00      | 1,970.00       | 2,065.00              | 2,165.00  | 2,265.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | VENOUS DUPLEX SCAN, UPPER EXTREMITIES                      | 1,495.00      | 3,265.00       | 3,425.00              | 3,590.00  | 3,755.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | ANKLE-BRACHIAL INDEX (ABI)                                 | 1,080.00      | 1,515.00       | 1,590.00              | 1,665.00  | 1,740.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | CONTRAST ECHOCARDIOGRAPHY                                  | 65.00         | 160.00         | 165.00                | 175.00    | 180.00           |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | INTRA-OPERATIVE TRANSESO-PHAGEAL ECHOCARDIO-GRAPHY (IOTEE) | 5,040.00      | 11,995.00      | 12,595.00             | 13,195.00 | 13,795.00        |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | TRANSESO-PHAGEAL ECHOCARDIO-GRAPHY (TEE)                   | 3,360.00      | 7,995.00       | 8,395.00              | 8,795.00  | 9,195.00         |
| MEDICINE (SECTION OF CARDIOLOGY) CVS | TREADMILL STRESS ECHOCARDIO-GRAPHY (TSE)                   | 1,975.00      | 4,700.00       | 4,935.00              | 5,170.00  | 5,405.00         |
| MEDICINE (SECTION OF DERMATOLOGY)    | VBEAM 301-350 PULSES                                       | 5,580.00      | -              | -                     | 7,000.00  | -                |
| MEDICINE (SECTION OF DERMATOLOGY)    | 68WHITENING BUTT (B) 576 CM2                               | 4,980.00      | 6,790.00       | -                     | -         | -                |
| MEDICINE (SECTION OF DERMATOLOGY)    | 68WHITENING ELBOWS (B) 128 CM2                             | 2,135.00      | 2,910.00       | -                     | -         | -                |
| MEDICINE (SECTION OF DERMATOLOGY)    | 68WHITENING FACE 512 CM2                                   | 2,980.00      | 4,065.00       | -                     | -         | -                |
| MEDICINE (SECTION OF DERMATOLOGY)    | 68WHITENING GROIN (B) 192 CM2                              | 3,065.00      | 4,180.00       | -                     | -         | -                |
| MEDICINE (SECTION OF DERMATOLOGY)    | 68WHITENING KNEES (B) 128 CM2                              | 2,135.00      | 2,910.00       | -                     | -         | -                |
| MEDICINE (SECTION OF DERMATOLOGY)    | 68WHITENING UNDERARMS (B) 64 CM2 + 2 TEST SPOTS            | 2,355.00      | 3,210.00       | -                     | -         | -                |
| MEDICINE (SECTION OF DERMATOLOGY)    | CARBON PEELING 512 CM2                                     | 3,230.00      | -              | -                     | 4,405.00  | -                |





| DEPARTMENT-SECTION                | PRODUCT/SERVICE DESCRIPTION                            | SERVICE RATES | PAY RATES      |                       |          |                  |
|-----------------------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                                   |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| MEDICINE (SECTION OF DERMATOLOGY) | DERMAL PIGMENTED LESIONS (NEVUS OF OTA, ITO) 64 CM2    | 1,140.00      | -              | -                     | 1,555.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | EPIDERMAL PIGMENTED LESIONS (SK, LENTIGO) 64 CM2       | 1,140.00      | -              | -                     | 1,555.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HAIR REDUCTION BIKINI 192 CM2                          | 3,275.00      | -              | -                     | 4,470.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HAIR REDUCTION LEGS/ARMS 640 CM2                       | 5,365.00      | -              | -                     | 7,320.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HAIR REDUCTION SKIN REJUVENATION 512 CM2               | 3,230.00      | -              | -                     | 4,405.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HAIR REDUCTION SKIN TIGHTENING 512 CM2                 | 3,230.00      | -              | -                     | 4,405.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HAIR REDUCTION UNDERARMS 64 CM2 + 2 TEST SPOTS         | 2,505.00      | -              | -                     | 3,415.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HAIR REDUCTION UPPER LIP 64 CM2                        | 1,140.00      | -              | -                     | 1,555.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HAIR REDUCTION UPPER LIP AND CHIN 2 TEST SPOTS         | 1,365.00      | -              | -                     | 1,860.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HALF A PALM SIZEN 64 CM2 585 NM LASER QUANTA SYSTEM    | 1,065.00      | 1,455.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HALF FACE/PALM SIZE 128 CM2 585 NM LASER QUANTA SYSTEM | 2,000.00      | 2,725.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | HEMANGIOMA/PORT WINE STAIN 64 CM2                      | 1,140.00      | -              | -                     | 1,555.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | INFLAMMATORY ACNE/ROSECEA 128 CM2                      | 2,135.00      | -              | -                     | 2,915.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | LASER TONING AND REJUVENATION 512 CM2                  | 3,230.00      | -              | -                     | 4,405.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | MELASMA, ROSACEA 128 CM2                               | 2,000.00      | 2,725.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | MELASMA, ROSACEA 64 CM2                                | 1,065.00      | 1,455.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | ONYCHOMYCOSIS TEST SPOT                                | 680.00        | -              | -                     | 930.00   | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PWS, HEMANGIOMA 128 CM2                                | 2,000.00      | 2,725.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PWS, HEMANGIOMA 64 CM2                                 | 1,065.00      | 1,455.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | SKIN REJUVENATION 512 CM2                              | 2,980.00      | 4,065.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | SPIDER NEVI, LEG TELANGIECTASIAS 64 CM2                | 1,140.00      | -              | -                     | 1,555.00 | -                |



| DEPARTMENT-SECTION                | PRODUCT/SERVICE DESCRIPTION                                 | SERVICE RATES | PAY RATES      |                       |          |                  |
|-----------------------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                                   |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| MEDICINE (SECTION OF DERMATOLOGY) | STRIAE, WRINKLES 128 CM2                                    | 2,000.00      | 2,725.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | STRIAE, WRINKLES 64 CM2                                     | 1,065.00      | 1,455.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | TATTOO REMOVAL 64 CM2                                       | 1,140.00      | -              | -                     | 1,555.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | TATTOO REMOVAL BUTT (B) 640 CM2                             | 5,365.00      | -              | -                     | 7,315.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | TATTOO REMOVAL ELBOWS (B) 128 CM2                           | 2,280.00      | -              | -                     | 3,110.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | TATTOO REMOVAL GROIN (B) 192 CM2                            | 3,275.00      | -              | -                     | 4,470.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | TATTOO REMOVAL KNEES (B) 128 CM2                            | 2,280.00      | -              | -                     | 3,110.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | TATTOO REMOVAL UNDERARMS (B) 64 CM2 + 2 TEST SPOTS          | 2,505.00      | -              | -                     | 3,415.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | TEST SPOTS 585 NM LASER QUANTA SYSTEM                       | 645.00        | 880.00         | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | VASCULAR LESION (SPIDER ANGIOMA VASCULARIZED SCARS) 128 CM2 | 2,000.00      | 2,725.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | VASCULAR LESION (SPIDER ANGIOMA VASCULARIZED SCARS) 64 CM2  | 1,065.00      | 1,455.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | WARTS, LENTIGO, SK 64 CM2                                   | 1,065.00      | 1,455.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | WHOLE FACE 512 CM2 585 NM LASER QUANTA SYSTEM               | 2,980.00      | 4,065.00       | -                     | -        | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | YAG LASER HALF A PALM SIZE 64 CM2                           | 1,140.00      | -              | -                     | 1,555.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | YAG LASER HALF FACE/PALM SIZE 128 CM2                       | 2,135.00      | -              | -                     | 2,915.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | YAG LASER TEST SPOTS  | 680.00        | -              | -                     | 930.00   | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | YAG LASER WHOLE FACE 512 CM2                                | 3,230.00      | -              | -                     | 4,405.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO ABNOM (HORI'S NEVUS) PER 100 CM2 (FULL BEAM)           | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO ABNOM (HORI'S NEVUS) PER 50 CM2 (FULL BEAM)            | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO ACNE PIH PER 100 CM2 (FULL BEAM)                       | 2,870.00      | -              | -                     | 4,430.00 | -                |

| DEPARTMENT-SECTION                | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|-----------------------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                                   |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO ACNE PIH PER 50 CM2 (FULL BEAM)   | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO AGE SPOTS PER 100 CM2 (FULL BEAM)   | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO AGE SPOTS PER 50 CM2 (FULL BEAM)  | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO CAFE-AU-LAIT PER 100 CM2 (FULL BEAM)  | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO CAFE-AU-LAIT PER 50 CM2 (FULL BEAM)   | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO FOR ACNE SCARS (ROLLING, BOX AND ICE-PICK TYPES) PER 100 CM2 (FRACTIONAL AND FULL BEAM) | 3,300.00      | -              | -                     | 5,100.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO FOR ACNE SCARS (ROLLING, BOX AND ICE-PICK TYPES) PER 50 CM2 (FRACTIONAL AND FULL BEAM)  | 1,650.00      | -              | -                     | 2,550.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO FRECKLES PER 100 CM2 (FULL BEAM)  | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO FRECKLES PER 50 CM2 (FULL BEAM)   | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO FULL FACE WHITENING (OR AREA/SPOT WHITENING) PER 100 CM2 (FULL BEAM)                    | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO FULL FACE WHITENING (OR AREA/SPOT WHITENING) PER 50 CM2 (FULL BEAM)                     | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO MELASMA PER 100 CM2 (FULL BEAM)   | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO MELASMA PER 50 CM2 (FULL BEAM)  | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO NEVUS OF OTA/ITA PER 100 CM2 (FULL BEAM)  | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO NEVUS OF OTA/ITA PER 50 CM2 (FULL BEAM)   | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO PIH (HYPERPIGMENTATION) PER 100 CM2 (FULL BEAM)   | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO PIH (HYPERPIGMENTATION) PER 50 CM2 (FULL BEAM)  | 1,435.00      | -              | -                     | 2,215.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO SKIN REVITALIZATION -WHOLE FACE (FULL BEAM) 512 CM2                                     | 2,870.00      | -              | -                     | 4,430.00 | -                |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO SKIN TIGHTENING PROCEDURE OF THE FACE-WHOLE FACE (FRACTIONAL AND FULL BEAM) 512 CM2     | 3,300.00      | -              | -                     | 5,100.00 | -                |



| DEPARTMENT-SECTION                | PRODUCT/SERVICE DESCRIPTION   | SERVICE RATES | PAY RATES      |                   |           |              |
|-----------------------------------|---|---------------|----------------|-------------------|-----------|--------------|
|                                   |   |               | Outpatient-Pay | Ward/Semi-Private | Private   | Suite/Deluxe |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO TATTOO REMOVAL PER 100 CM2 (FRACTIONAL AND FULL BEAM)            | 2,870.00      | -              | -                 | 4,430.00  | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | PICO TATTOO REMOVAL PER 50 CM2 (FRACTIONAL AND FULL BEAM)             | 1,435.00      | -              | -                 | 2,215.00  | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | TEST SPOTS PER 1-2 CM2  | 60.00         | -              | -                 | 90.00     | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | VISIA HIGH RESOLUTION PHOTOGRAPHY (NO LASER PROCEDURE) FULL FACE      | 350.00        | -              | -                 | 500.00    | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | ZIMMER CRYO6  | 75.00         | -              | -                 | 100.00    | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | FOREIGN OBSERVERSHIP PROGRAM  | 12,647.70     | -              | -                 | 12,647.70 | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | FRACTIONAL CO2 LASER - HALF A PALM SIZE (64 CM2)                      | 1,030.00      | 1,590.00       | -                 | -         | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | FRACTIONAL CO2 LASER - HALF FACE (128 CM2)                            | 1,650.00      | 2,550.00       | -                 | -         | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | FRACTIONAL CO2 LASER -TEST SPOTS                                      | 610.00        | 940.00         | -                 | -         | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | FRACTIONAL CO2 LASER - WHOLE FACE (512 CM2)                           | 2,350.00      | 4,160.00       | -                 | -         | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | LOCAL OBSERVERSHIP PROGRAM  | 5,480.00      | -              | -                 | 5,480.00  | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | MOHS MICROGRAPHIC SURGERY ADDITIONAL LABOR PER STAGE                  | 950.00        | 950.00         | -                 | -         | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | MOHS MICROGRAPHIC SURGERY (TUMOR SIZE IS GREATER THAN 2.0CM)          | 7,670.00      | 11,860.00      | -                 | -         | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | MOHS MICROGRAPHIC SURGERY (TUMOR SIZE IS LESS THAN OR EQUAL TO 2.0CM) | 4,470.00      | 6,900.00       | -                 | -         | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | VBEAM 101-150 PULSES  | 2,950.00      | -              | -                 | 4,570.00  | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | VBEAM 1-3 PULSES  | 1,100.00      | -              | -                 | 2,000.00  | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | VBEAM 151-200 PULSES  | 3,610.00      | -              | -                 | 5,400.00  | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | VBEAM 201-250 PULSES  | 3,970.00      | -              | -                 | 6,000.00  | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | VBEAM 251-300 PULSES  | 4,920.00      | -              | -                 | 6,600.00  | -            |
| MEDICINE (SECTION OF DERMATOLOGY) | VBEAM 26-50 PULSES  | 1,810.00      | -              | -                 | 2,790.00  | -            |



| DEPARTMENT-SECTION                     | PRODUCT/SERVICE DESCRIPTION   | SERVICE RATES | PAY RATES      |                       |           |                  |
|--|---|---------------|----------------|-----------------------|-----------|------------------|
|  |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MEDICINE (SECTION OF DERMATOLOGY)      | VBEAM 351-400 PULSES  | 6,230.00      | -              | -                     | 7,600.00  | -                |
| MEDICINE (SECTION OF DERMATOLOGY)      | VBEAM 401-450 PULSES  | 6,890.00      | -              | -                     | 8,000.00  | -                |
| MEDICINE (SECTION OF DERMATOLOGY)      | VBEAM 451-500 PULSES  | 7,540.00      | -              | -                     | 8,600.00  | -                |
| MEDICINE (SECTION OF DERMATOLOGY)      | VBEAM 51-100 PULSES   | 2,300.00      | -              | -                     | 3,550.00  | -                |
| MEDICINE (SECTION OF DERMATOLOGY)      | PLATELET RICH PLASMA-HAIR LOSS (GENERIC SODIUM CITRATE)                                 | 2,000.00      | 3,350.00       | 3,350.00              | 3,350.00  | 3,350.00         |
| MEDICINE (SECTION OF DERMATOLOGY)      | PLATELET RICH PLASMA-HAIR LOSS (REGEN LAB)  | 6,500.00      | 10,150.00      | 10,150.00             | 10,150.00 | 10,150.00        |
| MEDICINE (SECTION OF DERMATOLOGY)      | PLATELET RICH PLASMA-SKIN REJUVENATION (GENERIC SODIUM CITRATE)                         | 2,000.00      | 3,350.00       | 3,350.00              | 3,350.00  | 3,350.00         |
| MEDICINE (SECTION OF DERMATOLOGY)      | PLATELET RICH PLASMA-SKIN REJUVENATION (REGEN LAB)                                      | 6,500.00      | 10,150.00      | 10,150.00             | 10,150.00 | 10,150.00        |
| MEDICINE (SECTION OF DERMATOLOGY)      | PLATELET RICH PLASMA-WOUND CARE (GENERIC SODIUM CITRATE)                                | 2,000.00      | 3,350.00       | 3,350.00              | 3,350.00  | 3,350.00         |
| MEDICINE (SECTION OF DERMATOLOGY)      | PLATELET RICH PLASMA-WOUND CARE (REGEN LAB)   | 6,500.00      | 10,150.00      | 10,150.00             | 10,150.00 | 10,150.00        |
| MEDICINE (SECTION OF DERMATOLOGY)      | VBEAM 4-25 PULSES   | 1,500.00      | -              | -                     | 2,320.00  | -                |
| MEDICINE (SECTION OF DERMATOLOGY)      | 4-5 LESIONS/FOR EPIDERMAL NEVUS, MAXIMUM AREA 5 X 5 CM                                  | 800.00        | 1,100.00       | 1,100.00              | 1,100.00  | 1,100.00         |
| MEDICINE (SECTION OF DERMATOLOGY)      | ACNE SURGERY (FOR COMEDONES)  | 450.00        | 625.00         | 625.00                | 625.00    | 625.00           |
| MEDICINE (SECTION OF DERMATOLOGY)      | ED (ELECTRODESSICATION) BIG - 1-3 LESIONS/FOR EPIDERMAL NEVUS, MAXIMUM AREA OF 3 X 3 CM | 600.00        | 900.00         | 900.00                | 900.00    | 900.00           |
| MEDICINE (SECTION OF DERMATOLOGY)      | ED (ELECTRODESSICATION) SMALL - EXCLUDING EMLA  | 505.00        | 615.00         | 615.00                | 615.00    | 615.00           |
| MEDICINE (SECTION OF DERMATOLOGY)      | EXTRACTION- EXCLUDING EMLA 1-10 LESIONS   | 300.00        | 450.00         | 450.00                | 450.00    | 450.00           |
| MEDICINE (SECTION OF DERMATOLOGY)      | EXTRACTION- EXCLUDING EMLA 11-20 LESIONS  | 450.00        | 600.00         | 600.00                | 600.00    | 600.00           |
| MEDICINE (SECTION OF DERMATOLOGY)      | ILSI (INTRALESIONAL CORTICOSTEROID INJECTION) - EXCLUDING TRIAMCINOLONE ACETONIDE       | 335.00        | 410.00         | 410.00                | 410.00    | 410.00           |
| MEDICINE (SECTION OF GASTROENTEROLOGY) | PROCEDURE- PROCTO / RI  | 250.00        | 690.00         | 780.00                | 875.00    | 875.00           |



| DEPARTMENT-SECTION                     | PRODUCT/SERVICE DESCRIPTION                                      | SERVICE RATES | PAY RATES      |                       |          |                  |
|--|--|---------------|----------------|-----------------------|----------|------------------|
|  |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| MEDICINE (SECTION OF GASTROENTEROLOGY) | BIOPSY- LIVER BIOPSY, PERCUTANEOUS                               | 95.00         | 295.00         | 333.00                | 370.00   | 370.00           |
| MEDICINE (SECTION OF GASTROENTEROLOGY) | PROCEDURE- ARGON PLASMA LASER                                    | 2,465.00      | 4,555.00       | 4,810.00              | 5,060.00 | 5,060.00         |
| MEDICINE (SECTION OF GASTROENTEROLOGY) | PROCEDURE- COLONOSCOPY (MEDICINE)                                | 580.00        | 1,600.00       | 1,790.00              | 1,995.00 | 1,995.00         |
| MEDICINE (SECTION OF GASTROENTEROLOGY) | PROCEDURE- COLONOSCOPY W/POLYPECTOMY                             | -             | 2,745.00       | 3,025.00              | 3,375.00 | 3,490.00         |
| MEDICINE (SECTION OF GASTROENTEROLOGY) | PROCEDURE- ERCP (FLUORO NOT INCLUDED)                            | 1,030.00      | 2,140.00       | 2,260.00              | 2,385.00 | 2,385.00         |
| MEDICINE (SECTION OF GASTROENTEROLOGY) | PROCEDURE- GASTROSCOPY (MEDICINE)                                | 580.00        | 1,570.00       | 1,780.00              | 1,970.00 | 1,970.00         |
| MEDICINE (SECTION OF GASTROENTEROLOGY) | PROCEDURE- SCLEROTHERAPY AND GASTROSCOPY                         | -             | 2,830.00       | 3,205.00              | 3,550.00 | 3,695.00         |
| MEDICINE (SECTION OF NEPHROLOGY)       | ULTRASOUND- CHEST  | 210.00        | 450.00         | 545.00                | 650.00   | 650.00           |
| MEDICINE (SECTION OF NEPHROLOGY)       | ULTRASOUND- GUIDED BIOPSY  | 210.00        | 450.00         | 545.00                | 650.00   | 650.00           |
| MEDICINE (SECTION OF NEPHROLOGY)       | ULTRASOUND- KUB  | 230.00        | 850.00         | 850.00                | 1,030.00 | 1,030.00         |
| MEDICINE (SECTION OF NEPHROLOGY)       | INITIAL DIALYSIS (COST OF DIALYZER NOT INCLUDED)                 | 1,905.00      | 2,425.00       | 2,425.00              | 2,425.00 | 2,425.00         |
| MEDICINE (SECTION OF NEPHROLOGY)       | INITIAL DIALYSIS (COST OF DIALYZER NOT INCLUDED)<br>PGH EMPLOYEE | 1,800.00      | -              | 2,220.00              | 2,220.00 | 2,220.00         |
| MEDICINE (SECTION OF NEPHROLOGY)       | SPECIAL DIALYZER - HIPS 15                                       | 1,700.00      | 1,700.00       | 1,700.00              | 1,700.00 | 1,700.00         |
| MEDICINE (SECTION OF NEPHROLOGY)       | SPECIAL DIALYZER - HIPS 18                                       | 2,000.00      | 2,000.00       | 2,000.00              | 2,000.00 | 2,000.00         |
| MEDICINE (SECTION OF NEPHROLOGY)       | SPECIAL DIALYZER - HIPS 20                                       | 2,300.00      | 2,300.00       | 2,300.00              | 2,300.00 | 2,300.00         |
| MEDICINE (SECTION OF NEPHROLOGY)       | STANDARD DIALYZER - LOPS 15                                      | 800.00        | 800.00         | 800.00                | 800.00   | 800.00           |
| MEDICINE (SECTION OF NEPHROLOGY)       | STANDARD DIALYZER - LOPS 18                                      | 850.00        | 850.00         | 850.00                | 850.00   | 850.00           |
| MEDICINE (SECTION OF NEPHROLOGY)       | STANDARD DIALYZER - LOPS 20                                      | 900.00        | 900.00         | 900.00                | 900.00   | 900.00           |
| MEDICINE (SECTION OF NEPHROLOGY)       | SUBSEQUENT DIALYSIS  | 1,905.00      | 2,425.00       | 2,425.00              | 2,425.00 | 2,425.00         |



| DEPARTMENT-SECTION                | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|-----------------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                                   |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MEDICINE (SECTION OF NEPHROLOGY)  | SUBSEQUENT DIALYSIS PGH EMPLOYEE   | 1,800.00      | -              | 2,220.00              | 2,220.00  | 2,220.00         |
| MEDICINE (SECTION OF NEPHROLOGY)  | ULTRASOUND- GUIDED KIDNEY BIOPSY   | 500.00        | 1,190.00       | 1,190.00              | 1,490.00  | 1,490.00         |
| MEDICINE (SECTION OF NEPHROLOGY)  | ULTRASOUND- GUIDED THORACENTESIS (NEPHRO)                                | 600.00        | 1,100.00       | 1,330.00              | 1,500.00  | 1,500.00         |
| MEDICINE (SECTION OF NEPHROLOGY)  | INITIAL DIALYSIS (COST OF DIALYZER NOT INCLUDED)<br>PGH EMPLOYEE         | 1,800.00      | 2,220.00       | 2,220.00              | 2,220.00  | 2,220.00         |
| MEDICINE (SECTION OF NEPHROLOGY)  | SUBSEQUENT DIALYSIS PGH EMPLOYEE   | 1,800.00      | 2,220.00       | 2,220.00              | 2,220.00  | 2,220.00         |
| MEDICINE (SECTION OF PULMONOLOGY) | SPIROMETRY   | 670.00        | 1,160.00       | 1,310.00              | 1,310.00  | 1,310.00         |
| MEDICINE (SECTION OF PULMONOLOGY) | 6-MINUTE WALK TEST (MWT)   | 500.00        | 750.00         | 800.00                | 850.00    | 900.00           |
| MEDICINE (SECTION OF PULMONOLOGY) | ABG  | 370.00        | -              | 1,280.00              | 1,415.00  | 1,485.00         |
| MEDICINE (SECTION OF PULMONOLOGY) | ULTRASOUND-GUIDED FNAB   | 600.00        | 1,190.00       | 1,190.00              | 1,340.00  | 1,490.00         |
| MEDICINE (SECTION OF PULMONOLOGY) | ULTRASOUND-PLAIN CHEST   | 210.00        | 450.00         | 450.00                | 545.00    | 650.00           |
| MEDICINE (SECTION OF PULMONOLOGY) | PROCEDURE- VIDEOBRONCHOSCOPY (PULMO)                                     | 400.00        | 1,905.00       | 1,905.00              | 2,145.00  | 2,380.00         |
| MEDICINE (SECTION OF PULMONOLOGY) | ULTRASOUND-GUIDED THORACENTESIS (EXCLUDES PF<br>AND THORACENTESIS NEEDS) | 600.00        | 1,100.00       | 1,100.00              | 1,330.00  | 1,500.00         |
| MEDICINE (SECTION OF PULMONOLOGY) | CARDIO-PULMONARY EXERCISE TESTING (CPET)                                 | 1,900.00      | 2,800.00       | 2,970.00              | 3,130.00  | 3,300.00         |
| MEDICINE (SECTION OF PULMONOLOGY) | PULMONARY FUNCTION TEST WITH BODY BOX                                    | 4,210.00      | 5,290.00       | 5,290.00              | 5,600.00  | 5,910.00         |
| MILK BANK & LACTATION UNIT        | LACTATION COUNSELING   | -             | 490.00         | -                     | 550.00    | 580.00           |
| MILK BANK & LACTATION UNIT        | LACTATION MASSAGE  | -             | 540.00         | -                     | 600.00    | 630.00           |
| MOLECULAR PATHOLOGY               | RT-PCR TEST FOR SARS-COV2  | 3,300.00      | -              | 3,400.00              | 3,400.00  | 3,400.00         |
| MOLECULAR PATHOLOGY               | BD SARS COV-2/ FLU ASSAY USING BD MAX SYSTEM                             | 3,500.00      | -              | -                     | -         | -                |
| MOLECULAR PATHOLOGY               | BIOFIRE RESPIRATORY 2.1 PANEL  | 2,040.00      | 3,160.00       | 3,350.00              | 3,530.00  | 3,720.00         |
| MOLECULAR PATHOLOGY               | RT-PCR TEST FOR SARS-COV2 USING GENEXPERT<br>SYSTEM                      | 1,000.00      | 3,400.00       | 3,400.00              | 3,400.00  | 3,400.00         |
| MOLECULAR PATHOLOGY               | PACU KIT   | -             | -              | -                     | 200.00    | -                |
| MOLECULAR PATHOLOGY               | FISH B-CELL LYMPHOMA PANEL   | 14,370.00     | 19,600.00      | -                     | 19,600.00 | -                |
| MOLECULAR PATHOLOGY               | CEPHEID 4PLEX TEST   | 3,500.00      | 5,000.00       | 5,000.00              | 5,000.00  | 5,000.00         |





| DEPARTMENT-SECTION      | PRODUCT/SERVICE DESCRIPTION           | SERVICE RATES | PAY RATES      |                       |           |                  |
|-------------------------|---------------------------------------|---------------|----------------|-----------------------|-----------|------------------|
|                         |                                       |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MRL-CLINICAL CHEMISTRY  | HBA1C                                 | 300.00        | 450.00         | 450.00                | 450.00    | 450.00           |
| MRL-CLINICAL CHEMISTRY  | SERUM IRON                            | 280.00        | 450.00         | 450.00                | 450.00    | 450.00           |
| MRL-CLINICAL CHEMISTRY  | TIBC (TOTAL IRON BINDING CAPACITY)    | 450.00        | 750.00         | 750.00                | 750.00    | 750.00           |
| MRL-CLINICAL CHEMISTRY  | URINE METANEPHRINE                    | 2,500.00      | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-CLINICAL CHEMISTRY  | URINE MICRAL TEST                     | 100.00        | 200.00         | 200.00                | 200.00    | 200.00           |
| MRL-CLINICAL MICROSCOPY | AUTOLOGOUS SERUM SKIN TEST            | 250.00        | 400.00         | 400.00                | 400.00    | 400.00           |
| MRL-CLINICAL MICROSCOPY | CRYSTAL IDENTIFICATION (BODY FLUIDS)  | 300.00        | 450.00         | 450.00                | 450.00    | 450.00           |
| MRL-CLINICAL MICROSCOPY | URINALYSIS                            | 100.00        | 200.00         | 200.00                | 200.00    | 200.00           |
| MRL-CLINICAL MICROSCOPY | URINALYSIS W/RBC MORPHOLOGY           | 200.00        | 400.00         | 400.00                | 400.00    | 400.00           |
| MRL-CLINICAL MICROSCOPY | URINE WRIGHT STAIN                    | 200.00        | 500.00         | 500.00                | 500.00    | 500.00           |
| MRL-HEMATOLOGY          | ANTI-THROMBIN III                     | 800.00        | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-HEMATOLOGY          | BONE MARROW ASPIRATE                  | 300.00        | -              | -                     | -         | -                |
| MRL-HEMATOLOGY          | CBC WITH PLATELET COUNT & RBC INDICES | 240.00        | 340.00         | 340.00                | 340.00    | 340.00           |
| MRL-HEMATOLOGY          | D-DIMER / FDP                         | 2,000.00      | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-HEMATOLOGY          | ESR                                   | 150.00        | 200.00         | 200.00                | 200.00    | 200.00           |
| MRL-HEMATOLOGY          | FACTOR IX                             | 1,850.00      | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-HEMATOLOGY          | FACTOR VIII                           | 1,800.00      | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-HEMATOLOGY          | FACTOR VIII INHIBITOR                 | 9,000.00      | 17,500.00      | 17,500.00             | 17,500.00 | 17,500.00        |
| MRL-HEMATOLOGY          | FACTOR XI                             | 2,000.00      | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-HEMATOLOGY          | FIBRINOGEN                            | 690.00        | 1,350.00       | 1,350.00              | 1,510.00  | 1,590.00         |
| MRL-HEMATOLOGY          | HAM'S TEST                            | 400.00        | 800.00         | 800.00                | 800.00    | 800.00           |
| MRL-HEMATOLOGY          | IRON STAIN                            | 500.00        | 1,000.00       | 1,000.00              | 1,000.00  | 1,000.00         |
| MRL-HEMATOLOGY          | LAP (LEUKOCYTE ALKALINE PHOS.)        | 1,000.00      | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-HEMATOLOGY          | MPO (MYELOPEROXIDASE)                 | 550.00        | 1,500.00       | 1,500.00              | 1,500.00  | 1,500.00         |
| MRL-HEMATOLOGY          | OFT (OSMOTIC FRAGILITY TEST)          | 500.00        | 1,000.00       | 1,000.00              | 1,000.00  | 1,000.00         |





| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION               | SERVICE RATES | PAY RATES      |                   |          |              |
|--------------------|---|---------------|----------------|-------------------|----------|--------------|
|                    |   |               | Outpatient-Pay | Ward/Semi-Private | Private  | Suite/Deluxe |
| MRL-HEMATOLOGY     | PAS (PERIODIC ACID SCHIFF)                | 550.00        | 1,500.00       | 1,500.00          | 1,500.00 | 1,500.00     |
| MRL-HEMATOLOGY     | PBS (PERIPHERAL BLOOD SMEAR)              | 110.00        | 160.00         | 160.00            | 160.00   | 160.00       |
| MRL-HEMATOLOGY     | PROTEIN C                                 | 3,500.00      | 4,800.00       | 4,800.00          | 4,800.00 | 4,800.00     |
| MRL-HEMATOLOGY     | PROTEIN S                                 | 4,300.00      | 6,150.00       | 6,150.00          | 6,150.00 | 6,150.00     |
| MRL-HEMATOLOGY     | PT (PROTIME) HIGHLY SPECIFIC              | 380.00        | 550.00         | 550.00            | 550.00   | 550.00       |
| MRL-HEMATOLOGY     | PTT (PARTIAL THROMBOPLASTIN TIME)         | 400.00        | 720.00         | 800.00            | 800.00   | 800.00       |
| MRL-HEMATOLOGY     | PTT WITH MIXING                           | 800.00        | 1,440.00       | 1,600.00          | 1,600.00 | 1,600.00     |
| MRL-HEMATOLOGY     | PTT W/ MIXING STUDIES, 1 HR, 2 HRS, 3 HRS | 2,000.00      | 3,600.00       | 4,000.00          | 4,000.00 | 4,000.00     |
| MRL-HEMATOLOGY     | RETICULOCYTE COUNT                        | 70.00         | 160.00         | 160.00            | 160.00   | 160.00       |
| MRL-HEMATOLOGY     | SERUM ELECTROPHORESIS                     | 1,100.00      | 1,600.00       | 1,600.00          | 1,600.00 | 1,600.00     |
| MRL-HEMATOLOGY     | BONE MARROW ASPIRATE (BMA) MATERIALS      | 300.00        | -              | -                 | -        | -            |
| MRL-HISTOPATHOLOGY | HISTOPATHOLOGY                            | 150.00        | 300.00         | 300.00            | 300.00   | 300.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS ALCIAN BLUE STAIN          | 100.00        | -              | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS FITE FARACO                | 100.00        | -              | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS GIEMSA                     | 100.00        | -              | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS PAS                        | 100.00        | -              | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS PEARL STAIM                | 100.00        | -              | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS ALCIAN BLUE STAIN          | 100.00        | 200.00         | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS FITE FARACO                | 100.00        | 200.00         | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS GIEMSA                     | 100.00        | 200.00         | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS PAS                        | 100.00        | 200.00         | 200.00            | 200.00   | 200.00       |
| MRL-HISTOPATHOLOGY | SPECIAL STAINS PEARL STAIM                | 100.00        | 200.00         | 200.00            | 200.00   | 200.00       |
| MRL-IMMUNOLOGY     | ANA CTD ELIA (BATCH RUN)                  | 1,200.00      | 1,550.00       | 1,600.00          | 1,650.00 | 1,750.00     |
| MRL-IMMUNOLOGY     | ANA CTD ELIA (BATCH RUN)-SEND OUT         | -             | 1,750.00       | 1,750.00          | 1,750.00 | 1,750.00     |
| MRL-IMMUNOLOGY     | ANA CTD ELIA (STAT RUN)                   | -             | 8,000.00       | 8,000.00          | 8,000.00 | 8,000.00     |



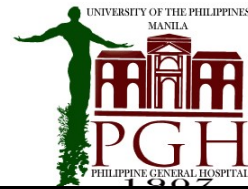
| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION          | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--------------------------------------|---------------|----------------|-----------------------|----------|------------------|
|                    |                                      |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| MRL-IMMUNOLOGY     | ANA IF (BATCH RUN)                   | 1,200.00      | 1,500.00       | 1,600.00              | 1,650.00 | 1,750.00         |
| MRL-IMMUNOLOGY     | ANA IF (BATCH RUN)-SEND OUT          | -             | 1,750.00       | 1,750.00              | 1,750.00 | 1,750.00         |
| MRL-IMMUNOLOGY     | ANA IF (STAT RUN)                    | -             | 6,000.00       | 6,000.00              | 6,000.00 | 6,000.00         |
| MRL-IMMUNOLOGY     | ANTICARDIOLIPIN (ACA)IGG             | 1,600.00      | 2,200.00       | 2,475.00              | 2,750.00 | 3,300.00         |
| MRL-IMMUNOLOGY     | ANTICARDIOLIPIN (ACA)IGG-SEND OUT    | -             | 3,500.00       | 3,500.00              | 3,500.00 | 3,500.00         |
| MRL-IMMUNOLOGY     | ANTICARDIOLIPIN (ACA)IGG (STAT RUN)  | -             | 8,000.00       | 8,000.00              | 8,000.00 | 8,000.00         |
| MRL-IMMUNOLOGY     | ANTICARDIOLIPIN (ACA)IGM             | 1,600.00      | 2,200.00       | 2,475.00              | 2,750.00 | 3,300.00         |
| MRL-IMMUNOLOGY     | ANTICARDIOLIPIN (ACA)IGM-SEND OUT    | -             | 3,500.00       | 3,500.00              | 3,500.00 | 3,500.00         |
| MRL-IMMUNOLOGY     | ANTICARDIOLIPIN (ACA)IGM (STAT RUN)  | -             | 8,000.00       | 8,000.00              | 8,000.00 | 8,000.00         |
| MRL-IMMUNOLOGY     | ANTI-CCP ELIA                        | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00 | 3,300.00         |
| MRL-IMMUNOLOGY     | ANTI-CCP ELIA-SEND OUT               | -             | 3,500.00       | 3,500.00              | 3,500.00 | 3,500.00         |
| MRL-IMMUNOLOGY     | ANTI-CCP ELIA (STAT RUN)             | -             | 8,000.00       | 8,000.00              | 8,000.00 | 8,000.00         |
| MRL-IMMUNOLOGY     | ANTI-JO1 ELIA                        | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00 | 3,300.00         |
| MRL-IMMUNOLOGY     | ANTI-JO1 ELIA-SEND OUT               | -             | 3,500.00       | 3,500.00              | 3,500.00 | 3,500.00         |
| MRL-IMMUNOLOGY     | ANTI-JO1 ELIA (STAT RUN)             | -             | 8,000.00       | 8,000.00              | 8,000.00 | 8,000.00         |
| MRL-IMMUNOLOGY     | ANTI-RO/SSA ELIA                     | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00 | 3,300.00         |
| MRL-IMMUNOLOGY     | ANTI-RO/SSA ELIA-SEND OUT            | -             | 3,500.00       | 3,500.00              | 3,500.00 | 3,500.00         |
| MRL-IMMUNOLOGY     | ANTI-RO/SSA ELIA (STAT RUN)          | -             | 8,000.00       | 8,000.00              | 8,000.00 | 8,000.00         |
| MRL-IMMUNOLOGY     | ANTI-SCL70 ELIA                      | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00 | 3,300.00         |
| MRL-IMMUNOLOGY     | ANTI-SCL70 ELIA-SEND OUT             | -             | 3,500.00       | 3,500.00              | 3,500.00 | 3,500.00         |
| MRL-IMMUNOLOGY     | ANTI-SCL70 ELIA (STAT RUN)           | -             | 8,000.00       | 8,000.00              | 8,000.00 | 8,000.00         |
| MRL-IMMUNOLOGY     | ANTI-SM (ANTI-SMITH) ELIA            | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00 | 3,300.00         |
| MRL-IMMUNOLOGY     | ANTI-SM (ANTI-SMITH) ELIA-SEND OUT   | -             | 3,500.00       | 3,500.00              | 3,500.00 | 3,500.00         |
| MRL-IMMUNOLOGY     | ANTI-SM (ANTI-SMITH) ELIA (STAT RUN) | -             | 8,000.00       | 8,000.00              | 8,000.00 | 8,000.00         |
| MRL-IMMUNOLOGY     | ANTI-U1RNP ELIA                      | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00 | 3,300.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION              | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MRL-IMMUNOLOGY     | ANTI-U1RNP ELIA-SEND OUT                 | -             | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-IMMUNOLOGY     | ANTI-U1RNP ELIA (STAT RUN)               | -             | 8,000.00       | 8,000.00              | 8,000.00  | 8,000.00         |
| MRL-IMMUNOLOGY     | APAS PANEL PACKAGE (ACA,APTT, DRVVT,SCT) | 4,650.00      | 6,800.00       | 7,500.00              | 8,050.00  | 9,075.00         |
| MRL-IMMUNOLOGY     | APAS PANEL PACKAGE-SEND OUT              | -             | 9,100.00       | 9,100.00              | 9,100.00  | 9,100.00         |
| MRL-IMMUNOLOGY     | APAS PANEL PACKAGE (STAT RUN)            | -             | 17,500.00      | 17,500.00             | 17,500.00 | 17,500.00        |
| MRL-IMMUNOLOGY     | APTT (FULLY AUTOMATED)                   | 400.00        | 720.00         | 800.00                | 800.00    | 850.00           |
| MRL-IMMUNOLOGY     | APTT (FULLY AUTOMATED)-SEND OUT          | -             | 850.00         | 850.00                | 850.00    | 850.00           |
| MRL-IMMUNOLOGY     | APTT (FULLY AUTOMATED) (STAT RUN)        | -             | 1,600.00       | 1,600.00              | 1,600.00  | 1,600.00         |
| MRL-IMMUNOLOGY     | BETA2 GLYCOPROTEIN IGG ELIA              | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00  | 3,300.00         |
| MRL-IMMUNOLOGY     | BETA2 GLYCOPROTEIN IGG ELIA-SEND OUT     | -             | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-IMMUNOLOGY     | BETA2 GLYCOPROTEIN IGG ELIA (STAT RUN)   | -             | 8,000.00       | 8,000.00              | 8,000.00  | 8,000.00         |
| MRL-IMMUNOLOGY     | BETA2 GLYCOPROTEIN IGM ELIA              | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00  | 3,300.00         |
| MRL-IMMUNOLOGY     | BETA2 GLYCOPROTEIN IGM ELIA-SEND OUT     | -             | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-IMMUNOLOGY     | BETA2 GLYCOPROTEIN IGM ELIA (STAT RUN)   | -             | 8,000.00       | 8,000.00              | 8,000.00  | 8,000.00         |
| MRL-IMMUNOLOGY     | C3                                       | 985.00        | 1,150.00       | 1,200.00              | 1,250.00  | 1,300.00         |
| MRL-IMMUNOLOGY     | C3-SEND OUT                              | -             | 1,500.00       | 1,500.00              | 1,500.00  | 1,500.00         |
| MRL-IMMUNOLOGY     | C3 (STAT RUN)                            | -             | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-IMMUNOLOGY     | C-ANCA ELIA                              | 3,000.00      | 3,150.00       | 3,200.00              | 3,250.00  | 3,300.00         |
| MRL-IMMUNOLOGY     | C-ANCA ELIA-SEND OUT                     | -             | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-IMMUNOLOGY     | C-ANCA ELIA (STAT RUN)                   | -             | 8,000.00       | 8,000.00              | 8,000.00  | 8,000.00         |
| MRL-IMMUNOLOGY     | CD4                                      | 1,800.00      | 2,250.00       | 2,435.00              | 2,555.00  | 2,875.00         |
| MRL-IMMUNOLOGY     | CD4-SEND-OUT                             | -             | 2,875.00       | 2,875.00              | 2,875.00  | 2,875.00         |
| MRL-IMMUNOLOGY     | CD4 (STAT RUN)                           | -             | 6,000.00       | 6,000.00              | 6,000.00  | 6,000.00         |
| MRL-IMMUNOLOGY     | CENP (CENTROMERE) ELIA                   | -             | 3,000.00       | 3,000.00              | 3,000.00  | 3,000.00         |
| MRL-IMMUNOLOGY     | DRVVT/LAC                                | 715.00        | 1,200.00       | 1,300.00              | 1,350.00  | 1,400.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION          | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--------------------------------------|---------------|----------------|-----------------------|-----------|------------------|
|                    |                                      |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MRL-IMMUNOLOGY     | DRVVT/LAC-SEND OUT                   | -             | 1,400.00       | 1,400.00              | 1,400.00  | 1,400.00         |
| MRL-IMMUNOLOGY     | DRVVT/LAC (STAT RUN)                 | -             | 3,000.00       | 3,000.00              | 3,000.00  | 3,000.00         |
| MRL-IMMUNOLOGY     | DSDNA ELIA                           | 1,000.00      | 2,000.00       | 2,050.00              | 2,100.00  | 2,150.00         |
| MRL-IMMUNOLOGY     | DSDNA ELIA-SEND OUT                  | -             | 2,150.00       | 2,150.00              | 2,150.00  | 2,150.00         |
| MRL-IMMUNOLOGY     | DSDNA ELIA (STAT RUN)                | -             | 8,000.00       | 8,000.00              | 8,000.00  | 8,000.00         |
| MRL-IMMUNOLOGY     | L A T                                | 4,000.00      | 4,000.00       | 4,000.00              | 4,000.00  | 4,000.00         |
| MRL-IMMUNOLOGY     | L A T-SEND OUT                       | -             | 4,000.00       | 4,000.00              | 4,000.00  | 4,000.00         |
| MRL-IMMUNOLOGY     | L A T (STAT RUN)                     | -             | 8,000.00       | 8,000.00              | 8,000.00  | 8,000.00         |
| MRL-IMMUNOLOGY     | LUPUS PANEL ELIA                     | -             | 19,000.00      | 19,000.00             | 19,000.00 | 19,000.00        |
| MRL-IMMUNOLOGY     | LUPUS PANEL ELIA-SEND OUT            | -             | 21,000.00      | 21,000.00             | 21,000.00 | 21,000.00        |
| MRL-IMMUNOLOGY     | LUPUS PANEL ELIA (STAT RUN)          | -             | 30,000.00      | 30,000.00             | 30,000.00 | 30,000.00        |
| MRL-IMMUNOLOGY     | P-ANCA ELIA                          | 3,000.00      | 3,150.00       | 3,150.00              | 3,150.00  | 3,150.00         |
| MRL-IMMUNOLOGY     | P-ANCA ELIA-SEND OUT                 | -             | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| MRL-IMMUNOLOGY     | P-ANCA ELIA (STAT RUN)               | -             | 8,000.00       | 8,000.00              | 8,000.00  | 8,000.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGA            | 1,550.00      | 1,875.00       | 1,920.00              | 1,965.00  | 2,010.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGA-SEND OUT   | -             | 2,200.00       | 2,200.00              | 2,200.00  | 2,200.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGA (STAT RUN) | -             | 5,000.00       | 5,000.00              | 5,000.00  | 5,000.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGG            | 1,550.00      | 1,875.00       | 1,920.00              | 1,965.00  | 2,010.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGG-SEND OUT   | -             | 2,200.00       | 2,200.00              | 2,200.00  | 2,200.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGG (STAT RUN) | -             | 5,000.00       | 5,000.00              | 5,000.00  | 5,000.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGM            | 1,550.00      | 1,875.00       | 1,920.00              | 1,965.00  | 2,010.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGM-SEND OUT   | -             | 2,200.00       | 2,200.00              | 2,200.00  | 2,200.00         |
| MRL-IMMUNOLOGY     | SERUM IMMUNOGLOBULINS IGM (STAT RUN) | -             | 5,000.00       | 5,000.00              | 5,000.00  | 5,000.00         |
| MRL-IMMUNOLOGY     | ANTI-LA/SSB ELIA                     | -             | 3,150.00       | 3,250.00              | 3,300.00  | -                |
| MRL-MICROBIOLOGY   | DSSM                                 | 230.00        | -              | -                     | -         | -                |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                 | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| MRL-MICROBIOLOGY   | TB SPECIES IDENTIFICATION                                   | 400.00        | -              | -                     | -        | -                |
| MRL-MICROBIOLOGY   | XPRT MTB/RIF ASSAY  | 435.00        | -              | -                     | -        | -                |
| MRL-MICROBIOLOGY   | AEROBIC CULTURE & SENSITIVITY- CSF                          | 350.00        | 700.00         | 700.00                | 700.00   | 700.00           |
| MRL-MICROBIOLOGY   | AEROBIC CULTURE & SENSITIVITY- EXUDATES & OTHER BODY FLUIDS | 350.00        | 700.00         | 700.00                | 700.00   | 700.00           |
| MRL-MICROBIOLOGY   | AEROBIC CULTURE & SENSITIVITY- RESPIRATORY                  | 350.00        | 700.00         | 700.00                | 700.00   | 700.00           |
| MRL-MICROBIOLOGY   | AEROBIC CULTURE & SENSITIVITY- THROAT SWAB                  | 300.00        | 500.00         | 500.00                | 500.00   | 500.00           |
| MRL-MICROBIOLOGY   | AEROBIC CULTURE & SENSITIVITY- TISSUE                       | 350.00        | 700.00         | 700.00                | 700.00   | 700.00           |
| MRL-MICROBIOLOGY   | AEROBIC CULTURE & SENSITIVITY- URINE                        | 300.00        | 600.00         | 600.00                | 600.00   | 600.00           |
| MRL-MICROBIOLOGY   | AFB SMEAR   | 120.00        | 150.00         | 150.00                | 150.00   | 150.00           |
| MRL-MICROBIOLOGY   | BACTIGEN  | 700.00        | 1,400.00       | 1,400.00              | 1,400.00 | 1,400.00         |
| MRL-MICROBIOLOGY   | CALAS   | 700.00        | 1,400.00       | 1,400.00              | 1,400.00 | 1,400.00         |
| MRL-MICROBIOLOGY   | CONVENTIONAL TB CULTURE                                     | 1,230.00      | -              | -                     | -        | -                |
| MRL-MICROBIOLOGY   | FUNGAL CULTURE  | 350.00        | 700.00         | 700.00                | 700.00   | 700.00           |
| MRL-MICROBIOLOGY   | GIEMSA STAIN FOR TZANK                                      | 350.00        | 700.00         | 700.00                | 700.00   | 700.00           |
| MRL-MICROBIOLOGY   | GRAM STAIN MRL  | 120.00        | 150.00         | 150.00                | 150.00   | 150.00           |
| MRL-MICROBIOLOGY   | HSV 1 & 2 PCR   | -             | 3,000.00       | 3,000.00              | 3,000.00 | 3,000.00         |
| MRL-MICROBIOLOGY   | INDIA INK (CSF)   | 100.00        | 150.00         | 150.00                | 150.00   | 150.00           |
| MRL-MICROBIOLOGY   | KOH MOUNT   | 105.00        | 145.00         | 150.00                | 160.00   | 170.00           |
| MRL-MICROBIOLOGY   | LEPTO MAT   | 245.00        | 520.00         | 555.00                | 585.00   | 615.00           |
| MRL-MICROBIOLOGY   | LEPTOSPIROSIS CULTURE                                       | 650.00        | 775.00         | 820.00                | 865.00   | 910.00           |
| MRL-MICROBIOLOGY   | MB BACT TB CULTURE  | -             | 2,585.00       | 2,740.00              | 2,900.00 | 3,040.00         |
| MRL-MICROBIOLOGY   | MODIFIED KINYOUN  | 350.00        | 700.00         | 700.00                | 700.00   | 700.00           |
| MRL-MICROBIOLOGY   | ORTHOTOLUIDINE BLUE FOR PCP                                 | 350.00        | 700.00         | 700.00                | 700.00   | 700.00           |
| MRL-MICROBIOLOGY   | SLIDEX  | 700.00        | 1,400.00       | 1,400.00              | 1,400.00 | 1,400.00         |
| MRL-MICROBIOLOGY   | TB PCR  | -             | 4,540.00       | 4,810.00              | 5,075.00 | 5,340.00         |



| DEPARTMENT-SECTION                          | PRODUCT/SERVICE DESCRIPTION                             | SERVICE RATES | PAY RATES      |                       |           |                  |
|---|---|---------------|----------------|-----------------------|-----------|------------------|
|   |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| MRL-MICROBIOLOGY                            | TB PCR AND MB BACT TB CULTURE PACKAGE                   | -             | 6,270.00       | 6,645.00              | 7,020.00  | 7,375.00         |
| MRL-MICROBIOLOGY                            | TB CULTURE  | 1,400.00      | -              | -                     | -         | -                |
| NEONATAL INTENSIVE CARE UNIT                | RADIANT WARMER-DR (PER HOUR)                            | 60.00         | 70.00          | 70.00                 | 70.00     | 70.00            |
| NEONATAL INTENSIVE CARE UNIT                | STERILIZED/PASTEURIZED BREAST MILK (PER 4OZ)            | 220.00        | -              | 225.00                | 225.00    | 225.00           |
| NEONATAL INTENSIVE CARE UNIT                | COMPRESSED AIR/USE (NICU)                               | -             | 90.00          | 90.00                 | 90.00     | 90.00            |
| NEONATAL INTENSIVE CARE UNIT                | PULSE OXIMETER (PER DAY)                                | 160.00        | 180.00         | 180.00                | 180.00    | 180.00           |
| NEONATAL INTENSIVE CARE UNIT                | RADIANT WARMER-NICU (PER DAY)                           | 1,440.00      | 1,680.00       | 1,680.00              | 1,680.00  | 1,680.00         |
| NEONATAL INTENSIVE CARE UNIT                | LACTATION COUNSELING ,                                  | -             | 490.00         | 520.00                | 550.00    | 580.00           |
| NEONATAL INTENSIVE CARE UNIT                | LACTATION MASSAGE,                                      | -             | 540.00         | 570.00                | 600.00    | 630.00           |
| NEONATAL INTENSIVE CARE UNIT                | STERILIZED/PASTEURIZED 8.OZ BREASTMILK                  | -             | 550.00         | -                     | -         | -                |
| NEUROLOGY (CENTER FOR MEMORY AND COGNITION) | DEMENTIA AND MEMORY SCREENING                           | 480.00        | 500.00         | 650.00                | 800.00    | 800.00           |
| NEUROLOGY (CENTER FOR MEMORY AND COGNITION) | MEMORY SCREENING  | 480.00        | 500.00         | 500.00                | 500.00    | 500.00           |
| NEUROLOGY (EEG)                             | ROUTINE EEG   | 1,680.00      | 2,410.00       | 2,410.00              | 2,410.00  | 2,410.00         |
| NEUROLOGY (EEG)                             | EEG MONITORING - 6-HOUR VIDEO EEG                       | 6,880.00      | 7,500.00       | 7,500.00              | 7,500.00  | 7,500.00         |
| NEUROLOGY (EEG)                             | PORTABLE EEG  | 1,690.00      | 3,220.00       | 3,220.00              | 3,220.00  | 3,220.00         |
| NEUROLOGY (EEG)                             | EEG MONITORING 24-HOUR VIDEO EEG                        | 12,150.00     | 15,000.00      | 15,000.00             | 15,000.00 | 15,000.00        |
| NEUROLOGY (EEG)                             | EEG MONITORING 2-HOUR VIDEO EEG                         | 2,680.00      | 4,000.00       | 4,000.00              | 4,000.00  | 4,000.00         |
| NEUROLOGY (EEG-NCV)                         | BRAINSTEM AUDITORY EVOKED RESPONSE (BAER)               | 380.00        | 1,140.00       | 1,140.00              | 1,140.00  | 1,140.00         |
| NEUROLOGY (EEG-NCV)                         | ELECTROMYOGRAPHY AND NERVE CONDUCTION STUDIES (EMG NCS) | 760.00        | 1,800.00       | 1,800.00              | 1,800.00  | 1,800.00         |
| NEUROLOGY (EEG-NCV)                         | ELECTROMYOGRAPHY NCV                                    | 450.00        | -              | 1,300.00              | 1,300.00  | 1,300.00         |
| NEUROLOGY (EEG-NCV)                         | ELECTROMYOGRAPHY RNS                                    | 450.00        | -              | 1,300.00              | 1,300.00  | 1,300.00         |
| NEUROLOGY (EEG-NCV)                         | VISUAL EVOKED RESPONSE (VER)                            | 380.00        | 1,140.00       | 1,140.00              | 1,140.00  | 1,140.00         |
| NEUROLOGY (EEG-NCV)                         | FACIAL NERVE CONDUCTION STUDIES WITH BLINK              | 380.00        | 1,120.00       | 1,120.00              | 1,120.00  | 1,120.00         |



| DEPARTMENT-SECTION            | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|-------------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                               |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
|                               | REFLEX   |               |                |                       |           |                  |
| NEUROLOGY (EEG-NCV)           | ELECTROENCEPHALOGRAPHY(EEG)  | 750.00        | -              | 2,712.00              | 2,712.00  | 2,712.00         |
| NEUROLOGY (EEG-NCV)           | EMG-NCV W/ SSR   | 3,665.00      | -              | 3,750.00              | 3,750.00  | 3,750.00         |
| NEUROLOGY (EEG-NCV)           | SINGLE FIBER ELECTROMYOGRAPHY (SF EMG)   | 760.00        | 1,800.00       | 1,800.00              | 1,800.00  | 1,800.00         |
| NEUROLOGY (EEG-NCV)           | SOMATOSENSORY EVOKED RESPONSE (SSEP)   | 380.00        | 1,140.00       | 1,140.00              | 1,140.00  | 1,140.00         |
| NEUROLOGY (EEG-NCV)           | SYMPHATHETIC SKIN RESPONSE (SSR)   | 1,800.00      | -              | 2,230.00              | 2,230.00  | 2,230.00         |
| NEUROLOGY (EEG-NCV)           | TILT TABLE   | 1,975.00      | -              | 3,750.00              | 3,750.00  | 3,750.00         |
| NEUROLOGY (EEG-NCV)           | ELECTROMYOGRAPHY EMG-NCV W/ SSR  | 880.00        | 2,240.00       | 2,240.00              | 2,240.00  | 2,240.00         |
| NEUROLOGY (EEG-NCV)           | NERVE CONDUCTION STUDIES (NCS)   | 380.00        | 1,120.00       | 1,120.00              | 1,120.00  | 1,120.00         |
| NEUROLOGY (EEG-NCV)           | REPETITIVE NERVE STIMULATION (RNS)   | 380.00        | 1,120.00       | 1,120.00              | 1,120.00  | 1,120.00         |
| NEUROLOGY (NEUROMUSCULAR)     | MUSCLE BIOPSY  | 7,250.00      | 9,500.00       | 9,500.00              | 9,500.00  | 9,500.00         |
| NEUROLOGY (NEUROMUSCULAR)     | SURAL NERVE BIOPSY   | 3,750.00      | 8,250.00       | 8,250.00              | 8,250.00  | 8,250.00         |
| NEUROLOGY (NEUROMUSCULAR)     | SYMPHATHETIC SKIN RESPONSE (SSR)   | 1,800.00      | 2,230.00       | 2,230.00              | 2,230.00  | 2,230.00         |
| NEUROLOGY (NEUROMUSCULAR)     | TILT TABLE   | 1,975.00      | 3,750.00       | 3,750.00              | 3,750.00  | 3,750.00         |
| NEUROLOGY (NEUROMUSCULAR)     | TRANSCRANIAL DOPPLER (TCD)   | 1,125.00      | 3,000.00       | 3,000.00              | 3,000.00  | 3,000.00         |
| NEUROLOGY (PEDIATRIC)         | CRANIAL ULTRASOUND   | 265.00        | 660.00         | 850.00                | 850.00    | 850.00           |
| NEUROLOGY ACUTE STROKE UNIT   | DEPOSIT  | -             | 25,000.00      | 25,000.00             | 25,000.00 | 25,000.00        |
| NEUROLOGY ACUTE STROKE UNIT   | ROOM RATE/DAY  | -             | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| NEUROLOGY INTENSIVE CARE UNIT | ROOM RATE/DAY (NEURO ICU)  | -             | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| NEUROLOGY INTENSIVE CARE UNIT | DEPOSIT- ACUTE STROKE UNIT   | -             | -              | 25,000.00             | 25,000.00 | 25,000.00        |
| NEUROLOGY INTENSIVE CARE UNIT | ROOM RATE/DAY- ACCUTE STROKE UNIT  | -             | -              | 2,500.00              | 2,500.00  | 2,500.00         |
| NEUROSCIENCES                 | MAGNETIC RESONANCE GUIDED HIGH-INTENSITY FOCUSED ULTRASOUND (MRGFUS) TREATMENT PROCEDURE | 28,240.00     | -              | 46,220.00             | 48,780.00 | 51,350.00        |
| NEUROSCIENCES                 | COMBINED DIAGNOSTIC AND THERAPEUTIC STUDY,   | 12,870.00     | 19,200.00      | -                     | -         | -                |
| NEUROSCIENCES                 | PORTABLE EEG,  | 1,690.00      | 3,220.00       | -                     | -         | -                |



| DEPARTMENT-SECTION        | PRODUCT/SERVICE DESCRIPTION                           | SERVICE RATES | PAY RATES      |                       |          |                  |
|---------------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                           |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| NEUROSCIENCES             | TITRATION POLYSOMNOGRAPHY,                            | 9,340.00      | 13,900.00      | -                     | -        | -                |
| NEUROSURGICAL ICU (NSSCU) | ROOM RATE/DAY (NSSCU)                                 | -             | 2,500.00       | 2,500.00              | 2,500.00 | 2,500.00         |
| OB-GYN                    | COLPOSCOPY  | 200.00        | 600.00         | 600.00                | 600.00   | 600.00           |
| OB-GYN                    | CRYOTHERAPY   | 300.00        | 1,000.00       | 1,000.00              | 1,000.00 | 1,000.00         |
| OB-GYN                    | PAPS SMEAR  | 150.00        | 375.00         | 450.00                | 485.00   | 485.00           |
| OB-GYN (OPD)              | CERVICAL POLYPECTOMY                                  | 5,680.00      | -              | -                     | -        | -                |
| OB-GYN (OPD)              | CERVICAL PUNCH BIOPSY                                 | 5,680.00      | -              | -                     | -        | -                |
| OB-GYN (OPD)              | ENDOMETRIAL BIOPSY                                    | 11,000.00     | -              | -                     | -        | -                |
| OB-GYN (ORTOLL)           | COMPLETION CURETTAGE                                  | 11,000.00     | -              | -                     | -        | -                |
| OB-GYN (ORTOLL)           | INSERTION OF SUB-DERMAL CONTRACEPTIVE IMPLANT         | 3,000.00      | -              | -                     | -        | -                |
| OB-GYN (ORTOLL)           | IUD INSERTION   | 2,000.00      | -              | -                     | -        | -                |
| OB-GYN (ORTOLL)           | OB NORMAL DELIVERY (LOW RISK, NORMAL DELIVERIES)      | 5,000.00      | -              | -                     | -        | -                |
| OB-GYN (ORTOLL)           | TUBAL LIGATION  | 4,000.00      | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY)     | 3D/4D   | -             | 2,200.00       | 2,200.00              | 2,400.00 | 2,400.00         |
| OB-GYN (PERINATOLOGY)     | 3D/4D (SINGLETON)                                     | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY)     | 3D/4D (TWINS/MULTIFETAL)                              | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY)     | BIOMETRY  | -             | 700.00         | 700.00                | 750.00   | 750.00           |
| OB-GYN (PERINATOLOGY)     | BIOMETRY,BPP,DOPPLERS                                 | -             | 1,200.00       | 1,200.00              | 1,200.00 | 1,200.00         |
| OB-GYN (PERINATOLOGY)     | BIOMETRY,BPP,DOPPLERS AND NST (TWINS/MULTIFETAL)      | 650.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY)     | BIOMETRY, BPP & NON-STRESS TEST (TWINS)               | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY)     | BIOMETRY, BPP & NON-STRESS TEST WITH DOPPLERS STUDIES | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY)     | BIOMETRY, BPP & NST                                   | 500.00        | -              | -                     | -        | -                |





| DEPARTMENT-SECTION    | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|-----------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                       |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| OB-GYN (PERINATOLOGY) | BIOMETRY (SINGLETON)   | 400.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | BIOMETRY (TWINS/MULTIFETAL)  | 400.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | BIOMETRY W/ DOPPLERS   | -             | 1,000.00       | 1,000.00              | 1,200.00 | 1,200.00         |
| OB-GYN (PERINATOLOGY) | BIOMETRY W/ DOPPLERS (SINGLETON)   | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | BIOMETRY W/ DOPPLERS (TWINS/MULTIFETAL)  | 650.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | BIOMETRY WITH BPP  | -             | 800.00         | 800.00                | 900.00   | 900.00           |
| OB-GYN (PERINATOLOGY) | BPP  | -             | 500.00         | 700.00                | 750.00   | 750.00           |
| OB-GYN (PERINATOLOGY) | BPP W/ DOPPLERS  | -             | 1,000.00       | 1,000.00              | 1,200.00 | 1,200.00         |
| OB-GYN (PERINATOLOGY) | BPP W/ DOPPLERS (SINGLETON)  | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | BPP W/ DOPPLERS (TWINS/MULTIFETAL)   | 650.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | BPP WITH NST (SINGLETON)   | 500.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | BPP WITH NST (TWINS/MULTIFETAL)  | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | CAS, BPP W/ DOPPLERS   | -             | 1,500.00       | 1,500.00              | 1,500.00 | 1,500.00         |
| OB-GYN (PERINATOLOGY) | CAS W/ DOPPLERS  | -             | 1,500.00       | 1,500.00              | 1,500.00 | 1,500.00         |
| OB-GYN (PERINATOLOGY) | CONGENITAL ANOMALY SCAN, CAS   | -             | 1,000.00       | 1,000.00              | 1,200.00 | 1,200.00         |
| OB-GYN (PERINATOLOGY) | CONGENITAL ANOMALY SCAN, (CAS) (SINGLETON)   | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | CONGENITAL ANOMALY SCAN, (CAS) (TWINS/MULTIFETAL)  | 650.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | CONGENITAL ANOMALY SCAN FOR (CAS), BIOMETRY, BPP WITH OR WITHOUT DOPPLERS                    | 600.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | CONGENITAL ANOMALY SCAN FOR (CAS), BIOMETRY, BPP WITH OR WITHOUT DOPPLERS (TWINS/MULTIFETAL) | 700.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | NON STRESS TEST (NST)  | -             | 500.00         | 600.00                | 650.00   | 700.00           |
| OB-GYN (PERINATOLOGY) | NON STRESS TEST (NST) (SINGLETON)  | 300.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY) | NON STRESS TEST (NST) (TWINS/MULTIFETAL)   | 400.00        | -              | -                     | -        | -                |



| DEPARTMENT-SECTION                       | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--|--|---------------|----------------|-----------------------|----------|------------------|
|  |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| OB-GYN (PERINATOLOGY)                    | TRANSVAGINAL ULTRASOUND  | -             | 700.00         | 700.00                | 750.00   | 750.00           |
| OB-GYN (PERINATOLOGY)                    | TRANSVAGINAL ULTRASOUND (SINGLETON)  | 400.00        | -              | -                     | -        | -                |
| OB-GYN (PERINATOLOGY)                    | TRANSVAGINAL ULTRASOUND (TWINS/MULTIFETAL)   | 400.00        | -              | -                     | -        | -                |
| OB-GYN (UROGYNECOLOGY)                   | CMG + URETHRAL PRESSURE PROFILOMETRY (UPP)   | 4,330.00      | 6,420.00       | 6,770.00              | 7,120.00 | 7,470.00         |
| OB-GYN (UROGYNECOLOGY)                   | URODYNAMICS (CMG)  | 3,830.00      | 5,920.00       | 6,270.00              | 6,620.00 | 6,970.00         |
| OB-GYN (UROGYNECOLOGY)                   | URODYNAMICS (CMG) +EMG   | 4,280.00      | 7,220.00       | 7,570.00              | 7,920.00 | 8,270.00         |
| OB-GYN (UROGYNECOLOGY)                   | UROFLOWMETRY + CMG   | 4,330.00      | 6,420.00       | 6,770.00              | 7,120.00 | 7,470.00         |
| OB-GYN (UROGYNECOLOGY)                   | UROFLOWMETRY +CMG + EMG  | 4,400.00      | 7,720.00       | 8,070.00              | 8,420.00 | 8,770.00         |
| OB-GYN (UROGYNECOLOGY)                   | DIAGNOSTIC CYSTOURETHROSCOPY   | 5,030.00      | 7,770.00       | 8,220.00              | 8,680.00 | 9,140.00         |
| OB-GYN(EMERGENCY ROOM AND OBAS)          | CONSULTATION FEE   | -             | 500.00         | 500.00                | 500.00   | 500.00           |
| OB-GYN(EMERGENCY ROOM AND OBAS)          | OBAS PAY EXAMINATION KIT (STERILE GLOVES, LUBRICANT, BLUE SHEET, COTTON BALLS & STERILE GAUZE) | 150.00        | -              | 150.00                | 150.00   | 150.00           |
| OB-GYN(EMERGENCY ROOM AND OBAS)          | OBAS PAY EXAMINATION KIT (STERILE GLOVES, LUBRICANT, BLUE SHEET, COTTON BALLS & STERILE GAUZE) | 150.00        | 150.00         | 150.00                | 150.00   | 150.00           |
| OB-GYN(REPRODUCTIVE BIOLOGY LABORATORY ) | CHLAMYDIA ANTIGEN TEST   | -             | 800.00         | 590.00                | 590.00   | 590.00           |
| OB-GYN(REPRODUCTIVE BIOLOGY LABORATORY ) | NTX (N-TELOPEPTIDE) ASSAY  | -             | 3,500.00       | 1,980.00              | 1,980.00 | 1,980.00         |
| OB-GYN(REPRODUCTIVE BIOLOGY LABORATORY ) | PARVOVIRUS B19 IGG / IGM   | -             | 2,400.00       | 1,800.00              | 1,800.00 | 1,800.00         |
| OB-GYN(REPRODUCTIVE BIOLOGY LABORATORY ) | HYBRID CAPTURE CHLAMYDIA TRACHOMATIS (CT) DNA TEST   | -             | 800.00         | 590.00                | 590.00   | 590.00           |
| OB-GYN(REPRODUCTIVE BIOLOGY LABORATORY ) | HYBRID CAPTURE II NEISSERIA GONORRHOEAE (GC) DNA TEST  | -             | 1,200.00       | 900.00                | 900.00   | 900.00           |
| OB-GYN(REPRODUCTIVE BIOLOGY              | INSULIN-LIKE GROWTH FACTOR BINDING PROTEIN 1   | -             | 1,300.00       | 980.00                | 980.00   | 980.00           |



| DEPARTMENT-SECTION                       | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--|--|---------------|----------------|-----------------------|----------|------------------|
|  |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| LABORATORY )                             | (IGFBP-1)  |               |                |                       |          |                  |
| OB-GYN(REPRODUCTIVE BIOLOGY LABORATORY ) | VAGINITIS DNA TEST (CANDIDA, G. VAGINALIS [BACTERIAL VAGINOSIS] AND TRICHOMONAS) | -             | 880.00         | 590.00                | 590.00   | 590.00           |
| OB-GYN(REPRODUCTIVE BIOLOGY LABORATORY ) | HYBRID CAPTURE II HUMAN PAPILLOMAVIRUS (HPV) DNA TEST                            | -             | 2,500.00       | 2,000.00              | 2,000.00 | 2,000.00         |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- BIOMETRY   | 300.00        | -              | 700.00                | 750.00   | 750.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- BIOMETRY, BPP, DOPPLER   | 400.00        | 800.00         | 800.00                | 800.00   | 800.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- BIOMETRY W/ BIO-PHYSICAL PROFILE (BPP)                               | 400.00        | 800.00         | 800.00                | 800.00   | 800.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- CONGENITAL ANOMALY SCAN (CAS)  | -             | 1,000.00       | 1,000.00              | 1,200.00 | 1,200.00         |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- CONGENITAL ANOMALY SCAN (CAS) W/ DOPPLER                             | 300.00        | 800.00         | 800.00                | 800.00   | 800.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- GUIDED PROCEDURES - 4D ULTRASOUND (WITH CAS)                         | 600.00        | 2,200.00       | 2,200.00              | 2,200.00 | 2,200.00         |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- GUIDED PROCEDURES - 4 D ULTRASOUND (WITHOUT CAS)                     | 600.00        | 1,600.00       | 1,600.00              | 1,600.00 | 1,600.00         |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- GUIDED PROCEDURES - SONOHYSTEROGRAM                                  | 400.00        | 700.00         | 700.00                | 750.00   | 750.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- GUIDED PROCEDURES - ULTRASOUND-GUIDED ASPIRATION                     | 400.00        | 1,000.00       | 1,000.00              | 1,000.00 | 1,000.00         |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- GUIDED PROCEDURES - ULTRASOUND-GUIDED BIOPSY                         | 400.00        | -              | 700.00                | 750.00   | 750.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- TRANSVAGINAL   | 300.00        | -              | 700.00                | 750.00   | 750.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- GUIDED IUD REMORAL   | 400.00        | -              | 400.00                | 400.00   | 400.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- PARACENTHESIS  | 400.00        | -              | 700.00                | 400.00   | 750.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- PELVIC   | 300.00        | -              | 700.00                | 750.00   | 750.00           |
| OB-GYN(ULTRASOUND SECTION)               | ULTRASOUND- TRANSRECTAL  | 300.00        | -              | 700.00                | 750.00   | 750.00           |



| DEPARTMENT-SECTION         | PRODUCT/SERVICE DESCRIPTION                      | SERVICE RATES | PAY RATES      |                       |              |                  |
|----------------------------|--|---------------|----------------|-----------------------|--------------|------------------|
|                            |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private      | Suite/<br>Deluxe |
| OB-GYN(ULTRASOUND SECTION) | ULTRASOUND- ON SITE/BEDSIDE                      | -             | -              | 1,000.00              | 1,000.00     | 1,000.00         |
| OB-GYN(ULTRASOUND SECTION) | ULTRASOUND- TRANSVAGINAL/TRANSRECTAL             | 300.00        | 500.00         | 500.00                | 500.00       | 500.00           |
| ORL                        | COLD/HOT CALORICS                                | 760.00        | 2,160.00       | 2,380.00              | 2,480.00     | 2,590.00         |
| ORL                        | ELECTRONYSTAGMOGRAPHY                            | 400.00        | 1,690.00       | 1,860.00              | 1,940.00     | 2,030.00         |
| ORL                        | SISI/TDT   | 195.00        | 290.00         | 325.00                | 335.00       | 350.00           |
| ORL                        | STAPEDIAL REFLEX DECAY                           | 135.00        | 475.00         | 495.00                | 525.00       | 550.00           |
| ORL                        | STROBOSCOPY/LARYNGOSCOPY                         | 1,120.00      | 1,950.00       | 2,350.00              | 2,600.00     | 3,250.00         |
| ORL                        | VIDEOSTROBOSCOPY                                 | 1,150.00      | 2,620.00       | 2,620.00              | 2,620.00     | 3,010.00         |
| ORL                        | AIDED THRESHOLD TESTING AND/OR HEARING AID TRIAL | -             | 390.00         | 430.00                | 450.00       | 470.00           |
| ORL                        | AUDITORY BRAINSTEM RESPONSE                      | 380.00        | 1,220.00       | 1,340.00              | 1,400.00     | 1,460.00         |
| ORL                        | HEARING INSTRUMENT ANALYSIS PER UNIT             | -             | 215.00         | 240.00                | 250.00       | 260.00           |
| ORL                        | SINUS ENDOSCOPY-MINOR OR (ORL)                   | 280.00        | 430.00         | 460.00                | 480.00       | 510.00           |
| ORL                        | ADD-ON CONDYLE PROSTHESIS (L/R)                  | 174,000.00    | -              | -                     | 174,000.00   | -                |
| ORL                        | ADHEAR   | 234,600.00    | -              | -                     | 234,600.00   | -                |
| ORL                        | ARCHBAR WITH GAUGE 24 & 26 AND RUBBERBANDS       | 11,400.00     | -              | -                     | 11,400.00    | -                |
| ORL                        | BONEBRIDGE                                       | 469,200.00    | -              | -                     | 469,200.00   | -                |
| ORL                        | COCHLEAR BAHA 6 MAX (NON SURGICAL)               | 428,400.00    | -              | -                     | 428,400.00   | -                |
| ORL                        | COCHLEAR BAHA 6 MAX (SURGICAL)                   | 663,000.00    | -              | -                     | 663,000.00   | -                |
| ORL                        | COCHLEAR NUCLEUS N7S SOUND PROCESSOR CP1002      | 1,009,800.00  | -              | -                     | 1,009,800.00 | -                |
| ORL                        | DOUBLE T PLATE REGULAR                           | 33,600.00     | -              | -                     | 33,600.00    | -                |
| ORL                        | DOUBLE Y PLATE REGULAR                           | 33,600.00     | -              | -                     | 33,600.00    | -                |
| ORL                        | ERICH ARCHBAR                                    | 4,200.00      | -              | -                     | 4,200.00     | -                |
| ORL                        | MICRO PLATES 16HOLES                             | 25,830.00     | -              | -                     | -            | -                |
| ORL                        | PRE-FORMED ORBITAL FLOOR                         | 72,000.00     | -              | -                     | 72,000.00    | -                |
| ORL                        | PRE-FORMED ORBITAL PLATE                         | 72,000.00     | -              | -                     | 72,000.00    | -                |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |              |                  |
|--------------------|--|---------------|----------------|-----------------------|--------------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private      | Suite/<br>Deluxe |
| ORL                | RONDO 3  | 1,071,000.00  | -              | -                     | 1,071,000.00 | -                |
| ORL                | SINUS ENDOSCOPY- OPD (ORL)   | 360.00        | -              | -                     | -            | -                |
| ORL                | SONNET 1   | 897,600.00    | -              | -                     | 897,600.00   | -                |
| ORL                | SONNET 2   | 1,173,000.00  | -              | -                     | 1,173,000.00 | -                |
| ORL                | STAINLESS LIGATURE WIRE 0.5MM  | 1,800.00      | -              | -                     | 1,800.00     | -                |
| ORL                | SYNCHRONY - RONDO 3  | 1,428,000.00  | -              | -                     | 1,428,000.00 | -                |
| ORL                | SYNCHRONY - SONNET 2   | 1,428,000.00  | -              | -                     | 1,428,000.00 | -                |
| ORL                | Y PLATE REGULAR  | 33,600.00     | -              | -                     | 33,600.00    | -                |
| ORL                | 4-HOLE PLATE STRAIGHT  | 32,400.00     | -              | -                     | 32,400.00    | -                |
| ORL                | SINUS ENDOSCOPY-MAJOR OR (WITH ENDOSCOPE VIDEO) (ORL)  | 1,840.00      | 2,850.00       | 3,020.00              | 3,190.00     | 3,350.00         |
| ORL                | SINUS ENDOSCOPY-MINOR OR/CLINIC/OPD  | 210.00        | 300.00         | 330.00                | 330.00       | 330.00           |
| ORMAT              | ELECTROCAUTERY MACHINE WITH ARGON PLASMA   | 9,820.00      | -              | -                     | -            | -                |
| ORMAT              | NAVIGATION SYSTEM WITH OPTICAL TRACKING FOR CRANIAL, ENT AND SPINE TRAUMA APPLICATIONS   | 19,000.00     | -              | -                     | 28,000.00    | -                |
| ORMAT              | ENDOSCOPIC PROCEDURE   | 5,090.00      | 7,470.00       | 8,030.00              | 8,620.00     | 9,890.00         |
| ORMAT              | ULTRASONIC & ADV BIPOLAR W/ POSITIVE TEMP CO-EFFICIENT (GEN-11) FOR MIN INV SURGERY AND SURGICAL PROC- PER HR IN EXCESS OF 3 HRS | 1,240.00      | 1,920.00       | 2,030.00              | 2,150.00     | 2,260.00         |
| ORMAT              | AIDA DOCUMENTATION SYSTEM FOR MINIMALLY INVASIVE SURGERY AND SURGICAL PROCEDURES - FIRST 3 HOURS                                 | 1,070.00      | 1,650.00       | 1,750.00              | 1,850.00     | 1,940.00         |
| ORMAT              | AIDA DOCUMENTATION SYSTEM FOR MINIMALLY INVASIVE SURGERY AND SURGICAL PROCEDURES - PER HOUR IN EXCESS OF 3 HOURS                 | 360.00        | 550.00         | 580.00                | 620.00       | 650.00           |
| ORMAT              | MOBILE SLAVE MONITOR FOR MINIMALLY INVASIVE SURGERY AND SURGICAL PROCEDURES - FIRST 3  | 1,100.00      | 1,710.00       | 1,810.00              | 1,910.00     | 2,010.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
|                    | HOURS  |               |                |                       |           |                  |
| ORMAT              | MOBILE SLAVE MONITOR FOR MINIMALLY INVASIVE SURGERY AND SURGICAL PROCEDURES - PER HOUR IN EXCESS OF 3 HOURS                      | 370.00        | 570.00         | 600.00                | 640.00    | 670.00           |
| ORMAT              | ORL MIS TOWER AND SCOPES AND INSTRUMENTS - FIRST 3 HOURS   | 3,200.00      | 4,950.00       | 5,240.00              | 5,540.00  | 5,830.00         |
| ORMAT              | ORL MIS TOWER AND SCOPES AND INSTRUMENTS - PER HOUR IN EXCESS OF 3 HOURS   | 1,070.00      | 1,650.00       | 1,750.00              | 1,850.00  | 1,940.00         |
| ORMAT              | ULTRASONIC AND ADV. BIPOLAR WITH POSITIVE TEMP. CO-EFFICIENT (GEN-11) FOR MIN. INVASIVE SURGERY AND SURGICAL PROC. - FIRST 3 HRS | 3,730.00      | 5,760.00       | 6,100.00              | 6,440.00  | 6,780.00         |
| ORTHO              | AMNION DRESSING  | 2,320.00      | -              | -                     | 4,010.00  | 4,220.00         |
| ORTHO              | BONE CHIP  | 750.00        | -              | -                     | 1,300.00  | 1,360.00         |
| ORTHO              | CRANIAL FLAP ALLOGRAFT   | 1,500.00      | -              | -                     | 2,600.00  | 2,730.00         |
| ORTHO              | EXTRACTS (PER ML)  | 4.00          | -              | -                     | 7.00      | 7.00             |
| ORTHO              | FEMORAL HEAD ALLOGRAFT   | 3,720.00      | -              | -                     | 6,430.00  | 6,760.00         |
| ORTHO              | ARTHROSCOPE - FIRST HOUR   | -             | -              | 2,500.00              | 2,500.00  | 2,500.00         |
| ORTHO              | MAXI DRIVE/USE   | -             | 500.00         | 500.00                | 500.00    | 500.00           |
| ORTHO              | MINI DRIVER/USE  | -             | 500.00         | 500.00                | 500.00    | 500.00           |
| ORTHO              | ARTHROSCOPE - ADDITIONAL PER HOUR IN EXCESS OF ONE (1) HOUR  | -             | 1,000.00       | 1,000.00              | 1,000.00  | 1,000.00         |
| ORTHO              | CELL SAVER/USE (COST OF DISPOSABLE TUBES/USE)  | -             | 7,000.00       | 7,000.00              | 7,000.00  | 7,000.00         |
| ORTHO              | SSEP (INTRATOP SPINAL CORD MONITORING)- ADDITIONAL PER HOUR IN EXCESS OF ONE (1) HOUR  | -             | 250.00         | 250.00                | 250.00    | 250.00           |
| ORTHO              | SSEP (INTRATOP SPINAL CORD MONITORING)-FIRST HOUR  | -             | 750.00         | 750.00                | 750.00    | 750.00           |
| ORTHO              | ARTHROSCOPE  | 10,000.00     | 20,000.00      | 20,000.00             | 20,000.00 | 20,000.00        |



| DEPARTMENT-SECTION            | PRODUCT/SERVICE DESCRIPTION   | SERVICE RATES | PAY RATES      |                       |          |                  |
|-------------------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                               |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| ORTHO (GAITLAB)               | ADMINISTRATIVE OVERHEAD (GAIT LAB)  | 618.00        | 1,075.50       | 1,075.50              | 1,075.50 | 1,075.50         |
| ORTHO (GAITLAB)               | GAITING LABORATORY PROCEDURES   | 1,442.00      | 2,509.50       | 2,509.50              | 2,509.50 | 2,509.50         |
| PEDIA (SECTION OF CARDIOLOGY) | PEDIATRICS-FETAL ECHOCARDIOGRAPHY   | 750.00        | 2,140.00       | -                     | 2,260.00 | -                |
| PEDIA (SECTION OF CARDIOLOGY) | PEDIATRICS-TRANSESOPHAGEAL ECHOCARDIOGRAPHY   | -             | -              | -                     | 3,390.00 | -                |
| PEDIA (SECTION OF CARDIOLOGY) | PEDIATRICS-TRANSESOPHAGEAL ECHOCARDIOGRAPHY AND FETAL ECHOCARDIOGRAPHY  | -             | -              | -                     | 3,390.00 | -                |
| PEDIA (SECTION OF CARDIOLOGY) | PEDIATRICS-TRANSTHORACIC ECHOCARDIOGRAPHY   | 750.00        | 1,800.00       | -                     | 1,910.00 | -                |
| PEDIATRICS                    | PEDIA-AMBULATORY BLOOD PRESSURE   | 1,200.00      | 2,000.00       | 2,110.00              | 2,220.00 | 2,330.00         |
| PEDIATRICS                    | PEDIA-AUTOMATED PERITONEAL DIALYSIS MACHINE (FOR INPATIENTS ONLY)   | 200.00        | -              | 330.00                | 350.00   | 370.00           |
| PEDIATRICS                    | PEDIA-BODY COMPOSITION MONITOR  | 300.00        | 460.00         | 490.00                | 510.00   | 540.00           |
| PEDIATRICS                    | PEDIA-RENAL ULTRASOUND  | 1,000.00      | 1,700.00       | 1,800.00              | 1,900.00 | 2,000.00         |
| PEDIATRICS                    | PEDIA-URINE ANALYZER  | 170.00        | 270.00         | 280.00                | 300.00   | 320.00           |
| PEDIATRICS                    | PERITONITIS PREVENTION CARE / EXIT SITE CARE<br>ADDITIONAL RATE PER HOUR BEYOND OFFICE HOURS                              | 350.00        | 350.00         | 350.00                | 350.00   | 350.00           |
| PEDIATRICS                    | PERITONITIS PREVENTION CARE / EXIT SITE CARE<br>ADDITIONAL RATE PER HOUR IN EXCESS OF 3<br>HOURS(RETRAINING WITH LECTURE) | 330.00        | 510.00         | 540.00                | 570.00   | 600.00           |
| PEDIATRICS                    | PERITONITIS PREVENTION CARE / EXIT SITE CARE<br>(RETRAINING ONLY DURING OFFICE HOURS)                                     | 180.00        | 300.00         | 310.00                | 330.00   | 350.00           |
| PEDIATRICS                    | PERITONITIS PREVENTION CARE / EXIT SITE CARE<br>(RETRAINING WITH LECTURE-3 HOURS)   | 1,000.00      | 1,540.00       | 1,630.00              | 1,720.00 | 1,810.00         |
| PEDIATRICS                    | PHOTOTHERAPY (PER DAY)  | 1,000.00      | -              | -                     | -        | -                |
| PEDIATRICS                    | SUCTION MACHINE- ADDITIONAL PER HOUR IN EXCESS<br>OF THREE (3) HRS.   | 35.00         | -              | -                     | -        | -                |
| PEDIATRICS                    | SUCTION MACHINE- FIRST THREE (3) HOURS  | 115.00        | -              | -                     | -        | -                |
| PEDIATRICS GENETICS           | CHROMOSOMAL ANALYSIS EXPEDITED STUDIES  | 3,000.00      | -              | 3,000.00              | 3,000.00 | 3,000.00         |



| DEPARTMENT-SECTION               | PRODUCT/SERVICE DESCRIPTION            | SERVICE RATES | PAY RATES      |                       |           |                  |
|----------------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                                  |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| PEDIATRICS GENETICS              | CHROMOSOMAL ANALYSIS ROUTINE STUDIES   | 1,000.00      | -              | 2,500.00              | 2,500.00  | 2,500.00         |
| PEDIATRICS HEMATOLOGY & ONCOLOGY | CBC WITH PLATELET                      | 75.00         | -              | -                     | -         | -                |
| PEDIATRICS HEMATOLOGY & ONCOLOGY | PACKAGE 1- BMA WITHOUT SEDATION        | 1,000.00      | -              | -                     | -         | -                |
| PEDIATRICS HEMATOLOGY & ONCOLOGY | PACKAGE 2- BMA WITH SEDATION           | 1,000.00      | -              | -                     | -         | -                |
| PEDIATRICS HEMATOLOGY & ONCOLOGY | PACKAGE 3- IT/LUMBAR TAP W/O SEDATION  | 700.00        | -              | -                     | -         | -                |
| PEDIATRICS HEMATOLOGY & ONCOLOGY | PACKAGE 4- IT/LUMBAR TAP W/ SEDATION   | 700.00        | -              | -                     | -         | -                |
| PEDIATRICS HEMATOLOGY & ONCOLOGY | PACKAGE 5- BMA + IT W/O SEDATION       | 1,000.00      | -              | -                     | -         | -                |
| PEDIATRICS HEMATOLOGY & ONCOLOGY | PACKAGE 6- BMA + IT W/ SEDATION        | 1,000.00      | -              | -                     | -         | -                |
| PEDIATRICS HEMATOLOGY & ONCOLOGY | RETICULOCYTE COUNT                     | 90.00         | 170.00         | 180.00                | 190.00    | 195.00           |
| PEDIATRICS NEUROLOGY             | EEG                                    | 750.00        | 2,012.00       | 2,012.00              | 2,012.00  | 2,012.00         |
| PEDIATRICS NEUROLOGY             | ULTRASOUND- CRANIAL (PEDIA)            | 220.00        | 525.00         | 525.00                | 635.00    | 635.00           |
| PEDIATRICS NEUROLOGY             | ULTRASOUND- CRANIAL (FIRST STUDY)      | 220.00        | 525.00         | 525.00                | 635.00    | 635.00           |
| PEDIATRICS NEUROLOGY             | ULTRASOUND- CRANIAL (FOLLOW-UP STUDY)  | 220.00        | 525.00         | 525.00                | 635.00    | 635.00           |
| PEDIATRICS GENETICS              | CHROMOSOMAL ANALYSIS EXPEDITED STUDIES | 3,000.00      | 3,000.00       | 3,000.00              | 3,000.00  | 3,000.00         |
| PEDIATRICS GENETICS              | CHROMOSOMAL ANALYSIS ROUTINE STUDIES   | 1,000.00      | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| PERITONEAL DIALYSIS              | CO-PAY                                 | 676.96        | -              | 1,719.03              | 1,719.03  | -                |
| PSYCHIATRY                       | PSYCHOLOGICAL TESTING FOR EMPLOYMENT   | 1,000.00      | 1,000.00       | 1,000.00              | 1,000.00  | 1,000.00         |
| PSYCHIATRY & BEHAVIORAL MEDICINE | USE OF ECT MACHINE (6 SESSIONS)        | 3,480.00      | 5,150.00       | 5,450.00              | 5,750.00  | 6,050.00         |
| RADIO_CT                         | CT SCAN-ANGIOGRAM, THORACIC AORTA      | 8,600.00      | 14,000.00      | 15,000.00             | 16,300.00 | 17,500.00        |
| RADIO_CT                         | CT SCAN-HEPATIC ANGIOGRAM, PEDIATRICS  | 7,600.00      | 11,800.00      | 18,400.00             | 20,000.00 | 21,700.00        |
| RADIO_CT                         | CT SCAN-THORACIC SPINE W/3D CONTRAST   | 4,600.00      | 8,500.00       | 9,400.00              | 10,300.00 | 11,200.00        |
| RADIO_CT                         | BRAIN/HEAD/CRANIAL- PLAIN [CT SCAN]    | 1,500.00      | 3,100.00       | 3,720.00              | 3,875.00  | 4,185.00         |
| RADIO_CT                         | UPPER ABDOMEN- PLAIN [CT SCAN]         | 2,580.00      | 4,200.00       | 4,700.00              | 5,100.00  | 5,500.00         |
| RADIO_CT                         | LOWER ABDOMEN- PLAIN [CT SCAN]         | 2,200.00      | 4,200.00       | 4,700.00              | 5,100.00  | 5,500.00         |
| RADIO_CT                         | WHOLE ABDOMEN- PLAIN [CT SCAN]         | 2,600.00      | 7,900.00       | 8,700.00              | 9,600.00  | 10,400.00        |





| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                     | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|---|---------------|----------------|-----------------------|-----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIO_CT           | ADRENAL GLANDS- PLAIN [CT SCAN]                 | 2,535.00      | 4,200.00       | 5,040.00              | 5,250.00  | 5,670.00         |
| RADIO_CT           | STONOGRAM- PLAIN [CT SCAN]                      | 2,200.00      | 5,900.00       | 6,500.00              | 7,200.00  | 7,800.00         |
| RADIO_CT           | CERVICAL SPINE- PLAIN [CT SCAN]                 | 2,200.00      | 4,100.00       | 4,715.00              | 5,125.00  | 5,535.00         |
| RADIO_CT           | THORACIC SPINE- PLAIN [CT SCAN]                 | 3,300.00      | 4,500.00       | 4,900.00              | 5,400.00  | 5,900.00         |
| RADIO_CT           | LUMBAR SPINE- PLAIN [CT SCAN]                   | 2,430.00      | 4,100.00       | 4,600.00              | 5,000.00  | 5,400.00         |
| RADIO_CT           | LUMBAR SPINE WITH 3D- PLAIN [CT SCAN]           | 3,015.00      | 5,700.00       | 6,300.00              | 6,900.00  | 7,500.00         |
| RADIO_CT           | EXTREMITY- PLAIN [CT SCAN]                      | 2,300.00      | 4,400.00       | 4,900.00              | 5,300.00  | 5,800.00         |
| RADIO_CT           | EXTREMITY WITH 3D- PLAIN [CT SCAN]              | 2,640.00      | 6,400.00       | 7,000.00              | 7,700.00  | 8,400.00         |
| RADIO_CT           | ORBITS- PLAIN [CT SCAN]                         | 1,360.00      | 4,400.00       | 4,900.00              | 5,300.00  | 5,800.00         |
| RADIO_CT           | PNS (SCREENING)- PLAIN [CT SCAN]                | 1,810.00      | 3,400.00       | 3,700.00              | 4,100.00  | 4,400.00         |
| RADIO_CT           | PNS (REGULAR)- PLAIN [CT SCAN]                  | 2,500.00      | 4,400.00       | 4,900.00              | 5,300.00  | 5,800.00         |
| RADIO_CT           | NECK/NASOPHARYNX- PLAIN [CT SCAN]               | 2,500.00      | 4,400.00       | 4,900.00              | 5,400.00  | 5,800.00         |
| RADIO_CT           | TEMPORAL BONE- PLAIN [CT SCAN]                  | 2,500.00      | 4,500.00       | 5,000.00              | 5,500.00  | 5,900.00         |
| RADIO_CT           | CHEST- PLAIN [CT SCAN]                          | 2,000.00      | 4,200.00       | 4,830.00              | 5,040.00  | 5,670.00         |
| RADIO_CT           | EXTREMITY- CONTRAST-ENHANCED [CT SCAN]          | 5,980.00      | 6,965.00       | 7,315.00              | 7,800.00  | 8,500.00         |
| RADIO_CT           | ORBITS- CONTRAST-ENHANCED [CT SCAN]             | 5,490.00      | 6,275.00       | 6,600.00              | 7,200.00  | 7,900.00         |
| RADIO_CT           | CHEST- CONTRAST-ENHANCED [CT SCAN]              | 5,530.00      | 6,320.00       | 6,635.00              | 6,950.00  | 7,900.00         |
| RADIO_CT           | VIRTUAL COLONOSCOPY [SPECIAL EXAM]              | 4,600.00      | 8,500.00       | 9,300.00              | 10,200.00 | 11,100.00        |
| RADIO_CT           | CHEST/LUNGS HIGH RESOLUTION- PLAIN [CT SCAN]    | 1,490.00      | 3,400.00       | 3,700.00              | 4,100.00  | 4,400.00         |
| RADIO_CT           | CERVICAL SPINE WITH 3D- PLAIN [CT SCAN]         | 2,685.00      | 6,000.00       | 6,900.00              | 7,350.00  | 7,950.00         |
| RADIO_CT           | THORACIC SPINE WITH 3D- PLAIN [CT SCAN]         | 2,705.00      | 6,400.00       | 7,100.00              | 7,800.00  | 8,500.00         |
| RADIO_CT           | CRANIAL WITH FACIAL CUTS/3D- PLAIN [CT SCAN]    | 2,500.00      | 4,000.00       | 4,400.00              | 4,800.00  | 5,200.00         |
| RADIO_CT           | CHEST WITH HIGH RESOLUTION- PLAIN [CT SCAN]     | 2,620.00      | 5,500.00       | 6,325.00              | 6,600.00  | 7,200.00         |
| RADIO_CT           | BRAIN/HEAD/CRANIAL- CONTRAST-ENHANCED [CT SCAN] | 4,915.00      | 5,585.00       | 5,865.00              | 6,145.00  | 6,420.00         |
| RADIO_CT           | UPPER ABDOMEN DOUBLE/TRIPLE- CONTRAST-          | 8,935.00      | 10,410.00      | 10,930.00             | 11,450.00 | 11,970.00        |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                              | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
|                    | ENHANCED [CT SCAN]                                       |               |                |                       |           |                  |
| RADIO_CT           | LOWER ABDOMEN- CONTRAST-ENHANCED [CT SCAN]               | 6,555.00      | 8,470.00       | 8,890.00              | 9,315.00  | 10,000.00        |
| RADIO_CT           | WHOLE ABDOMEN SINGLE PHASE- CONTRAST-ENHANCED [CT SCAN]  | 9,385.00      | 10,075.00      | 11,630.00             | 12,185.00 | 12,740.00        |
| RADIO_CT           | WHOLE ABDOMEN DOUBLE/TRIPLE- CONTRAST-ENHANCED [CT SCAN] | 9,695.00      | 13,400.00      | 14,900.00             | 16,400.00 | 18,000.00        |
| RADIO_CT           | ADRENAL GLANDS- CONTRAST-ENHANCED [CT SCAN]              | 6,260.00      | 10,875.00      | 11,420.00             | 11,965.00 | 12,510.00        |
| RADIO_CT           | CT UROGRAM- CONTRAST-ENHANCED [CT SCAN]                  | 8,640.00      | 10,970.00      | 12,070.00             | 12,620.00 | 13,600.00        |
| RADIO_CT           | CERVICAL SPINE- CONTRAST-ENHANCED [CT SCAN]              | 6,095.00      | 7,030.00       | 7,380.00              | 7,805.00  | 8,790.00         |
| RADIO_CT           | CERVICAL SPINE WITH 3D- CONTRAST-ENHANCED [CT SCAN]      | 6,170.00      | 8,500.00       | 9,775.00              | 10,625.00 | 11,475.00        |
| RADIO_CT           | THORACIC SPINE- CONTRAST-ENHANCED [CT SCAN]              | 6,150.00      | 7,030.00       | 7,380.00              | 8,085.00  | 8,500.00         |
| RADIO_CT           | CRANIAL WITH FACIAL CUTS/3D- CONTRAST-ENHANCED [CT SCAN] | 5,565.00      | 5,400.00       | 5,900.00              | 6,500.00  | 7,000.00         |
| RADIO_CT           | LUMBAR SPINE- CONTRAST-ENHANCED [CT SCAN]                | 6,015.00      | 6,100.00       | 6,800.00              | 7,500.00  | 8,100.00         |
| RADIO_CT           | LUMBAR SPINE WITH 3D- CONTRAST-ENHANCED [CT SCAN]        | 6,715.00      | 7,900.00       | 8,800.00              | 9,600.00  | 10,400.00        |
| RADIO_CT           | EXTREMITY WITH 3D- CONTRAST-ENHANCED [CT SCAN]           | 6,115.00      | 8,300.00       | 9,200.00              | 10,100.00 | 11,000.00        |
| RADIO_CT           | PNS (REGULAR)- CONTRAST-ENHANCED [CT SCAN]               | 5,900.00      | 6,945.00       | 7,300.00              | 7,640.00  | 7,985.00         |
| RADIO_CT           | NECK/NASOPHARYNX- CONTRAST-ENHANCED [CT SCAN]            | 6,115.00      | 6,985.00       | 7,335.00              | 7,700.00  | 8,400.00         |
| RADIO_CT           | TEMPORAL BONE- CONTRAST-ENHANCED [CT SCAN]               | 6,075.00      | 6,945.00       | 7,290.00              | 7,640.00  | 7,985.00         |
| RADIO_CT           | CHEST WITH HIGH RESOLUTION- CONTRAST-ENHANCED [CT SCAN]  | 6,110.00      | 7,655.00       | 8,040.00              | 8,420.00  | 8,805.00         |
| RADIO_CT           | UPPER ABDOMEN SINGLE PHASE- CONTRAST-ENHANCED [CT SCAN]  | 6,110.00      | 8,505.00       | 8,930.00              | 9,355.00  | 9,780.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                   | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|---|---------------|----------------|-----------------------|-----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIO_CT           | ANGIOGRAM, PERIPHERAL [SPECIAL EXAM]          | 8,600.00      | 15,000.00      | 16,000.00             | 17,400.00 | 18,800.00        |
| RADIO_CT           | CORONARY ANGIOGRAM (RADIOLOGY) [SPECIAL EXAM] | 8,600.00      | 14,000.00      | 15,300.00             | 16,600.00 | 17,800.00        |
| RADIO_CT           | HEPATIC ANGIOGRAM-ADULT [SPECIAL EXAM]        | 8,700.00      | 19,000.00      | 20,000.00             | 21,800.00 | 23,600.00        |
| RADIO_CT           | ANGIOGRAM, PULMONARY ARTERIES [SPECIAL EXAM]  | 8,600.00      | 15,000.00      | 16,200.00             | 17,600.00 | 19,000.00        |
| RADIO_CT           | ANGIOGRAM, ABDOMINAL AORTA [SPECIAL EXAM]     | 8,600.00      | 14,000.00      | 15,000.00             | 16,300.00 | 17,500.00        |
| RADIO_CT           | ANGIOGRAM, RENAL/ABDOMINAL [SPECIAL EXAM]     | 8,600.00      | 15,000.00      | 16,200.00             | 17,600.00 | 19,000.00        |
| RADIO_CT           | BIOPSY [SPECIAL EXAM]                         | 3,300.00      | 4,400.00       | 4,600.00              | 4,800.00  | 5,000.00         |
| RADIO_CT           | BRAIN PERFUSION [SPECIAL EXAM]                | 7,600.00      | 12,000.00      | 13,300.00             | 14,300.00 | 15,400.00        |
| RADIO_CT           | ANGIOGRAM, CEREBRAL AND NECK [SPECIAL EXAM]   | 8,100.00      | 13,000.00      | 14,100.00             | 15,200.00 | 16,300.00        |
| RADIO_CT           | CALCIUM SCORING [SPECIAL EXAM]                | 3,000.00      | 8,300.00       | 9,100.00              | 9,800.00  | 10,600.00        |
| RADIO_CT           | PITUITARY FOSSA- CONTRAST-ENHANCED            | 5,395.00      | 5,800.00       | 6,300.00              | 6,800.00  | 7,300.00         |
| RADIO_CT           | CONED-BEAM COMPUTER TOMOGRAPHY (CBCT)         | 2,800.00      | 5,000.00       | 5,300.00              | 5,590.00  | 5,880.00         |
| RADIO_MRI          | ABDOMEN, LOWER - CONTRAST                     | 9,300.00      | 14,380.00      | 15,230.00             | 16,070.00 | 16,920.00        |
| RADIO_MRI          | ABDOMEN, LOWER - PLAIN                        | 4,480.00      | 6,920.00       | 7,330.00              | 7,740.00  | 8,150.00         |
| RADIO_MRI          | ADRENAL PROTOCOL - CONTRAST                   | 9,300.00      | 14,380.00      | 15,230.00             | 16,070.00 | 16,920.00        |
| RADIO_MRI          | ANGIOGRAM, PHASE - CONTRAST                   | 9,840.00      | 12,720.00      | 13,610.00             | 14,510.00 | 15,400.00        |
| RADIO_MRI          | ANGIOGRAM, PHASE - PLAIN                      | 6,710.00      | 10,380.00      | 10,990.00             | 11,600.00 | 12,210.00        |
| RADIO_MRI          | ANGIOGRAM, TOF - PLAIN                        | 6,710.00      | 10,380.00      | 10,990.00             | 11,600.00 | 12,210.00        |
| RADIO_MRI          | ANKLE, UNILATERAL - CONTRAST                  | 8,750.00      | 11,120.00      | 11,780.00             | 12,430.00 | 13,090.00        |
| RADIO_MRI          | ANKLE, UNILATERAL - PLAIN                     | 4,305.00      | 5,200.00       | 5,500.00              | 5,810.00  | 6,110.00         |
| RADIO_MRI          | ARM/FOREARM, UNILATERAL - CONTRAST            | 6,970.00      | 14,700.00      | 15,435.00             | 16,170.00 | 16,905.00        |
| RADIO_MRI          | ARM/FOREARM, UNILATERAL - PLAIN               | 6,675.00      | 6,920.00       | 7,330.00              | 7,740.00  | 8,150.00         |
| RADIO_MRI          | CERVIX PROTOCOL - CONTRAST                    | 10,835.00     | 16,100.00      | 17,050.00             | 18,000.00 | 18,950.00        |
| RADIO_MRI          | CERVIX PROTOCOL - PLAIN                       | 5,005.00      | 7,245.00       | 7,610.00              | 7,970.00  | 8,330.00         |
| RADIO_MRI          | CRANIAL - CONTRAST                            | 8,750.00      | 10,210.00      | 10,810.00             | 11,410.00 | 12,010.00        |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                   | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|---|---------------|----------------|-----------------------|-----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIO_MRI          | CRANIAL - PLAIN   | 4,305.00      | 5,200.00       | 5,500.00              | 5,810.00  | 6,110.00         |
| RADIO_MRI          | ELBOW, UNILATERAL - CONTRAST                                  | 8,750.00      | 10,150.00      | 10,750.00             | 11,340.00 | 11,940.00        |
| RADIO_MRI          | ELBOW, UNILATERAL - PLAIN                                     | 4,305.00      | 5,200.00       | 5,500.00              | 5,810.00  | 6,110.00         |
| RADIO_MRI          | FIA PROTOCOL - CONTRAST                                       | 10,835.00     | 16,100.00      | 17,050.00             | 18,000.00 | 18,950.00        |
| RADIO_MRI          | FIA PROTOCOL - PLAIN  | 6,410.00      | 7,245.00       | 7,610.00              | 7,970.00  | 8,330.00         |
| RADIO_MRI          | FOOT/HAND, UNILATERAL - CONTRAST                              | 8,750.00      | 10,800.00      | 11,430.00             | 12,070.00 | 12,700.00        |
| RADIO_MRI          | FOOT/HAND, UNILATERAL - PLAIN                                 | 4,305.00      | 5,200.00       | 5,500.00              | 5,810.00  | 6,110.00         |
| RADIO_MRI          | HIP, UNILATERAL - CONTRAST                                    | 8,750.00      | 10,490.00      | 11,110.00             | 11,720.00 | 12,340.00        |
| RADIO_MRI          | HIP, UNILATERAL - PLAIN                                       | 4,480.00      | 6,920.00       | 7,330.00              | 7,740.00  | 8,150.00         |
| RADIO_MRI          | IAC PROTOCOL - CONTRAST                                       | 9,895.00      | 9,960.00       | 10,540.00             | 11,130.00 | 11,720.00        |
| RADIO_MRI          | IAC PROTOCOL - PLAIN  | 5,005.00      | 5,200.00       | 5,500.00              | 5,810.00  | 6,110.00         |
| RADIO_MRI          | IMAGE GUIDED SURGERY PROTOCOL (IGS) - CONTRAST                | 9,230.00      | 10,865.00      | 11,700.00             | 12,540.00 | 13,380.00        |
| RADIO_MRI          | IMAGE GUIDED SURGERY PROTOCOL (IGS) - PLAIN                   | 4,305.00      | 5,700.00       | 6,030.00              | 6,370.00  | 6,700.00         |
| RADIO_MRI          | LEG, UNILATERAL - CONTRAST                                    | 10,385.00     | 12,250.00      | 12,865.00             | 13,475.00 | 14,090.00        |
| RADIO_MRI          | LEG, UNILATERAL - PLAIN                                       | 6,385.00      | 7,070.00       | 7,490.00              | 7,900.00  | 8,320.00         |
| RADIO_MRI          | MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) - CONTRAST | 13,755.00     | 12,210.00      | 13,050.00             | 13,890.00 | 14,730.00        |
| RADIO_MRI          | MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) - PLAIN    | 5,500.00      | 8,495.00       | 8,920.00              | 9,340.00  | 9,765.00         |
| RADIO_MRI          | NECK, UNILATERAL - CONTRAST                                   | 8,535.00      | 11,470.00      | 12,140.00             | 12,820.00 | 13,490.00        |
| RADIO_MRI          | NECK, UNILATERAL - PLAIN                                      | 5,005.00      | 6,460.00       | 6,785.00              | 7,105.00  | 7,430.00         |
| RADIO_MRI          | ORBITS - CONTRAST   | 10,880.00     | 11,470.00      | 12,140.00             | 12,820.00 | 13,490.00        |
| RADIO_MRI          | ORBITS - PLAIN  | 5,735.00      | 6,920.00       | 7,330.00              | 7,740.00  | 8,150.00         |
| RADIO_MRI          | PELVIC - CONTRAST   | 8,625.00      | 9,660.00       | 10,230.00             | 10,800.00 | 11,360.00        |
| RADIO_MRI          | PELVIC - PLAIN  | 4,325.00      | 5,200.00       | 5,500.00              | 5,810.00  | 6,110.00         |
| RADIO_MRI          | PNS - CONTRAST  | 10,880.00     | 11,825.00      | 12,415.00             | 13,005.00 | 13,600.00        |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION     | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|---------------------------------|---------------|----------------|-----------------------|-----------|------------------|
|                    |                                 |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIO_MRI          | PNS - PLAIN                     | 5,005.00      | 6,710.00       | 7,045.00              | 7,380.00  | 7,715.00         |
| RADIO_MRI          | PROSTATE PROTOCOL - CONTRAST    | 10,920.00     | 14,380.00      | 15,230.00             | 16,070.00 | 16,920.00        |
| RADIO_MRI          | PROSTATE PROTOCOL - PLAIN       | 5,005.00      | 7,220.00       | 7,585.00              | 7,945.00  | 8,305.00         |
| RADIO_MRI          | RECTAL PROTOCOL - CONTRAST      | 10,835.00     | 16,100.00      | 17,050.00             | 18,000.00 | 18,950.00        |
| RADIO_MRI          | RECTAL PROTOCOL - PLAIN         | 6,450.00      | 7,290.00       | 7,655.00              | 8,020.00  | 8,385.00         |
| RADIO_MRI          | SEIZURE PROTOCOL - CONTRAST     | 10,855.00     | 12,275.00      | 12,885.00             | 13,500.00 | 14,115.00        |
| RADIO_MRI          | SEIZURE PROTOCOL - PLAIN        | 5,005.00      | 7,245.00       | 7,610.00              | 7,970.00  | 8,330.00         |
| RADIO_MRI          | SELLA - CONTRAST                | 5,005.00      | 12,275.00      | 12,885.00             | 13,500.00 | 14,115.00        |
| RADIO_MRI          | SELLA - PLAIN                   | 5,005.00      | 7,270.00       | 7,630.00              | 7,995.00  | 8,360.00         |
| RADIO_MRI          | SHOULDER, UNILATERAL - CONTRAST | 8,750.00      | 9,890.00       | 10,385.00             | 10,880.00 | 11,375.00        |
| RADIO_MRI          | SHOULDER, UNILATERAL - PLAIN    | 4,305.00      | 5,200.00       | 5,500.00              | 5,810.00  | 6,110.00         |
| RADIO_MRI          | SPINE, ONE-SEGMENT - CONTRAST   | 8,775.00      | 10,750.00      | 11,285.00             | 11,825.00 | 12,360.00        |
| RADIO_MRI          | SPINE, ONE-SEGMENT - PLAIN      | 5,005.00      | 7,525.00       | 6,830.00              | 7,155.00  | 7,480.00         |
| RADIO_MRI          | SPINE, TWO-SEGMENT - CONTRAST   | 16,805.00     | 21,890.00      | 22,985.00             | 24,080.00 | 25,175.00        |
| RADIO_MRI          | SPINE, TWO-SEGMENT - PLAIN      | 10,000.00     | 14,505.00      | 15,230.00             | 15,960.00 | 16,680.00        |
| RADIO_MRI          | SPINE, WHOLE - CONTRAST         | 25,360.00     | 29,985.00      | 31,485.00             | 32,985.00 | 34,485.00        |
| RADIO_MRI          | SPINE, WHOLE - PLAIN            | 13,335.00     | 19,360.00      | 20,330.00             | 21,300.00 | 22,265.00        |
| RADIO_MRI          | STROKE PROTOCOL - CONTRAST      | 9,315.00      | 12,345.00      | 12,960.00             | 13,580.00 | 14,195.00        |
| RADIO_MRI          | STROKE PROTOCOL - PLAIN         | 6,155.00      | 7,316.00       | 7,680.00              | 8,045.00  | 8,415.00         |
| RADIO_MRI          | THIGH, UNILATERAL - CONTRAST    | 10,385.00     | 12,295.00      | 12,910.00             | 13,525.00 | 14,140.00        |
| RADIO_MRI          | THIGH, UNILATERAL - PLAIN       | 6,410.00      | 7,245.00       | 7,610.00              | 7,970.00  | 8,330.00         |
| RADIO_MRI          | VENOGRAM - CONTRAST             | 10,710.00     | 14,380.00      | 15,230.00             | 16,070.00 | 16,920.00        |
| RADIO_MRI          | VENOGRAM - PLAIN                | 6,390.00      | 7,220.00       | 7,585.00              | 7,945.00  | 8,305.00         |
| RADIO_MRI          | WRIST, UNILATERAL - CONTRAST    | 8,750.00      | 11,450.00      | 12,120.00             | 12,800.00 | 13,470.00        |
| RADIO_MRI          | WRIST, UNILATERAL - PLAIN       | 4,305.00      | 5,200.00       | 5,500.00              | 5,810.00  | 6,110.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                    | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIO_MRI          | AORTOGRAM W/ CONTRAST                          | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | CARDIAC (PLAIN)                                | 9,060.00      | 13,860.00      | 14,660.00             | 15,450.00 | 16,250.00        |
| RADIO_MRI          | CARDIAC W/ CONTRAST                            | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | DIFFUSION TENSOR IMAGING (DTI) (PLAIN)         | 9,060.00      | 13,860.00      | 14,660.00             | 15,450.00 | 16,250.00        |
| RADIO_MRI          | DIFFUSION TENSOR IMAGING (DTI) W/ CONTRAST     | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | FETAL (PLAIN)                                  | 9,060.00      | 13,860.00      | 14,660.00             | 15,450.00 | 16,250.00        |
| RADIO_MRI          | FETAL W/ CONTRAST                              | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | FUNCTIONAL MRI (PLAIN)                         | 9,060.00      | 13,860.00      | 14,660.00             | 15,450.00 | 16,250.00        |
| RADIO_MRI          | FUNCTIONAL MRI W/ CONTRAST                     | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | IMAGE-GUIDE BRACHYTHERAPY PROTOCOL (PLAIN)     | 9,060.00      | 13,860.00      | 14,660.00             | 15,450.00 | 16,250.00        |
| RADIO_MRI          | IMAGE-GUIDE BRACHYTHERAPY PROTOCOL W/ CONTRAST | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | NECK MRI (PLAIN)                               | 9,060.00      | 13,860.00      | 14,660.00             | 15,450.00 | 16,250.00        |
| RADIO_MRI          | NECK MRI W/ CONTRAST                           | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | PERFUSION (PLAIN)                              | 9,060.00      | 13,860.00      | 14,660.00             | 15,450.00 | 16,250.00        |
| RADIO_MRI          | PERFUSION W/ CONTRAST                          | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | PLACENTA (PLAIN)                               | 9,060.00      | 13,860.00      | 14,660.00             | 15,450.00 | 16,250.00        |
| RADIO_MRI          | PLACENTA W/ CONTRAST                           | 13,320.00     | 18,110.00      | 18,910.00             | 19,710.00 | 20,510.00        |
| RADIO_MRI          | HEAD - CONTRAST STUDY                          | 8,750.00      | 10,210.00      | 10,810.00             | 11,410.00 | 12,010.00        |
| RADIO_MRI          | HEAD - PLAIN STUDY                             | 5,960.00      | 7,525.00       | 7,545.00              | 8,275.00  | 8,425.00         |
| RADIO_MRI          | MRA, HEAD - CONTRAST STUDY                     | 8,435.00      | 10,125.00      | 10,630.00             | 11,140.00 | 11,645.00        |
| RADIO_MRI          | MRA, HEAD - PLAIN STUDY                        | 6,430.00      | 7,600.00       | 7,980.00              | 8,500.00  | 8,740.00         |
| RADIO_MRI          | CERVICAL, THORACIC, LUMBAR - CONTRAST STUDY    | 5,960.00      | 8,270.00       | 8,685.00              | 9,095.00  | 9,260.00         |
| RADIO_MRI          | CERVICAL, THORACIC, LUMBAR - PLAIN STUDY       | 5,960.00      | 7,525.00       | 7,545.00              | 8,275.00  | 8,425.00         |
| RADIO_MRI          | HEAD, STROKE, IAC, SELLA - CONTRAST STUDY      | 6,260.00      | 9,015.00       | 9,465.00              | 9,915.00  | 10,005.00        |
| RADIO_MRI          | HEAD, STROKE, IAC, SELLA - PLAIN STUDY         | 6,260.00      | 8,270.00       | 8,290.00              | 9,100.00  | 9,260.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                 | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|---|---------------|----------------|-----------------------|-----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIO_MRI          | KNEE (UNILATERAL) - CONTRAST STUDY                          | 9,985.00      | 9,910.00       | 10,730.00             | 10,730.00 | 10,730.00        |
| RADIO_MRI          | KNEE (UNILATERAL) - PLAIN STUDY                             | 5,400.00      | 7,200.00       | 7,560.00              | 8,040.00  | 8,280.00         |
| RADIO_MRI          | SHOULDER, ELBOW, LEG, PELVIS - CONTRAST STUDY               | 5,960.00      | 8,270.00       | 8,685.00              | 9,095.00  | 9,260.00         |
| RADIO_MRI          | SHOULDER, ELBOW, LEG, PELVIS - PLAIN STUDY                  | 5,960.00      | 7,525.00       | 7,900.00              | 8,275.00  | 8,425.00         |
| RADIO_MRI          | ABDOMEN, UPPER - CONTRAST                                   | 9,990.00      | 13,440.00      | 14,220.00             | 15,020.00 | 15,800.00        |
| RADIO_MRI          | ABDOMEN, UPPER - PLAIN                                      | 5,930.00      | 7,990.00       | 8,450.00              | 8,910.00  | 9,380.00         |
| RADIO_MRI          | ABDOMEN, WHOLE - CONTRAST                                   | 15,330.00     | 20,610.00      | 21,820.00             | 23,030.00 | 24,250.00        |
| RADIO_MRI          | ABDOMEN, WHOLE - PLAIN                                      | 8,890.00      | 11,970.00      | 12,660.00             | 13,360.00 | 14,060.00        |
| RADIO_MRI          | BREAST - CONTRAST   | 10,815.00     | 12,225.00      | 12,840.00             | 13,450.00 | 14,090.00        |
| RADIO_MRI          | BREAST - PLAIN  | 5,835.00      | 7,220.00       | 7,585.00              | 7,945.00  | 8,305.00         |
| RADIO_MRI          | CHEST (MEDIASTNUM) - CONTRAST                               | 11,100.00     | 14,940.00      | 15,820.00             | 16,700.00 | 17,590.00        |
| RADIO_MRI          | CHEST (MEDIASTNUM) - PLAIN                                  | 5,990.00      | 8,060.00       | 8,520.00              | 9,000.00  | 9,480.00         |
| RADIO_MRI          | SPECTROSCOPY - CONTRAST                                     | 8,475.00      | 9,580.00       | 10,060.00             | 10,540.00 | 11,015.00        |
| RADIO_MRI          | SPECTROSCOPY - PLAIN  | 5,930.00      | 7,225.00       | 7,585.00              | 7,945.00  | 8,305.00         |
| RADIO_OTHERS       | PORTAL FILMS (4-FILMS)                                      | 225.00        | 380.00         | 405.00                | 455.00    | 455.00           |
| RADIO_OTHERS       | PORTAL FILMS (5-FILMS)                                      | 280.00        | 450.00         | 470.00                | 515.00    | 515.00           |
| RADIO_OTHERS       | ACCESSORY-TATTOO KIT  | 50.00         | 50.00          | 50.00                 | 50.00     | 50.00            |
| RADIO_OTHERS       | ACCESSORY-THERMOPLASTIC MASK                                | 2,200.00      | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| RADIO_OTHERS       | BLOCKS-LARGE TRAY   | 1,005.00      | 1,480.00       | 1,570.00              | 1,655.00  | 1,655.00         |
| RADIO_OTHERS       | BLOCKS-SMALL TRAY   | 910.00        | 1,345.00       | 1,425.00              | 1,505.00  | 1,505.00         |
| RADIO_OTHERS       | PORTAL FILMS (1-FILM)                                       | 110.00        | 200.00         | 220.00                | 245.00    | 245.00           |
| RADIO_OTHERS       | PORTAL FILMS (2-FILMS)                                      | 150.00        | 255.00         | 270.00                | 285.00    | 285.00           |
| RADIO_OTHERS       | PORTAL FILMS (3-FILMS)                                      | 190.00        | 315.00         | 330.00                | 350.00    | 350.00           |
| RADIO_OTHERS       | PORTAL FILMS (6-FILMS)                                      | 310.00        | 525.00         | 545.00                | 565.00    | 565.00           |
| RADIO_OTHERS       | ACCESSORY- ALPHA CRADLE (INCLUDES SOLUTION AND PLASTIC BAG) | 300.00        | 500.00         | 500.00                | 500.00    | 500.00           |





| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| RADIO_OTHERS       | DOCUMENTATION FEE- CD/ROM/PC., PAPER PRINT | 65.00         | 250.00         | 250.00                | 250.00   | 250.00           |
| RADIO_OTHERS       | DOCUMENTATION FEE- FILM/PC., DRYVIEW PRINT | 150.00        | 250.00         | 250.00                | 250.00   | 250.00           |
| RADIO_UTZ          | LIVER [ULTRASOUND]                         | 275.00        | 690.00         | 725.00                | 760.00   | 795.00           |
| RADIO_UTZ          | GALLBLADDER [ULTRASOUND]                   | 315.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | PANCREAS [ULTRASOUND]                      | 315.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | KIDNEYS [ULTRASOUND]                       | 345.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | SPLEEN [ULTRASOUND]                        | 315.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | URINARY BLADDER [ULTRASOUND]               | 275.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | ABDOMINAL AORTA [ULTRASOUND]               | 380.00        | 555.00         | 580.00                | 640.00   | 665.00           |
| RADIO_UTZ          | THYROID [ULTRASOUND]                       | 275.00        | 690.00         | 725.00                | 760.00   | 795.00           |
| RADIO_UTZ          | PROSTATE [ULTRASOUND]                      | 275.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | PELVIS [ULTRASOUND]                        | 275.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | TESTES [ULTRASOUND]                        | 275.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | CRANIAL [ULTRASOUND]                       | 330.00        | 625.00         | 655.00                | 685.00   | 720.00           |
| RADIO_UTZ          | TWO (2) ORGANS [ULTRASOUND]                | 345.00        | 855.00         | 900.00                | 940.00   | 985.00           |
| RADIO_UTZ          | THREE (3) ORGANS [ULTRASOUND]              | 380.00        | 1,030.00       | 1,080.00              | 1,130.00 | 1,185.00         |
| RADIO_UTZ          | FOUR (4) ORGANS [ULTRASOUND]               | 410.00        | 1,195.00       | 1,255.00              | 1,315.00 | 1,375.00         |
| RADIO_UTZ          | FIVE (5) ORGANS [ULTRASOUND]               | 445.00        | 1,280.00       | 1,345.00              | 1,410.00 | 1,475.00         |
| RADIO_UTZ          | SIX (6) TO TEN (10) ORGANS [ULTRASOUND]    | 520.00        | 1,720.00       | 1,805.00              | 1,890.00 | 1,975.00         |
| RADIO_UTZ          | PROSTATE (TRANSRECTAL) [ULTRASOUND]        | 445.00        | -              | 1,080.00              | 1,130.00 | 1,185.00         |
| RADIO_UTZ          | TRANSVAGINAL/ TRANSRECTAL                  | 445.00        | 1,030.00       | 1,080.00              | 1,130.00 | 1,185.00         |
| RADIO_UTZ          | BIOPHYSICAL PROFILE [ULTRASOUND]           | 445.00        | 895.00         | 935.00                | 980.00   | 1,025.00         |
| RADIO_UTZ          | FETAL GENETIC STUDY [ULTRASOUND]           | 340.00        | 1,070.00       | 1,070.00              | 1,240.00 | 1,240.00         |
| RADIO_UTZ          | CAROTID ARTERY (UNILATERAL) [ULTRASOUND]   | 970.00        | 1,640.00       | 1,725.00              | 1,805.00 | 1,890.00         |
| RADIO_UTZ          | CAROTID ARTERY (BILATERAL) [ULTRASOUND]    | 1,550.00      | 2,630.00       | 2,760.00              | 2,895.00 | 3,025.00         |





| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                   | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| RADIO_UTZ          | SIMULATION [ULTRASOUND]                                       | 400.00        | 600.00         | 600.00                | 800.00   | 800.00           |
| RADIO_UTZ          | RISE WANGESTEIN   | 145.00        | 455.00         | 510.00                | 565.00   | 625.00           |
| RADIO_UTZ          | SCAPULA APL   | 165.00        | 375.00         | 395.00                | 470.00   | 510.00           |
| RADIO_UTZ          | SONOMAMMOGRAM   | 345.00        | 690.00         | 725.00                | 755.00   | 790.00           |
| RADIO_UTZ          | TRANSPHENOIDAL  | 435.00        | 1,190.00       | 1,335.00              | 1,485.00 | 1,635.00         |
| RADIO_UTZ          | FETAL & OBSTETRICAL INCL. BIOPHYSICAL PROFILE [ULTRASOUND]    | 470.00        | 970.00         | 1,015.00              | 1,065.00 | 1,115.00         |
| RADIO_UTZ          | UPPER/LOWER EXTREMITY ARTERY & VEIN (UNILATERAL) [ULTRASOUND] | 970.00        | 1,875.00       | 1,970.00              | 2,065.00 | 2,160.00         |
| RADIO_UTZ          | UPPER/LOWER EXTREMITY ARTERY & VEIN (BILATERAL) [ULTRASOUND]  | 1,550.00      | 2,630.00       | 2,760.00              | 2,895.00 | 3,025.00         |
| RADIO_UTZ          | ULTRASOUND GUIDED BIOPSY (EXCL. MAT'LS) [ULTRASOUND]          | 745.00        | 1,290.00       | 1,350.00              | 1,415.00 | 1,480.00         |
| RADIO_UTZ          | VENOGRAM BIL. (CONVENTIONAL)                                  | 195.00        | 720.00         | 815.00                | 905.00   | 995.00           |
| RADIO_UTZ          | VENOGRAM UNI (CONVENTIONAL)                                   | 130.00        | 480.00         | 545.00                | 605.00   | 660.00           |
| RADIO_UTZ          | CHEST [ULTRASOUND]  | 185.00        | -              | -                     | -        | -                |
| RADIO_UTZ          | PROSTATE (TRANSRECTAL))                                       | 300.00        | 865.00         | 865.00                | 1,050.00 | 1,050.00         |
| RADIO_XRAY         | CERVICO-THORACIC (AP, LAT)                                    | 210.00        | 620.00         | 650.00                | 750.00   | 790.00           |
| RADIO_XRAY         | SCOLIOTIC SERIES (6 FILMS)                                    | 475.00        | 1,230.00       | 1,290.00              | 1,490.00 | 1,560.00         |
| RADIO_XRAY         | WATER-SOLUBLE ENEMA (PEDIA)                                   | 6,690.00      | -              | 6,750.00              | 7,075.00 | 7,395.00         |
| RADIO_XRAY         | ANKLE (APL) BIL.  | 270.00        | 440.00         | 460.00                | 525.00   | 555.00           |
| RADIO_XRAY         | ANKLE (APL) UNI.  | 165.00        | 375.00         | 395.00                | 470.00   | 490.00           |
| RADIO_XRAY         | BABYGRAM  | 215.00        | 430.00         | 450.00                | 535.00   | 590.00           |
| RADIO_XRAY         | BONE AGING- ADULT   | 165.00        | 560.00         | 590.00                | 695.00   | 730.00           |
| RADIO_XRAY         | CERVICAL VERTEBRAE (AP, LAT)                                  | 210.00        | 420.00         | 440.00                | 525.00   | 555.00           |
| RADIO_XRAY         | CHEST BUCKY   | 165.00        | 375.00         | 395.00                | 490.00   | 515.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|------------------------------|---------------|----------------|-----------------------|----------|------------------|
|                    |                              |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| RADIO_XRAY         | CHEST (PA)                   | 165.00        | 315.00         | 330.00                | 425.00   | 445.00           |
| RADIO_XRAY         | CHEST (PA AND LAT)           | 210.00        | 465.00         | 485.00                | 515.00   | 540.00           |
| RADIO_XRAY         | CLAVICLE AP (BIL)            | 230.00        | 470.00         | 490.00                | 585.00   | 640.00           |
| RADIO_XRAY         | CLAVICLE AP (UNI)            | 165.00        | 350.00         | 365.00                | 430.00   | 495.00           |
| RADIO_XRAY         | CYSTOGRAPHY                  | 2,730.00      | 2,625.00       | 2,850.00              | 3,045.00 | 3,365.00         |
| RADIO_XRAY         | ELBOW (APL)                  | 165.00        | 275.00         | 290.00                | 355.00   | 370.00           |
| RADIO_XRAY         | ELBOW BIL.                   | 560.00        | 470.00         | 490.00                | 610.00   | 645.00           |
| RADIO_XRAY         | ENTIRE SPINES (AP, LAT)      | 485.00        | 895.00         | 935.00                | 1,120.00 | 1,180.00         |
| RADIO_XRAY         | ENTIRE SPINES (APL-OBLIQUES) | 1,195.00      | 1,205.00       | 1,265.00              | 1,460.00 | 620.00           |
| RADIO_XRAY         | ESOPHAGRAM/ BARIUM SWALLOW   | 1,385.00      | 1,795.00       | 1,885.00              | 1,975.00 | 2,065.00         |
| RADIO_XRAY         | FEMUR (APL)                  | 185.00        | 565.00         | 575.00                | 595.00   | 620.00           |
| RADIO_XRAY         | FEMUR BIL.                   | 580.00        | 840.00         | 885.00                | 885.00   | 925.00           |
| RADIO_XRAY         | FISTULOGRAM                  | 570.00        | -              | 1,055.00              | 1,095.00 | 1,205.00         |
| RADIO_XRAY         | FOOT (APL) BIL.              | 230.00        | 440.00         | 460.00                | 525.00   | 555.00           |
| RADIO_XRAY         | FOOT (APL) UNI.              | 165.00        | 375.00         | 395.00                | 470.00   | 490.00           |
| RADIO_XRAY         | FOREARM (APL)                | 180.00        | 360.00         | 380.00                | 440.00   | 460.00           |
| RADIO_XRAY         | FOREARM BIL.                 | 560.00        | 470.00         | 490.00                | 610.00   | 645.00           |
| RADIO_XRAY         | FOREIGN BODY NECK            | 210.00        | 355.00         | 375.00                | 525.00   | 555.00           |
| RADIO_XRAY         | HUMERUS (APL)                | 180.00        | 410.00         | 435.00                | 440.00   | 460.00           |
| RADIO_XRAY         | HUMERUS BIL.                 | 560.00        | 470.00         | 490.00                | 610.00   | 645.00           |
| RADIO_XRAY         | HYPOTONIC DUODENOGRAPHY      | 600.00        | 1,685.00       | 1,685.00              | 1,685.00 | 2,040.00         |
| RADIO_XRAY         | KNEES (APL) BIL.             | 230.00        | 480.00         | 505.00                | 580.00   | 610.00           |
| RADIO_XRAY         | KNEES (APL) UNI.             | 165.00        | 360.00         | 380.00                | 440.00   | 460.00           |
| RADIO_XRAY         | KUB                          | 195.00        | 405.00         | 425.00                | 480.00   | 505.00           |
| RADIO_XRAY         | LEG (APL)                    | 185.00        | 360.00         | 380.00                | 440.00   | 460.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION          | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--------------------------------------|---------------|----------------|-----------------------|----------|------------------|
|                    |                                      |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| RADIO_XRAY         | LEG BIL.                             | 605.00        | 520.00         | 545.00                | 685.00   | 720.00           |
| RADIO_XRAY         | MANDIBLE (AP & OBLIQUES)             | 240.00        | 425.00         | 445.00                | 595.00   | 625.00           |
| RADIO_XRAY         | NASAL BONE (WATER'S AND LAT)         | 210.00        | 405.00         | 425.00                | 495.00   | 520.00           |
| RADIO_XRAY         | PELVIMETRY                           | 300.00        | 860.00         | 905.00                | 1,165.00 | 1,225.00         |
| RADIO_XRAY         | PELVIS, HIP, HIP JOINT(APL)          | 180.00        | 540.00         | 545.00                | 595.00   | 625.00           |
| RADIO_XRAY         | PLAIN ABDOMEN (AP)                   | 195.00        | 405.00         | 425.00                | 480.00   | 505.00           |
| RADIO_XRAY         | PNS (PA, WATERS, LAT VIEWS)          | 260.00        | 470.00         | 490.00                | 440.00   | 705.00           |
| RADIO_XRAY         | PNS (WATER'S VIEW ONLY)              | 155.00        | 325.00         | 345.00                | 440.00   | 460.00           |
| RADIO_XRAY         | REGTROGRADE PYELOGRAPHY              | 3,935.00      | 3,890.00       | 4,085.00              | 4,280.00 | 4,475.00         |
| RADIO_XRAY         | SACRO-ILIAC JOINTS                   | 315.00        | 420.00         | 440.00                | 525.00   | 555.00           |
| RADIO_XRAY         | SHOULDER (APL) BIL.                  | 285.00        | 480.00         | 505.00                | 580.00   | 610.00           |
| RADIO_XRAY         | SHOULDER (APL) UNI                   | 185.00        | 495.00         | 520.00                | 470.00   | 490.00           |
| RADIO_XRAY         | SHUNT SERIES/ SHUNTOGRAM             | 425.00        | 895.00         | 940.00                | 875.00   | 965.00           |
| RADIO_XRAY         | SIALOGRAM                            | 3,345.00      | 3,365.00       | 3,530.00              | 3,700.00 | 3,865.00         |
| RADIO_XRAY         | SINUGRAM                             | 570.00        | -              | 1,055.00              | 1,095.00 | 1,205.00         |
| RADIO_XRAY         | SKULL (AP OR PA AND LAT)             | 215.00        | 610.00         | 625.00                | 675.00   | 705.00           |
| RADIO_XRAY         | SOFT TISSUE NECK                     | 210.00        | 355.00         | 375.00                | 525.00   | 555.00           |
| RADIO_XRAY         | THORACO-LUMBAR (AP, LAT)             | 305.00        | 660.00         | 695.00                | 650.00   | 685.00           |
| RADIO_XRAY         | VOIDING CYSTOURETHROGRAM             | 3,890.00      | 4,445.00       | 4,670.00              | 4,890.00 | 5,110.00         |
| RADIO_XRAY         | WRIST, HAND (APL)                    | 165.00        | 345.00         | 365.00                | 355.00   | 370.00           |
| RADIO_XRAY         | WRIST, HAND BIL.                     | 375.00        | 470.00         | 490.00                | 610.00   | 645.00           |
| RADIO_XRAY         | ZYGOMA BONE (BILATERAL)              | 240.00        | 580.00         | 610.00                | 700.00   | 735.00           |
| RADIO_XRAY         | ADDITIONAL CHEST (OBLIQUE, LORDOTIC) | 135.00        | 305.00         | 310.00                | 335.00   | 355.00           |
| RADIO_XRAY         | BARIUM ENEMA (SINGLE CONTRAST)       | 975.00        | -              | 2,005.00              | 2,250.00 | 2,100.00         |
| RADIO_XRAY         | CERVICAL VERTEBRAE (APL, OBLIQUE)    | 290.00        | 660.00         | 675.00                | 710.00   | 745.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION   | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| RADIO_XRAY         | CERVICO-THORACIC (APL, OBLIQUES)                                    | 330.00        | 830.00         | 870.00                | 1,005.00 | 1,060.00         |
| RADIO_XRAY         | COLONOGRAM (ANTE OR RETROGRADE)                                     | 660.00        | -              | 1,165.00              | 1,500.00 | 1,450.00         |
| RADIO_XRAY         | DACROCYSTOGRAPHY (DYE EXCLUDED)                                     | 285.00        | 720.00         | 720.00                | 875.00   | 875.00           |
| RADIO_XRAY         | FLOUROSCOPY MACHINE PER HOUR  | 685.00        | 715.00         | 740.00                | 785.00   | 820.00           |
| RADIO_XRAY         | HYSTERO-SALPINGOGRAPHY/ TUBE VAGINOGRAM                             | 2,785.00      | 2,835.00       | 3,210.00              | 3,225.00 | 3,295.00         |
| RADIO_XRAY         | LUMBO-SACRAL VERTEBRAE (AP, LAT)                                    | 255.00        | 480.00         | 505.00                | 580.00   | 610.00           |
| RADIO_XRAY         | LUMBO-SACRAL VERTEBRAE (APL, OBLIQUES)                              | 410.00        | 555.00         | 585.00                | 670.00   | 705.00           |
| RADIO_XRAY         | MASTOID(TOWNES, CALDWELLS, SCHULLERS)                               | 290.00        | 485.00         | 510.00                | 680.00   | 715.00           |
| RADIO_XRAY         | ONE-SHOT OR ORAL CHOLANGIOGRAM/GALL<br>BALDDER SERIES OR ORAL CHOLE | 520.00        | 680.00         | 680.00                | 680.00   | 935.00           |
| RADIO_XRAY         | OPERATIVE CHOLANGIOGRAM & UROLOGRAM                                 | 1,430.00      | 2,135.00       | 2,140.00              | 2,345.00 | 2,455.00         |
| RADIO_XRAY         | PELVIS, HIP, HIP JOINT (AP, LAT, OR OBLIQUE)                        | 270.00        | 470.00         | 470.00                | 540.00   | 565.00           |
| RADIO_XRAY         | PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE<br>(PTBD)                | 1,340.00      | 1,910.00       | 1,940.00              | 2,105.00 | 2,200.00         |
| RADIO_XRAY         | PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM<br>(PTC)                    | 895.00        | 1,415.00       | 1,485.00              | 1,560.00 | 1,630.00         |
| RADIO_XRAY         | PLAIN ABDOMEN (FLAT & UPRIGHT)                                      | 195.00        | 575.00         | 605.00                | 570.00   | 560.00           |
| RADIO_XRAY         | SACRUM-COCCYX (AP, LATERAL)   | 215.00        | 420.00         | 440.00                | 580.00   | 610.00           |
| RADIO_XRAY         | SACRUM-COCCYX (APL, OBLIQUES)                                       | 345.00        | 625.00         | 655.00                | 610.00   | 640.00           |
| RADIO_XRAY         | SELLA TURCICA (TOWNES AND LAT)                                      | 210.00        | 405.00         | 425.00                | 495.00   | 520.00           |
| RADIO_XRAY         | SHOULDER (INT. EXT. NEUTRAL) UNI.                                   | 320.00        | 480.00         | 505.00                | 580.00   | 610.00           |
| RADIO_XRAY         | SIALGGRAPHY (DYE EXCLUDED)  | 425.00        | 880.00         | 910.00                | 970.00   | 1,020.00         |
| RADIO_XRAY         | SKELETAL SURVEY ADULT & CHILDREN                                    | 910.00        | 1,925.00       | 2,020.00              | 2,330.00 | 2,445.00         |
| RADIO_XRAY         | THORACIC VERTEBRAE (AP, LAT)  | 305.00        | 500.00         | 525.00                | 610.00   | 640.00           |
| RADIO_XRAY         | THORACIC VERTEBRAE (APL, OBLIQUES)                                  | 430.00        | 840.00         | 885.00                | 925.00   | 970.00           |
| RADIO_XRAY         | THORACO-LUMBAR (APL, OBLIQUE)                                       | 430.00        | 1,010.00       | 1,060.00              | 1,115.00 | 1,170.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                   | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|---|---------------|----------------|-----------------------|-----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIO_XRAY         | TMJ (CLOSED, OPEN MOUTH VIEWS)                                | 260.00        | 590.00         | 620.00                | 650.00    | 680.00           |
| RADIO_XRAY         | T-TUBE CHOLANGIOGRAM / RETROGRADE CHOLANGIOGRAM               | 2,530.00      | 2,430.00       | 2,550.00              | 3,180.00  | 3,295.00         |
| RADIO_XRAY         | UGIS W/SMALL INTESTINE SERIES OR SIS ONLY/LOOPOGRAM           | 1,040.00      | -              | 2,105.00              | 3,200.00  | 3,400.00         |
| RADIO_XRAY         | UPPER GASTROINTESTINAL SERIES                                 | 1,340.00      | 2,630.00       | 2,760.00              | 2,895.00  | 3,025.00         |
| RADIO_XRAY         | DUCTOGRAM   | 3,400.00      | 3,270.00       | 3,430.00              | 3,515.00  | 3,595.00         |
| RADIO_XRAY         | VOLDING CYTOURETHROGRAM                                       | 2,610.00      | -              | 3,680.00              | 3,700.00  | 3,780.00         |
| RADIO_XRAY         | WATER-SOLUBLE ENEMA (ADULT)                                   | 12,210.00     | 10,170.00      | 10,680.00             | 11,190.00 | 11,695.00        |
| RADIO_XRAY         | X-RAY, CEPHALOMETRIC  | 500.00        | 750.00         | 790.00                | 840.00    | 880.00           |
| RADIO_XRAY         | X-RAY, PANORAMIC  | 570.00        | 670.00         | 710.00                | 750.00    | 790.00           |
| RADIO_XRAY         | BARIUM ENEMA  | 3,245.00      | 3,120.00       | 3,315.00              | 3,670.00  | 3,770.00         |
| RADIO_XRAY         | CARDIAC SERIES ADULT  | 405.00        | 960.00         | 960.00                | 1,165.00  | 1,165.00         |
| RADIO_XRAY         | CARDIAC SERIES INFANT   | 280.00        | 960.00         | 960.00                | 1,165.00  | 1,165.00         |
| RADIO_XRAY         | COLONOGRAM (ANTE OR RETROGRADE, USING BARIUM SULFATE)         | 1,925.00      | 1,850.00       | 1,940.00              | 2,250.00  | 2,590.00         |
| RADIO_XRAY         | COLONOGRAM (ANTE OR RETROGRADE, USING WATER SOLUBLE CONTRAST) | 5,635.00      | 5,330.00       | 5,595.00              | 5,905.00  | 6,180.00         |
| RADIO_XRAY         | FISTULOGRAM/ SINUGRAM   | 2,740.00      | 2,635.00       | 2,765.00              | 2,900.00  | 3,030.00         |
| RADIO_XRAY         | KUB - IVP   | 2,420.00      | -              | -                     | -         | -                |
| RADIO_XRAY         | ONE - SHOT INTRAVENOUS PYELOGRAM (IVP)                        | 520.00        | 680.00         | 680.00                | 680.00    | 935.00           |
| RADIO_XRAY         | ORBIT AND OPTIC FORAMEN                                       | 240.00        | 470.00         | 490.00                | 680.00    | 715.00           |
| RADIO_XRAY         | SINUGRAM (SAME AS FISTULUGRAM)                                | 3,620.00      | 3,620.00       | 3,805.00              | 3,985.00  | 4,165.00         |
| RADIO_XRAY         | T - TUBE CHOLANGIOGRAM/RETROGRADE CHOLANGIOGRAM               | 2,235.00      | 2,665.00       | 2,950.00              | 3,495.00  | 3,605.00         |
| RADIO_XRAY         | UGIS USING BARIUM SULFATE                                     | 2,190.00      | 3,525.00       | 3,705.00              | 3,880.00  | 4,055.00         |



| DEPARTMENT-SECTION   | PRODUCT/SERVICE DESCRIPTION   | SERVICE RATES | PAY RATES      |                       |           |                  |
|----------------------|---|---------------|----------------|-----------------------|-----------|------------------|
|                      |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIO_XRAY           | UGIS USING WATER-SOLUBLE CONTRAST   | 5,830.00      | 6,020.00       | 6,325.00              | 7,105.00  | 7,255.00         |
| RADIO_XRAY           | UGIS W/SMALL INTESTINE SERIES OR SIS USING BARIUM SULFATE                 | 2,400.00      | 3,570.00       | 3,750.00              | 4,080.00  | 4,335.00         |
| RADIO_XRAY           | UGIS W/SMALL INTESTINE SERIES OR SIS USING WATER-SOLUBLE CONTRAST (ADULT) | 5,910.00      | 6,430.00       | 6,750.00              | 7,735.00  | 7,990.00         |
| RADIO_XRAY           | UGIS W/SMALL INTESTINE SERIES OR SIS USING WATER-SOLUBLE CONTRAST (PEDIA) | 3,190.00      | 3,065.00       | 3,215.00              | 3,370.00  | 3,525.00         |
| RADIOLOGY            | DUCTOGRAM - WITH FILM   | 3,800.00      | 5,870.00       | 6,210.00              | 6,560.00  | 6,900.00         |
| RADIOLOGY            | DUCTOGRAM - WITHOUT FILM  | 3,130.00      | 4,840.00       | 5,120.00              | 5,410.00  | 5,690.00         |
| RADIOLOGY            | MAMMOGRAPHY (2 VIEWS) - WITH FILM   | 980.00        | 1,520.00       | 1,610.00              | 1,700.00  | 1,790.00         |
| RADIOLOGY            | MAMMOGRAPHY (2 VIEWS) - WITHOUT FILM                                      | 650.00        | 1,000.00       | 1,060.00              | 1,110.00  | 1,170.00         |
| RADIOLOGY            | MAMMOGRAPHY (4 VIEWS) - WITH FILM   | 1,520.00      | 2,350.00       | 2,490.00              | 2,630.00  | 2,760.00         |
| RADIOLOGY            | MAMMOGRAPHY (4 VIEWS) - WITHOUT FILM                                      | 850.00        | 1,320.00       | 1,390.00              | 1,470.00  | 1,550.00         |
| RADIOLOGY            | NEEDLE LOCALIZATION - WITH FILM   | 3,570.00      | 5,520.00       | 5,840.00              | 6,170.00  | 6,490.00         |
| RADIOLOGY            | NEEDLE LOCALIZATION - WITHOUT FILM  | 2,570.00      | 3,980.00       | 4,210.00              | 4,450.00  | 4,680.00         |
| RADIOLOGY            | INTRAOPERATIVE RADIATION THERAPY (IORT)                                   | 19,050.00     | -              | 21,978.00             | 26,883.00 | 38,331.00        |
| RADIOLOGY            | COBALT THERAPY  | 360.00        | 500.00         | 600.00                | 670.00    | 670.00           |
| RADIOLOGY            | IGBT (ADDITIONAL FOR THE USE OF CT SCAN)                                  | 3,125.00      | 3,900.00       | 3,900.00              | 3,900.00  | 3,900.00         |
| RADIOLOGY            | HDR BRACHYTHERAPY (1ST SESSION)   | 18,875.00     | 19,630.00      | 19,630.00             | 19,630.00 | 19,630.00        |
| RADIOLOGY            | HDR BRACHYTHERAPY (SUCCEEDING SESSIONS)                                   | 17,000.00     | 17,680.00      | 17,680.00             | 17,680.00 | 17,680.00        |
| RADIOLOGY - ONCOLOGY | SIMPLE IMRT-DAILY TREATMENT   | 5,200.00      | 6,000.00       | 6,000.00              | 6,000.00  | 6,000.00         |
| RADIOLOGY - ONCOLOGY | SIMPLE IMRT-TREATMENT PLANNING  | 9,600.00      | -              | -                     | -         | -                |
| RADIOLOGY - ONCOLOGY | COMPLEX IMRT-DAILY TREATMENT  | 5,200.00      | 6,000.00       | 6,000.00              | 6,000.00  | 6,000.00         |
| RADIOLOGY - ONCOLOGY | CT SIMULATION 2D  | 17,550.00     | 17,713.00      | 17,713.00             | 17,713.00 | 17,713.00        |
| RADIOLOGY - ONCOLOGY | CT SIMULATION 3D  | 17,550.00     | 17,713.00      | 17,713.00             | 17,713.00 | 17,713.00        |
| RADIOLOGY - ONCOLOGY | CT SIMULATION COMPLEX IMRT  | 17,550.00     | 17,713.00      | 17,713.00             | 17,713.00 | 17,713.00        |



| DEPARTMENT-SECTION   | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|----------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                      |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIOLOGY - ONCOLOGY | CT SIMULATION SIMPLE IMRT  | 17,550.00     | 17,713.00      | 17,713.00             | 17,713.00 | 17,713.00        |
| RADIOLOGY - ONCOLOGY | DAILY TREATMENT 2D   | 2,750.00      | 2,860.00       | 2,860.00              | 2,860.00  | 2,860.00         |
| RADIOLOGY - ONCOLOGY | DAILY TREATMENT 3D   | 2,860.00      | 2,970.00       | 2,970.00              | 2,970.00  | 2,970.00         |
| RADIOLOGY - ONCOLOGY | PLANNING 2D  | 12,000.00     | 12,480.00      | 12,480.00             | 12,480.00 | 12,480.00        |
| RADIOLOGY - ONCOLOGY | PLANNING 3D  | 12,480.00     | 14,300.00      | 14,300.00             | 14,300.00 | 14,300.00        |
| RADIOLOGY - ONCOLOGY | PLANNING COMPLEX IMRT  | 12,480.00     | 14,520.00      | 14,520.00             | 14,520.00 | 14,520.00        |
| RADIOLOGY - ONCOLOGY | PLANNING SIMPLE IMRT   | 12,480.00     | 14,520.00      | 14,520.00             | 14,520.00 | 14,520.00        |
| RADIOLOGY - ONCOLOGY | CT SIMULATION/TUMOR LOCALIZATION (COMPLEX PLAIN) PLUS  | 5,000.00      | 6,000.00       | 6,000.00              | 6,000.00  | 6,000.00         |
| RADIOLOGY - ONCOLOGY | CONTRAST   | 3,500.00      | 4,200.00       | 4,200.00              | 4,200.00  | 4,200.00         |
| RADIOLOGY - ONCOLOGY | CT SIMULATION/TUMOR LOCALIZATION (COMPLEX PLAIN)   | 5,000.00      | 6,000.00       | 6,000.00              | 6,000.00  | 6,000.00         |
| RADIOLOGY - ONCOLOGY | CT SIMULATION/TUMOR LOCALIZATION (SIMPLE PLAIN)  | 2,500.00      | 3,000.00       | 3,000.00              | 3,000.00  | 3,000.00         |
| RADIOLOGY - ONCOLOGY | DAILY TREATMENT 3D CONFORMAL   | 2,200.00      | 2,700.00       | 2,700.00              | 2,700.00  | 2,700.00         |
| RADIOLOGY - ONCOLOGY | DAILY TREATMENT CONVENTIONAL   | 2,200.00      | 2,200.00       | 2,200.00              | 2,200.00  | 2,200.00         |
| RADIOLOGY - ONCOLOGY | DAILY TREATMENT IMRT   | 5,000.00      | 6,000.00       | 6,000.00              | 6,000.00  | 6,000.00         |
| RADIOLOGY - ONCOLOGY | IMMOBILIZATION AND ACCESSORIES ABDOMEN, HIP AND PELVIS BOARD WITH REINFORCED THERMOPLASTIC (SEMI - REUSABLE) | 5,000.00      | 7,000.00       | 7,000.00              | 7,000.00  | 7,000.00         |
| RADIOLOGY - ONCOLOGY | IMMOBILIZATION AND ACCESSORIES - A&B SOLUTION  | 300.00        | 500.00         | 500.00                | 500.00    | 500.00           |
| RADIOLOGY - ONCOLOGY | IMMOBILIZATION AND ACCESSORIES BELLY BOARD (REUSABLE)  | 2,000.00      | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| RADIOLOGY - ONCOLOGY | IMMOBILIZATION AND ACCESSORIES BREAST BOARD (REUSABLE)   | 2,000.00      | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| RADIOLOGY - ONCOLOGY | IMMOBILIZATION AND ACCESSORIES CUSTOMIZED BLOCKS - ELECTRON BLOCKS   | 2,000.00      | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |



| DEPARTMENT-SECTION       | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                          |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RADIOLOGY - ONCOLOGY     | IMMOBILIZATION AND ACCESSORIES CUSTOMIZED BLOCKS - PHOTON BLOCKS                 | 900.00        | 1,500.00       | 1,500.00              | 1,500.00  | 1,500.00         |
| RADIOLOGY - ONCOLOGY     | IMMOBILIZATION AND ACCESSORIES - HEAD MASK (SEMI REUSABLE) HEAD & NECK           | 2,200.00      | 3,500.00       | 3,500.00              | 3,500.00  | 3,500.00         |
| RADIOLOGY - ONCOLOGY     | IMMOBILIZATION AND ACCESSORIES - HEAD MASK (SEMI REUSABLE) HEAD, NECK & SHOULDER | 4,000.00      | 5,000.00       | 5,000.00              | 5,000.00  | 5,000.00         |
| RADIOLOGY - ONCOLOGY     | IMMOBILIZATION AND ACCESSORIES VACLOC (REUSABLE) HALF BODY                       | 3,000.00      | 4,000.00       | 4,000.00              | 4,000.00  | 4,000.00         |
| RADIOLOGY - ONCOLOGY     | IMMOBILIZATION AND ACCESSORIES VACLOC (REUSABLE) WHOLE BODY                      | 5,000.00      | 6,000.00       | 6,000.00              | 6,000.00  | 6,000.00         |
| RADIOLOGY - ONCOLOGY     | IMMOBILIZATION AND ACCESSORIES WING BOARD (REUSABLE)                             | 2,000.00      | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| RADIOLOGY - ONCOLOGY     | PLANNING TPS/TREATMENT DOSIMETRY 3D CONFORMAL                                    | 9,600.00      | 13,000.00      | 13,000.00             | 13,000.00 | 13,000.00        |
| RADIOLOGY - ONCOLOGY     | PLANNING TPS/TREATMENT DOSIMETRY CONVENTIONAL                                    | 9,600.00      | 9,600.00       | 9,600.00              | 9,600.00  | 9,600.00         |
| RADIOLOGY - ONCOLOGY     | PLANNING TPS/TREATMENT DOSIMETRY IMRT  | 15,000.00     | 25,000.00      | 25,000.00             | 25,000.00 | 25,000.00        |
| RADIOLOGY-INTERVENTIONAL | BRONCHOGRAM [INTERVENTIONAL]   | 365.00        | 1,670.00       | 1,670.00              | 2,085.00  | 2,085.00         |
| RADIOLOGY-INTERVENTIONAL | MYELOGRAM [INTERVENTIONAL]   | 435.00        | 1,685.00       | 1,685.00              | 2,040.00  | 2,040.00         |
| RADIOLOGY-INTERVENTIONAL | VENTRICULOGRAPHY [INTERVENTIONAL]  | 510.00        | 1,685.00       | 1,685.00              | 2,040.00  | 2,040.00         |
| RADIOLOGY-INTERVENTIONAL | AORTOGRAM [INTERVENTIONAL]   | 3,000.00      | 4,770.00       | 4,770.00              | 5,960.00  | 5,960.00         |
| RADIOLOGY-INTERVENTIONAL | ARTHROGRAPHY [INTERVENTIONAL]  | 615.00        | 2,145.00       | 2,145.00              | 2,680.00  | 2,680.00         |
| RADIOLOGY-INTERVENTIONAL | CEREBRAL ANGIOGRAM - ONE (1) VESSEL [INTERVENTIONAL]                             | 3,070.00      | 4,770.00       | 4,770.00              | 5,960.00  | 5,960.00         |
| RADIOLOGY-INTERVENTIONAL | CEREBRAL ANGIOGRAM - THREE (3) VESSELS [INTERVENTIONAL]                          | 4,370.00      | 8,940.00       | 8,940.00              | 11,175.00 | 11,175.00        |
| RADIOLOGY-INTERVENTIONAL | CEREBRAL ANGIOGRAM - TWO (2) VESSELS   | 3,900.00      | 5,960.00       | 5,960.00              | 7,450.00  | 7,450.00         |





| DEPARTMENT-SECTION       | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                          |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
|                          | [INTERVENTIONAL]   |               |                |                       |          |                  |
| RADIOLOGY-INTERVENTIONAL | ENDOSCOPIC RETROGRADE CHOLANGIOGRAM (ERCP)<br>[INTERVENTIONAL]             | 750.00        | 1,820.00       | 1,820.00              | 2,280.00 | 2,280.00         |
| RADIOLOGY-INTERVENTIONAL | PERIPHERAL ARTERIOGRAM [INTERVENTIONAL]                                    | 3,225.00      | 3,575.00       | 3,575.00              | 4,470.00 | 4,470.00         |
| RADIOLOGY-INTERVENTIONAL | RENAL ARTERIOGRAM & SUPERSELECTIVE<br>ARTERIOGRAM [INTERVENTIONAL]         | 3,225.00      | 3,575.00       | 3,575.00              | 4,470.00 | 4,470.00         |
| REHAB. MED- SERVICES     | ADVANCED PHYSICAL THERAPY CLINICAL<br>OBSERVERSHIP PROGRAM (APTOP) / MONTH | 5,000.00      | 5,000.00       | 5,000.00              | 5,000.00 | 5,000.00         |
| REHAB. MED- SERVICES     | PSYCHOLOGICAL EVALUATION PER TEST  | 200.00        | 650.00         | 715.00                | 780.00   | 810.00           |
| REHAB. MED- SERVICES     | PSYCHOLOGICAL TESTING (BATTERY OF TEST)                                    | 650.00        | 5,200.00       | -                     | -        | -                |
| REHAB. MED- SERVICES     | PSYCHOTHERAPY (COUNSELING OR BEHAVIOR<br>THERAPY)                          | 200.00        | 1,300.00       | 550.00                | 600.00   | 600.00           |
| REHAB. MED- SERVICES     | ADVANCED PHYSICAL THERAPY HANDS-ON TRAINING<br>PROGRAM (APHTOP) / WEEK     | 2,000.00      | 2,000.00       | 2,000.00              | 2,000.00 | 2,000.00         |
| REHAB. MED- SERVICES     | OCCUPATIONAL THERAPY CLINICAL TRAINING<br>PROGRAM (OCTP)                   | 4,500.00      | -              | -                     | 4,500.00 | -                |
| REHAB. MED- SERVICES     | SPEECH AND LANGUAGE THERAPY (BASE RATE)                                    | -             | 500.00         | -                     | 600.00   | 625.00           |
| REHAB. MED- SERVICES     | SPEECH AND LANGUAGE THERAPY (FORMAL TEST)                                  | -             | 500.00         | -                     | 600.00   | 625.00           |
| REHAB. MED- SERVICES     | BALANCE TRAINER AND TREADMILL MACHINE                                      | -             | 500.00         | 570.00                | 640.00   | 710.00           |
| REHAB. MED- SERVICES     | EVALUATION: BASE RATE  | -             | 500.00         | 550.00                | 600.00   | 625.00           |
| REHAB. MED- SERVICES     | EVALUATION : FORMAL TEST (PER TEST)  | -             | 500.00         | 550.00                | 600.00   | 625.00           |
| REHAB. MED- SERVICES     | OCCUPATIONAL THERAPY   | 200.00        | 650.00         | 715.00                | 780.00   | 810.00           |
| REHAB. MED- SERVICES     | PHYSICAL THERAPY SERVICES  | 240.00        | 795.00         | 870.00                | 980.00   | 1,090.00         |
| REHAB. MED- SERVICES     | PSYCHOLOGICAL/BEHAVIORAL THERAPY,  | 150.00        | 500.00         | 550.00                | 600.00   | 625.00           |
| REHAB. MED- SERVICES     | PSYCHOLOGICAL EVALUATION   | -             | 1,000.00       | 1,140.00              | 1,290.00 | 1,430.00         |
| REHAB. MED- SERVICES     | PSYCHOLOGICAL TESTING  | -             | 3,000.00       | 3,430.00              | 3,860.00 | 4,290.00         |



| DEPARTMENT-SECTION   | PRODUCT/SERVICE DESCRIPTION                       | SERVICE RATES | PAY RATES      |                       |          |                  |
|----------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                      |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| REHAB. MED- SERVICES | SHOCKWAVE THERAPY AND COLD AIR THERAPY SYSTEM,    | -             | 500.00         | 570.00                | 640.00   | 710.00           |
| REHAB. MED- SERVICES | SPEECH AND LANGUAGE THERAPY,                      | 200.00        | 650.00         | 715.00                | 780.00   | 810.00           |
| REHAB. MED-EQUIPMENT | USE OF HOCOMA LOKOMAT MACHINE                     | 2,700.00      | -              | -                     | 4,000.00 | -                |
| REHAB. MED-EQUIPMENT | BALANCE TRAINER                                   | 425.00        | 630.00         | 630.00                | 665.00   | 705.00           |
| REHAB. MED-EQUIPMENT | COLD AIR AND THERAPY SYSTEM                       | 375.00        | 550.00         | 550.00                | 585.00   | 615.00           |
| REHAB. MED-EQUIPMENT | CONTINUOUS PASSIVE MOTION MACHINE                 | 340.00        | 500.00         | 500.00                | 530.00   | 560.00           |
| REHAB. MED-EQUIPMENT | DEFIBRILLATOR/DAY                                 | 115.00        | 400.00         | 400.00                | 400.00   | 400.00           |
| REHAB. MED-EQUIPMENT | SHOCKWAVE THERAPY                                 | 370.00        | 550.00         | 550.00                | 585.00   | 615.00           |
| REHAB. MED-EQUIPMENT | SHOCKWAVE THERAPY AND COLD AIR AND THERAPY SYSTEM | -             | 500.00         | 570.00                | 640.00   | 710.00           |
| REHAB. MED-EQUIPMENT | TREADMILL MACHINE                                 | 390.00        | 580.00         | 580.00                | 610.00   | 645.00           |
| REHAB. MED-OTHERS    | EMG   | 630.00        | -              | 1,500.00              | 1,500.00 | 1,500.00         |
| REHAB. MED-OTHERS    | MSK-UTZ   | 850.00        | -              | 1,380.00              | 1,460.00 | 1,540.00         |
| REHAB. MED-OTHERS    | UTILITIES/HOUR                                    | 32.90         | 32.90          | 32.90                 | 32.90    | 32.90            |
| REHAB. MED-OTHERS    | ADAPTED SEAT (PERMAHARD FOAM)                     | 550.00        | 2,500.00       | 2,500.00              | 2,500.00 | 2,500.00         |
| REHAB. MED-OTHERS    | ADAPTIVE DEVICES - ADAPTED SEAT (PERMAHARD FOAM)  | 590.00        | 2,630.00       | 2,750.00              | 2,880.00 | 3,000.00         |
| REHAB. MED-OTHERS    | ADAPTIVE DEVICES - BOBATH SLING/HEMI SLING        | 860.00        | 950.00         | 990.00                | 1,040.00 | 1,080.00         |
| REHAB. MED-OTHERS    | ADAPTIVE DEVICES - DYNAMIC ADA                    | 430.00        | 530.00         | 550.00                | 580.00   | 600.00           |
| REHAB. MED-OTHERS    | ADAPTIVE DEVICES - UNIVERSAL CUFF                 | 160.00        | 210.00         | 220.00                | 230.00   | 240.00           |
| REHAB. MED-OTHERS    | ADAPTIVE DEVICES - UNIVERSAL CUFF (AMPUTEE)       | 300.00        | 400.00         | 420.00                | 440.00   | 440.00           |
| REHAB. MED-OTHERS    | BOBATH SLING/HEMI SLING                           | 800.00        | 900.00         | 900.00                | 900.00   | 900.00           |
| REHAB. MED-OTHERS    | DYNAMIC ADA                                       | 400.00        | 500.00         | 500.00                | 500.00   | 500.00           |
| REHAB. MED-OTHERS    | EMG-NCV,  | 630.00        | 1,500.00       | -                     | -        | -                |
| REHAB. MED-OTHERS    | TRANSCRANIAL MAGNETIC STIMULATION (10             | 17,425.00     | 25,755.00      | -                     | -        | -                |



| DEPARTMENT-SECTION    | PRODUCT/SERVICE DESCRIPTION                     | SERVICE RATES | PAY RATES      |                       |          |                  |
|-----------------------|---|---------------|----------------|-----------------------|----------|------------------|
|                       |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
|                       | SESSIONS)                                       |               |                |                       |          |                  |
| REHAB. MED-OTHERS     | TRANSCRANIAL MAGNETIC STIMULATION (15 SESSIONS) | 26,138.00     | 38,632.00      | -                     | -        | -                |
| REHAB. MED-OTHERS     | TRANSCRANIAL MAGNETIC STIMULATION (5 SESSIONS ) | 8,710.00      | 12,878.00      | -                     | -        | -                |
| REHAB. MED-OTHERS     | TRANSCRANIAL MAGNETIC STIMULATION (PER SESSION) | 2,050.00      | 3,030.00       | -                     | -        | -                |
| REHAB. MED-OTHERS     | UNIVERSAL CUFF                                  | 150.00        | 200.00         | 200.00                | 200.00   | 200.00           |
| REHAB. MED-OTHERS     | UNIVERSAL CUFF (AMPUTEE)                        | 280.00        | 380.00         | 380.00                | 380.00   | 380.00           |
| RENAL / DIALYSIS UNIT | BLOODLINE                                       | 200.00        | -              | 200.00                | 200.00   | 200.00           |
| RENAL / DIALYSIS UNIT | HDF ONLINE TUBING                               | 300.00        | -              | 300.00                | 300.00   | 300.00           |
| RENAL / DIALYSIS UNIT | HI-FLUX (NEW DIALYZER B-BRAUN)                  | 2,800.00      | -              | 2,800.00              | 2,800.00 | 2,800.00         |
| RENAL / DIALYSIS UNIT | HI-FLUX (NEW DIALYZER PGH)                      | 1,105.00      | -              | 1,625.00              | 1,625.00 | 1,625.00         |
| RENAL / DIALYSIS UNIT | HI-FLUX (RE-USE DIALYZER B-BRAUN)               | 1,450.00      | -              | 1,450.00              | 1,450.00 | 1,450.00         |
| RENAL / DIALYSIS UNIT | HI-FLUX (RE-USE DIALYZER PGH)                   | 455.00        | -              | 975.00                | 975.00   | 975.00           |
| RENAL / DIALYSIS UNIT | HIPS 18   | 2,000.00      | -              | 2,000.00              | 2,000.00 | 2,000.00         |
| RENAL / DIALYSIS UNIT | HIPS 20   | 2,300.00      | -              | 2,300.00              | 2,300.00 | 2,300.00         |
| RENAL / DIALYSIS UNIT | LOPS 15   | 800.00        | -              | 800.00                | 800.00   | 800.00           |
| RENAL / DIALYSIS UNIT | LOPS 18   | 850.00        | -              | 850.00                | 850.00   | 850.00           |
| RENAL / DIALYSIS UNIT | LOPS 20   | 900.00        | -              | 900.00                | 900.00   | 900.00           |
| RENAL / DIALYSIS UNIT | LOPS LOT 12                                     | 750.00        | -              | 750.00                | 750.00   | 750.00           |
| RENAL / DIALYSIS UNIT | LOW FLUX (NEW DIALYZER B-BRAUN)                 | 2,500.00      | -              | 2,500.00              | 2,500.00 | 2,500.00         |
| RENAL / DIALYSIS UNIT | LOW FLUX (NEW DIALYZER PGH)                     | 255.00        | -              | 775.00                | 775.00   | 775.00           |
| RENAL / DIALYSIS UNIT | LOW FLUX (RE-USE DIALYZER B-BRAUN)              | 1,395.00      | -              | 1,395.00              | 1,395.00 | 1,395.00         |
| RENAL / DIALYSIS UNIT | LOW FLUX (RE-USE DIALYZER PGH)                  | 510.00        | -              | 1,030.00              | 1,030.00 | 1,030.00         |
| RENAL / DIALYSIS UNIT | XEVONTA H123                                    | 2,200.00      | -              | 2,200.00              | 2,200.00 | 2,200.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                  | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RIL - LABORATORIES | ANTI-R-TSH (TRAB)  | 1,680.00      | 2,980.00       | 3,150.00              | 3,320.00  | 3,510.00         |
| RIL - LABORATORIES | VITAMIN D  | 1,060.00      | 1,890.00       | 1,990.00              | 2,100.00  | 2,210.00         |
| RIL - LABORATORIES | EXTRACTION FEE FOR PAY PATIENTS                              | -             | 100.00         | 100.00                | 110.00    | 120.00           |
| RIL-IMAGING        | BONE DENSITOMETRY-ROUTINE                                    | 2,235.00      | 2,545.00       | 2,675.00              | 2,800.00  | 2,930.00         |
| RIL-IMAGING        | BONE DENSITOMETRY-WHOLE BODY                                 | 2,915.00      | 3,180.00       | 3,340.00              | 3,500.00  | 3,655.00         |
| RIL-IMAGING        | DTPA/GFR/RENAL SCAN/CAPTOPRIL                                | 4,970.00      | 5,230.00       | 5,995.00              | 6,160.00  | 6,460.00         |
| RIL-IMAGING        | DTPA/GFR/RENAL SCAN WITH LASIX                               | 6,640.00      | 6,925.00       | 7,265.00              | 7,605.00  | 7,945.00         |
| RIL-IMAGING        | GI BLEED   | 9,280.00      | 10,945.00      | 12,010.00             | 13,760.00 | 14,430.00        |
| RIL-IMAGING        | I-131 MIBG WBS   | 39,825.00     | 41,555.00      | 45,020.00             | 47,320.00 | 47,785.00        |
| RIL-IMAGING        | I-131 WBS  | 8,750.00      | 9,545.00       | 10,020.00             | 10,500.00 | 10,975.00        |
| RIL-IMAGING        | LYMPHOSCINTIGRAPHY   | 18,345.00     | 20,760.00      | 21,805.00             | 22,915.00 | 23,240.00        |
| RIL-IMAGING        | MYOCARDIAL PERFUSION IMAGING SESTAMIBI STRESS & DIPYRIDAMOLE | 10,510.00     | 14,960.00      | 16,400.00             | 18,800.00 | 19,720.00        |
| RIL-IMAGING        | MYOCARDIAL PERFUSION THALLIUM 201 STRESS & DIPYRIDAMOLE      | 13,765.00     | 17,660.00      | 19,420.00             | 22,320.00 | 23,435.00        |
| RIL-IMAGING        | PARATHYROID- MIBI  | 9,705.00      | 11,035.00      | 11,570.00             | 12,620.00 | 13,230.00        |
| RIL-IMAGING        | PARATHYROID-THALLIUM 201                                     | 9,055.00      | 11,380.00      | 12,380.00             | 13,050.00 | 13,085.00        |
| RIL-IMAGING        | RIA- 17-OHP  | 620.00        | 1,320.00       | 1,385.00              | 1,450.00  | 1,520.00         |
| RIL-IMAGING        | RIA- ACTH  | 1,795.00      | 4,500.00       | 4,725.00              | 4,950.00  | 5,175.00         |
| RIL-IMAGING        | RIA- ALDOSTERONE   | 1,130.00      | 3,150.00       | 3,310.00              | 3,465.00  | 3,620.00         |
| RIL-IMAGING        | RIA- ALDOSTERONE RENIN                                       | 2,590.00      | 5,000.00       | 5,250.00              | 5,500.00  | 5,750.00         |
| RIL-IMAGING        | RIA- ANTI-THYRO  | 975.00        | 1,165.00       | 1,225.00              | 1,280.00  | 1,340.00         |
| RIL-IMAGING        | RIA- ANTI-TPO  | 975.00        | 1,165.00       | 1,225.00              | 1,280.00  | 1,340.00         |
| RIL-IMAGING        | RIA- CORTISOL  | 500.00        | 635.00         | 665.00                | 695.00    | 730.00           |
| RIL-IMAGING        | RIA- DHEA SO4  | 920.00        | 1,135.00       | 1,190.00              | 1,250.00  | 1,305.00         |
| RIL-IMAGING        | RIA- ESTRADIOL   | 635.00        | 1,100.00       | 1,155.00              | 1,210.00  | 1,265.00         |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                     | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|---|---------------|----------------|-----------------------|-----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RIL-IMAGING        | RIA- FERRITINE                                  | 785.00        | 1,100.00       | 1,155.00              | 1,210.00  | 1,265.00         |
| RIL-IMAGING        | RIA- FSH  | 570.00        | 760.00         | 800.00                | 835.00    | 875.00           |
| RIL-IMAGING        | RIA- FT3  | 475.00        | 780.00         | 820.00                | 860.00    | 895.00           |
| RIL-IMAGING        | RIA- FT3 TSH                                    | 735.00        | 1,185.00       | 1,245.00              | 1,305.00  | 1,365.00         |
| RIL-IMAGING        | RIA- FT4  | 475.00        | 780.00         | 820.00                | 860.00    | 895.00           |
| RIL-IMAGING        | RIA- FT4 FT3                                    | 760.00        | 1,205.00       | 1,315.00              | 1,375.00  | 1,440.00         |
| RIL-IMAGING        | RIA- FT4 FT3 TSH                                | 1,115.00      | 1,805.00       | 1,895.00              | 1,985.00  | 2,075.00         |
| RIL-IMAGING        | RIA- FT4 TSH                                    | 735.00        | 1,185.00       | 1,245.00              | 1,305.00  | 1,365.00         |
| RIL-IMAGING        | RIA- HCG DILUTED                                | 695.00        | 1,050.00       | 1,105.00              | 1,155.00  | 1,210.00         |
| RIL-IMAGING        | RIA- HCG UNDILUTED                              | 530.00        | 1,020.00       | 1,070.00              | 1,120.00  | 1,175.00         |
| RIL-IMAGING        | RIA- INSULIN                                    | 710.00        | 1,100.00       | 1,155.00              | 1,210.00  | 1,265.00         |
| RIL-IMAGING        | RIA-INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)        | 1,005.00      | 3,320.00       | 3,485.00              | 3,735.00  | 4,150.00         |
| RIL-IMAGING        | RIA- LH   | 600.00        | 725.00         | 760.00                | 800.00    | 835.00           |
| RIL-IMAGING        | RIA- PROLACTIN                                  | 500.00        | 710.00         | 745.00                | 780.00    | 815.00           |
| RIL-IMAGING        | RIA- PTH  | 1,955.00      | 4,500.00       | 4,725.00              | 4,950.00  | 5,175.00         |
| RIL-IMAGING        | RIA- RENIN                                      | 1,460.00      | 3,500.00       | 3,675.00              | 3,850.00  | 4,025.00         |
| RIL-IMAGING        | RIA- TESTOSTERONE                               | 575.00        | 810.00         | 850.00                | 890.00    | 930.00           |
| RIL-IMAGING        | RIA- TG ATG                                     | 1,560.00      | 1,870.00       | 1,965.00              | 2,060.00  | 2,150.00         |
| RIL-IMAGING        | RIA- THYROGLOBULIN                              | 975.00        | 1,175.00       | 1,235.00              | 1,290.00  | 1,350.00         |
| RIL-IMAGING        | RIA- TSH  | 445.00        | 700.00         | 735.00                | 770.00    | 805.00           |
| RIL-IMAGING        | RIA- TSH TG ATG                                 | 1,915.00      | 2,430.00       | 2,56                  | 2,675.00  | 2,795.00         |
| RIL-IMAGING        | SENTINEL NODE MAPPING-FILTERED SULFUR COLLOID   | 19,340.00     | 20,485.00      | 21,530.00             | 22,640.00 | 22,850.00        |
| RIL-IMAGING        | SENTINEL NODE MAPPING-UNFILTERED SULFUR COLLOID | 17,875.00     | 20,410.00      | 20,895.00             | 21,845.00 | 22,775.00        |
| RIL-IMAGING        | SESTAMIBI WBS                                   | 7,780.00      | 11,280.00      | 11,970.00             | 13,940.00 | 14,620.00        |
| RIL-IMAGING        | THALLIUM WBS                                    | 5,805.00      | 7,100.00       | 7,455.00              | 7,810.00  | 8,165.00         |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION | SERVICE RATES | PAY RATES      |                       |           |                  |
|------------------------|-----------------------------|---------------|----------------|-----------------------|-----------|------------------|
|                        |                             |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RIL-IMAGING            | THREE PHASE BONE SCAN       | 6,510.00      | 7,440.00       | 7,810.00              | 8,185.00  | 8,555.00         |
| RIL-IMAGING            | MAG-3 RENAL SCAN            | 8,720.00      | 8,980.00       | 9,745.00              | 9,910.00  | 10,210.00        |
| RIL-IMAGING            | MAG-3 RENAL SCAN W/ LASIX   | 10,390.00     | 10,675.00      | 11,015.00             | 11,355.00 | 2,060.00         |
| RIL-IMAGING            | THALLIUM-201 WBS            | 6,035.00      | 7,330.00       | 7,685.00              | 8,040.00  | 8,395.00         |
| RIL-IMAGING            | BONE SCAN                   | 6,510.00      | 7,440.00       | 7,810.00              | 8,185.00  | 8,555.00         |
| RIL-IMAGING            | BRAIN IMAGING               | 4,820.00      | 7,265.00       | 7,995.00              | 7,990.00  | 8,355.00         |
| RIL-IMAGING            | DMSA RENAL SCAN             | 4,960.00      | 5,655.00       | 5,930.00              | 6,210.00  | 6,485.00         |
| RIL-IMAGING            | GE REFLUX                   | 14,280.00     | 15,150.00      | 15,670.00             | 16,205.00 | 16,780.00        |
| RIL-IMAGING            | HEPATO-BILIARY              | 11,510.00     | 12,115.00      | 12,585.00             | 13,050.00 | 13,515.00        |
| RIL-IMAGING            | INFARCT AVID IMAGING        | 4,150.00      | 4,330.00       | 4,540.00              | 4,750.00  | 4,953.00         |
| RIL-IMAGING            | LIVER/SPLEEN IMAGING        | 12,820.00     | 13,570.00      | 14,345.00             | 14,825.00 | 14,910.00        |
| RIL-IMAGING            | LUNG PERFUSION              | 5,770.00      | 6,925.00       | 7,520.00              | 8,505.00  | 8,880.00         |
| RIL-IMAGING            | LUNG VENTILATION            | 4,915.00      | 9,180.00       | 10,085.00             | 11,580.00 | 12,155.00        |
| RIL-IMAGING            | MECKEL'S DIVERTICULUM       | 3,330.00      | 4,520.00       | 4,960.00              | 5,680.00  | 5,950.00         |
| RIL-IMAGING            | TESTICULAR IMAGING          | 4,820.00      | 5,690.00       | 5,960.00              | 6,340.00  | 6,520.00         |
| RIL-IMAGING            | THYROID SCAN                | 1,710.00      | 1,790.00       | 1,920.00              | 2,050.00  | 2,140.00         |
| RIL-IMAGING            | VENOGRAPHY                  | 5,640.00      | 6,835.00       | 7,420.00              | 8,555.00  | 8,755.00         |
| RIL-IMAGING            | WBS POST TX                 | 3,655.00      | 4,390.00       | 4,610.00              | 4,830.00  | 5,050.00         |
| RIL-IMAGING            | CARDIAC AMYLOIDOSIS         | 8,070.00      | 9,520.00       | 10,440.00             | 11,965.00 | 12,550.00        |
| RIL-IMAGING            | SECTIONAL SPECT CT PER BED  | 1,200.00      | 1,500.00       | 1,550.00              | 1,600.00  | 1,700.00         |
| RIL-IODINE 131 THERAPY | 10.0-12.9 MCI               | 3,900.00      | 4,200.00       | 4,200.00              | 4,200.00  | 4,200.00         |
| RIL-IODINE 131 THERAPY | 101.0-150.0 MCI             | 14,500.00     | 15,500.00      | 15,500.00             | 15,500.00 | 15,500.00        |
| RIL-IODINE 131 THERAPY | 1.0-3.9 MCI                 | 2,400.00      | 2,500.00       | 2,500.00              | 2,500.00  | 2,500.00         |
| RIL-IODINE 131 THERAPY | 13.0-14.9 MCI               | 4,900.00      | 5,400.00       | 5,400.00              | 5,400.00  | 5,400.00         |
| RIL-IODINE 131 THERAPY | 15.0-20.0 MCI               | 5,000.00      | 5,600.00       | 5,600.00              | 5,600.00  | 5,600.00         |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|------------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                        |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| RIL-IODINE 131 THERAPY | 151.0-200.0 MCI  | 19,700.00     | 21,000.00      | 21,000.00             | 21,000.00 | 21,000.00        |
| RIL-IODINE 131 THERAPY | 21.0-25.0 MCI  | 5,600.00      | 6,000.00       | 6,000.00              | 6,000.00  | 6,000.00         |
| RIL-IODINE 131 THERAPY | 26.0-30.0 MCI  | 6,900.00      | 7,200.00       | 7,200.00              | 7,200.00  | 7,200.00         |
| RIL-IODINE 131 THERAPY | 31.0-50.0 MCI  | 9,200.00      | 9,700.00       | 9,700.00              | 9,700.00  | 9,700.00         |
| RIL-IODINE 131 THERAPY | 4.0-5.9 MCI  | 2,900.00      | 2,950.00       | 2,950.00              | 2,950.00  | 2,950.00         |
| RIL-IODINE 131 THERAPY | 51.0-80.0 MCI  | 9,800.00      | 10,000.00      | 10,000.00             | 10,000.00 | 10,000.00        |
| RIL-IODINE 131 THERAPY | 6.0-9.9 MCI  | 3,025.00      | 3,100.00       | 3,100.00              | 3,100.00  | 3,100.00         |
| RIL-IODINE 131 THERAPY | 81.0-100.0 MCI   | 11,500.00     | 12,000.00      | 12,000.00             | 12,000.00 | 12,000.00        |
| RIL-OTHERS             | C-PEPTIDE  | 760.00        | 2,480.00       | 2,605.00              | 2,790.00  | 3,100.00         |
| RIL-OTHERS             | HUMAN GROWTH HORMONE   | 795.00        | 1,515.00       | 1,590.00              | 1,705.00  | 1,895.00         |
| SLEEP LABORATORY       | DIAGNOSTIC POLYSOMNOGRAPHY + SEIZURE MONTAGE                         | 11,925.00     | 13,630.00      | 14,315.00             | 14,995.00 | 15,675.00        |
| SLEEP LABORATORY       | MAINTENANCE OF WAKEFULNESS TEST (MWT)                                | 8,515.00      | 8,885.00       | 9,330.00              | 9,775.00  | 10,220.00        |
| SLEEP LABORATORY       | COMBINED DIAGNOSTIC AND THERAPEUTIC POLYSOMNOGRAPHY (SPLIT NIGHT)    | 12,870.00     | 21,895.00      | 22,990.00             | 24,085.00 | 25,180.00        |
| SLEEP LABORATORY       | TITRATION/THERAPEUTIC POLYSOMNOGRAPHY                                | 9,340.00      | 13,900.00      | 14,595.00             | 15,290.00 | 15,985.00        |
| SLEEP LABORATORY       | DIAGNOSTIC POLYSOMNOGRAPHY   | 8,760.00      | 13,090.00      | 13,745.00             | 14,400.00 | 15,055.00        |
| SLEEP LABORATORY       | MULTIPLE SLEEP LATENCY TEST (MSLT)                                   | 4,605.00      | 6,380.00       | 6,470.00              | 6,510.00  | 6,555.00         |
| SOJR                   | SELECTIVE LASER TRABECULOSCOPY (SLT)- BOTH EYES (WITHOUT PHILHEALTH) | 5,000.00      | 5,600.00       | 5,600.00              | 5,600.00  | 5,600.00         |
| SOJR                   | SELECTIVE LASER TRABECULOSCOPY (SLT)- BOTH EYES (WITH PHILHEALTH)    | 12,120.00     | 12,120.00      | 12,120.00             | 12,120.00 | 12,120.00        |
| SOJR                   | SELECTIVE LASER TRABECULOSCOPY (SLT)- ONE EYE (WITHOUT PHILHEALTH)   | 2,500.00      | 2,800.00       | 2,800.00              | 2,800.00  | 2,800.00         |
| SOJR                   | SELECTIVE LASER TRABECULOSCOPY (SLT)- ONE EYE (WITH PHILHEALTH)      | 12,120.00     | 12,120.00      | 12,120.00             | 12,120.00 | -                |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| SOJR               | OPTICAL COHERENCE TOMOGRAPHY ANGIOGRAPHY (OCT-A)                                   | 1,910.00      | 2,960.00       | 3,130.00              | 3,310.00 | 3,480.00         |
| SOJR               | PHACOEMULSIFICATION (ANTERIOR SEGMENT) MACHINE USE OERTLI OS4                      | 2,140.00      | 3,300.00       | 3,490.00              | 3,690.00 | 3,880.00         |
| SOJR               | PHACOEMULSIFICATION (POSTERIOR SEGMENT) MACHINE USE OERTLI OS4                     | 2,580.00      | 3,980.00       | 4,210.00              | 4,450.00 | 4,680.00         |
| SOJR               | COMBINED FA+ICG  | 3,090.00      | -              | 4,155.00              | 4,155.00 | -                |
| SOJR               | FLUORECEIN ANGIOGRAPHY (FA)  | 2,100.00      | -              | 3,040.00              | 3,040.00 | -                |
| SOJR               | ICARE TONOMETER - ONE EYE  | 95.00         | -              | 105.00                | 105.00   | -                |
| SOJR               | ICARE TONOMETER - TWO EYE  | 115.00        | -              | 125.00                | 125.00   | -                |
| SOJR               | INDOCYANINE GREEN (ICG) ANGIOGRAPHY (EXCLUDING DYE)                                | 990.00        | -              | 1,115.00              | 1,115.00 | -                |
| SOJR               | ULTRASOUND- BIOMICROSCOPY - ONE (1) EYE (CLEAR SCAN PROBE SET-UP INCLUDING PROBE)  | 3,280.00      | -              | 3,705.00              | 3,705.00 | -                |
| SOJR               | ULTRASOUND- BIOMICROSCOPY - ONE (1) EYE (WATER BATH TECHNIQUE)                     | 1,500.00      | -              | 2,125.00              | 2,125.00 | -                |
| SOJR               | ULTRASOUND- BIOMICROSCOPY - TWO (2) EYES (CLEAR SCAN PROBE SET-UP INCLUDING PROBE) | 3,565.00      | -              | 4,030.00              | 4,030.00 | -                |
| SOJR               | ULTRASOUND- BIOMICROSCOPY - TWO (2) EYES (WATER BATH TECHNIQUE)                    | 2,800.00      | -              | 3,570.00              | 3,570.00 | -                |
| SOJR               | WIDE ANGLE PHOTO   | 700.00        | -              | 1,100.00              | 1,100.00 | -                |
| SOJR               | BIG PRIVATE SOJR   | -             | -              | -                     | 2,750.00 | -                |
| SOJR               | 532 NM LASER - BOTH EYE  | 2,300.00      | 3,650.00       | 3,650.00              | 3,650.00 | 3,650.00         |
| SOJR               | 532 NM LASER - ONE EYE   | 1,180.00      | 1,915.00       | 1,915.00              | 1,915.00 | 1,915.00         |
| SOJR               | ARGON LASER- BOTH EYES   | 1,800.00      | 3,100.00       | 3,100.00              | 3,100.00 | 3,100.00         |
| SOJR               | ARGON LASER- ONE EYE   | 980.00        | 1,570.00       | 1,570.00              | 1,570.00 | 1,570.00         |
| SOJR               | BIOMETRY- BOTH EYES  | 500.00        | 610.00         | 610.00                | 610.00   | 610.00           |





| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| SOJR               | BIOMETRY- ONE EYE                            | 200.00        | 245.00         | 245.00                | 245.00   | 245.00           |
| SOJR               | CORNEAL TOPOGRAPHY- BOTH EYES                | 560.00        | 680.00         | 680.00                | 680.00   | 680.00           |
| SOJR               | CORNEAL TOPOGRAPHY- ONE EYE                  | 280.00        | 340.00         | 340.00                | 340.00   | 340.00           |
| SOJR               | DIODE LASER - BOTH EYES                      | 2,000.00      | 2,870.00       | 2,870.00              | 2,870.00 | 2,870.00         |
| SOJR               | DIODE LASER - ONE EYE                        | 980.00        | 1,480.00       | 1,480.00              | 1,480.00 | 1,480.00         |
| SOJR               | ELECTROOCULOGRAM (EOG)                       | 400.00        | 900.00         | 900.00                | 900.00   | 900.00           |
| SOJR               | ELECTRORETIGRAPHY (ERG)                      | 400.00        | 900.00         | 900.00                | 900.00   | 900.00           |
| SOJR               | FLUORESCEIN ANGIOGRAPHY- BOTH EYES           | 2,000.00      | 2,260.00       | 2,260.00              | 2,260.00 | 2,260.00         |
| SOJR               | FUNDUS / DISC PHOTO- BOTH EYES               | 500.00        | 785.00         | 785.00                | 785.00   | 785.00           |
| SOJR               | FUNDUS / DISC PHOTO- ONE EYE                 | 275.00        | 435.00         | 435.00                | 435.00   | 435.00           |
| SOJR               | OCULAR COHERENCE TOMOGRAPHY (OCT)- BOTH EYES | 2,335.00      | 2,990.00       | 2,990.00              | 2,990.00 | 2,990.00         |
| SOJR               | OCULAR COHERENCE TOMOGRAPHY (OCT)-ONE EYE    | 1,195.00      | 1,785.00       | 1,785.00              | 1,785.00 | 1,785.00         |
| SOJR               | OCULAR ULTRASOUND- BOTH EYES                 | 1,100.00      | 2,085.00       | 2,085.00              | 2,085.00 | 2,085.00         |
| SOJR               | OCULAR ULTRASOUND- ONE EYE                   | 800.00        | 1,610.00       | 1,610.00              | 1,610.00 | 1,610.00         |
| SOJR               | OPTICAL COHERENCE- BOTH EYES                 | 1,085.00      | 1,600.00       | 1,600.00              | 1,600.00 | 1,600.00         |
| SOJR               | PACHYMETRY- BOTH EYES                        | 315.00        | 470.00         | 470.00                | 470.00   | 470.00           |
| SOJR               | PACHYMETRY- ONE EYE                          | 160.00        | 235.00         | 235.00                | 235.00   | 235.00           |
| SOJR               | PERIMETRY/AUTOMATED VISUAL FIELD- BOTH EYES  | 1,000.00      | 1,565.00       | 1,565.00              | 1,565.00 | 1,565.00         |
| SOJR               | SPECULAR MICROSCOPY- BOTH EYES               | 800.00        | 1,200.00       | 1,200.00              | 1,200.00 | 1,200.00         |
| SOJR               | SPECULAR MICROSCOPY- ONE EYE                 | 400.00        | 600.00         | 600.00                | 600.00   | 600.00           |
| SOJR               | TONOPEN- BOTH EYES                           | 150.00        | 200.00         | 200.00                | 200.00   | 200.00           |
| SOJR               | TONOPEN- ONE EYE                             | 75.00         | 100.00         | 100.00                | 100.00   | 100.00           |
| SOJR               | ULTRASOUND- BIOMICROSCOPY- BOTH EYES         | 2,100.00      | 3,305.00       | 3,305.00              | 3,305.00 | 3,305.00         |
| SOJR               | ULTRASOUND- BIOMICROSCOPY- ONE EYE           | 1,060.00      | 1,795.00       | 1,795.00              | 1,795.00 | 1,795.00         |
| SOJR               | VISUAL EVOKED RESPONSE (VER)                 | 400.00        | 900.00         | 900.00                | 900.00   | 900.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION                                       | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|---|---------------|----------------|-----------------------|-----------|------------------|
|                    |   |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| SOJR               | VITRECTOMY BOTH EYES  | 2,475.00      | 3,655.00       | 3,655.00              | 3,655.00  | 3,655.00         |
| SOJR               | YAG LASER BOTH EYES   | 2,300.00      | 3,435.00       | 3,435.00              | 3,435.00  | 3,435.00         |
| SOJR               | YAG LASER ONE EYE   | 1,180.00      | 1,740.00       | 1,740.00              | 1,740.00  | 1,740.00         |
| SOJR               | MAJOR BASIC OR FEE - ADDITIONAL PER HOUR IN EXCESS OF 1-1/2 HOURS | -             | 750.00         | 750.00                | 750.00    | 750.00           |
| SOJR               | MAJOR BASIC OR FEE- FIRST 1-1/2 HOURS                             | -             | 3,010.00       | 3,010.00              | 3,010.00  | 3,010.00         |
| SOJR               | MINOR BASIC OR FEE (30 MINS.)                                     | 1,500.00      | 2,100.00       | 2,100.00              | 2,100.00  | 2,100.00         |
| SURGERY            | ULTRASOUND-GUIDED VACUUM-ASSISTED BREAST BIOPSY                   | 20,850.00     | -              | -                     | 23,410.00 | -                |
| SURGERY            | CRANIOTOME (STRYKER)  | 2,400.00      | 3,710.00       | 3,930.00              | 4,140.00  | 4,360.00         |
| SURGERY            | NEUROENDOSCOPE (STORZ)  | 1,170.00      | 1,800.00       | 1,910.00              | 2,010.00  | 2,120.00         |
| SURGERY            | OPERATING MICROSCOPE (LEICA F50)                                  | 5,870.00      | 9,070.00       | 9,610.00              | 10,140.00 | 10,680.00        |
| SURGERY            | 3D FULL HIGH DEFINITION LAPAROSCOPY TOWERS                        | 4,530.00      | 7,000.00       | 7,410.00              | 7,825.00  | 8,240.00         |
| SURGERY            | ADULT (RIGID) CYSTOSCOPE  | 1,290.00      | 2,000.00       | 2,120.00              | 2,240.00  | 2,350.00         |
| SURGERY            | AV FISTULA SURVEILLANCE   | 375.00        | 425.00         | 460.00                | 490.00    | 490.00           |
| SURGERY            | BREAST - CORE NEEDLE BIOPSY                                       | 2,050.00      | 3,000.00       | 3,180.00              | 3,360.00  | 3,530.00         |
| SURGERY            | BREAST - ULTRASOUND GUIDED CORE NEEDLE BIOPSY                     | 2,140.00      | 3,300.00       | 3,500.00              | 3,690.00  | 3,880.00         |
| SURGERY            | CHOLEDOSCHOSCOPY  | 420.00        | 1,575.00       | 1,780.00              | 1,975.00  | 2,070.00         |
| SURGERY            | CHOLEDOSCHOSCOPY WITH LITHOTRIPSY                                 | 600.00        | 1,950.00       | 2,315.00              | 2,400.00  | 2,550.00         |
| SURGERY            | COLONOSCOPY   | 420.00        | 1,600.00       | 1,790.00              | 1,995.00  | 1,995.00         |
| SURGERY            | COLONOSCOPY WITH POLYPECTOMY                                      | 760.00        | 2,745.00       | 3,025.00              | 3,375.00  | 3,490.00         |
| SURGERY            | COMBINED PNEUMATIC AND ULTRASONIC (FOR PCNL)                      | 4,530.00      | 7,000.00       | 7,410.00              | 7,830.00  | 8,240.00         |
| SURGERY            | DIAGNOSTIC ULTRASOUND TO RULE OUT DVT                             | 560.00        | 635.00         | 680.00                | 730.00    | 730.00           |
| SURGERY            | ENDOANAL ULTRASOUND (EAUS)  | 1,620.00      | 2,500.00       | 2,650.00              | 2,800.00  | 2,940.00         |
| SURGERY            | ENDORECTAL ULTRASOUND (ERUS)                                      | 1,620.00      | 2,500.00       | 2,650.00              | 2,800.00  | 2,940.00         |
| SURGERY            | ENDOSCOPIC ULTRASOUND (EUS)                                       | 2,330.00      | 6,800.00       | 8,540.00              | 9,510.00  | 10,490.00        |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |           |                  |
|--------------------|--|---------------|----------------|-----------------------|-----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private   | Suite/<br>Deluxe |
| SURGERY            | FLEXIBLE CYSTONEPHROSCOPE  | 12,290.00     | 19,000.00      | 20,120.00             | 21,240.00 | 22,350.00        |
| SURGERY            | FLEXIBLE CYSTOSCOPE  | 1,290.00      | 2,000.00       | 2,120.00              | 2,240.00  | 2,350.00         |
| SURGERY            | FLEXIBLE SIGMOIDOSCOPY   | 200.00        | 690.00         | 805.00                | 920.00    | 1,150.00         |
| SURGERY            | FORCETRIAD   | 4,530.00      | 7,000.00       | 7,410.00              | 7,825.00  | 8,240.00         |
| SURGERY            | HARMONIC SCALPEL   | 3,780.00      | 5,850.00       | 6,190.00              | 6,540.00  | 6,880.00         |
| SURGERY            | KARL STORZ HD VIDEO TOWER FOR CYSTOSCOPY/PCNL  | 650.00        | 1,000.00       | 1,060.00              | 1,120.00  | 1,180.00         |
| SURGERY            | LASER LITHOTRIPTER   | 3,240.00      | 5,000.00       | 5,300.00              | 5,590.00  | 5,880.00         |
| SURGERY            | LITHOLAPAXY (STONE CRUSHER)  | 1,290.00      | 2,000.00       | 2,120.00              | 2,240.00  | 2,350.00         |
| SURGERY            | PEDIATRIC CYSTOSCOPE   | 1,290.00      | 2,000.00       | 2,120.00              | 2,240.00  | 2,350.00         |
| SURGERY            | PNEUMATIC LITHOTRIPTER   | 2,850.00      | 4,400.00       | 4,660.00              | 4,920.00  | 5,180.00         |
| SURGERY            | RESECTOSCOPE (FOR TURP/TURBT)  | 1,290.00      | 2,000.00       | 2,115.00              | 2,240.00  | 2,350.00         |
| SURGERY            | TELEPAK: FLEXIBLE SIGMOIDOSCOPY  | 450.00        | 690.00         | 730.00                | 770.00    | 810.00           |
| SURGERY            | THERAPEUTIC ULTRASOUND (THORACENTESIS/PIGTAIL CATHETER INSERTION/PLEURAL CATHETER INSERTION) | 560.00        | 635.00         | 680.00                | 730.00    | 730.00           |
| SURGERY            | THUNDERBEAT  | 4,530.00      | 7,000.00       | 7,410.00              | 7,825.00  | 8,240.00         |
| SURGERY            | THYROID - FINE NEEDLE ASPIRATION BIOPSY  | 240.00        | 375.00         | 400.00                | 420.00    | 440.00           |
| SURGERY            | THYROID - FLEXIBLE NASOPHARYGOSCOPY  | 200.00        | 805.00         | 935.00                | 1,035.00  | 2,070.00         |
| SURGERY            | THYROID - ULTRASOUND GUIDED FINE NEEDLE BIOPSY   | 410.00        | 635.00         | 670.00                | 710.00    | 750.00           |
| SURGERY            | THYROID - ULTRASOUND GUIDED FNAB AND LIVER BIOPSY  | 350.00        | 1,265.00       | 1,265.00              | 1,530.00  | 1,530.00         |
| SURGERY            | TRANSANAL ENDOSCOPIC MICROSURGERY (TEM)  | 2,590.00      | 4,000.00       | 4,240.00              | 4,470.00  | 4,700.00         |
| SURGERY            | ULTRASOUND FOR ASSESSMENT OF PSEUDOANEURYSM  | 375.00        | 425.00         | 460.00                | 490.00    | 490.00           |
| SURGERY            | ULTRASOUND GUIDED BIOPSY (MEDIASTURAL/PLEURAL PARENCHYMA)                                    | 560.00        | 635.00         | 680.00                | 730.00    | 730.00           |



| DEPARTMENT-SECTION | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                       |          |                  |
|--------------------|--|---------------|----------------|-----------------------|----------|------------------|
|                    |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private  | Suite/<br>Deluxe |
| SURGERY            | ULTRASOUND GUIDED CANNULATION OF THE GREAT SAPHENOUS VEIN FOR ENDOVENOUS LASER OF RFA TREATMENT OF CVI | 560.00        | 635.00         | 680.00                | 730.00   | 730.00           |
| SURGERY            | ULTRASOUND GUIDED HD CATHETER PLACEMENT (IJ/FEMORAL/SUBCLAVIAN)  | 195.00        | 220.00         | 235.00                | 255.00   | 255.00           |
| SURGERY            | ULTRASOUND GUIDED PLACEMENT OF ARTERIAL/VENOUS CATHETER BOTH UPPER OR LOWER EXTREMITIES                | 195.00        | 220.00         | 235.00                | 255.00   | 255.00           |
| SURGERY            | ULTRASOUND GUIDED PLACEMENT OF CENTRAL VENOUS CATHETER   | 195.00        | 220.00         | 235.00                | 255.00   | 255.00           |
| SURGERY            | ULTRASOUND GUIDED PLACEMENT OF PICC LINE   | 375.00        | 425.00         | 460.00                | 490.00   | 490.00           |
| SURGERY            | ULTRASOUND MACHINE   | 780.00        | 1,200.00       | 1,270.00              | 1,340.00 | 1,410.00         |
| SURGERY            | URETEROSCOPE   | 1,940.00      | 3,000.00       | 3,175.00              | 3,350.00 | 3,530.00         |
| SURGERY            | URODYNAMICS MACHINE (PRESSURE - FLOW/FULL STUDY)   | 2,910.00      | 4,500.00       | 4,765.00              | 5,030.00 | 5,300.00         |
| SURGERY            | URODYNAMICS MACHINE (UROFLOWMETRY WITH PVR)  | 3,060.00      | 4,730.00       | 5,010.00              | 5,290.00 | 5,570.00         |
| SURGERY            | UTZ CHEST - DIAGNOSTIC ULTRASOUND BILATERAL  | 230.00        | 260.00         | 280.00                | 300.00   | 300.00           |
| SURGERY            | UTZ CHEST- DIAGNOSTIC ULTRASOUND BILATERAL   | 230.00        | 260.00         | 280.00                | 300.00   | 300.00           |
| SURGERY            | UTZ CHEST - DIAGNOSTIC ULTRASOUND UNILATERAL   | 195.00        | 220.00         | 235.00                | 255.00   | 255.00           |
| SURGERY            | UTZ CHEST- DIAGNOSTIC ULTRASOUND UNILATERAL  | 195.00        | 220.00         | 235.00                | 255.00   | 255.00           |
| SURGERY            | VIDEO ASSISTED THORACIC SURGERY (VATS) TOWER - DIAGNOSTIC  | 2,220.00      | 2,510.00       | 2,700.00              | 2,895.00 | 2,895.00         |
| SURGERY            | VIDEO ASSISTED THORACIC SURGERY (VATS) TOWER- DIAGNOSTIC   | 2,220.00      | 2,510.00       | 2,700.00              | 2,895.00 | 2,895.00         |
| SURGERY            | VIDEO ASSISTED THORACIC SURGERY (VATS) TOWER - THERAPEUTIC   | 4,435.00      | 5,015.00       | 5,400.00              | 5,790.00 | 5,790.00         |



| DEPARTMENT-SECTION           | PRODUCT/SERVICE DESCRIPTION  | SERVICE RATES | PAY RATES      |                   |          |              |
|------------------------------|--|---------------|----------------|-------------------|----------|--------------|
|                              |  |               | Outpatient-Pay | Ward/Semi-Private | Private  | Suite/Deluxe |
| SURGERY                      | VIDEO ASSISTED THORACIC SURGERY (VATS) TOWER-THERAPEUTIC   | 4,435.00      | 5,015.00       | 5,400.00          | 5,790.00 | 5,790.00     |
| SURGERY                      | VIEN MAPPING   | 195.00        | 220.00         | 235.00            | 255.00   | 255.00       |
| SURGERY                      | VIEN MAPPING WITH DOPPLER ULTRASPUND OF ARTERIES   | 375.00        | 425.00         | 460.00            | 490.00   | 490.00       |
| SURGICAL INTENSIVE CARE UNIT | ROOM RATE/DAY (SICU)   | -             | 2,500.00       | 2,500.00          | 2,500.00 | 2,500.00     |
| TCVS - OR (PROCEDURES)       | AV FISTULA SURVEILANCE   | 375.00        | -              | 460.00            | 490.00   | 490.00       |
| TCVS - OR (PROCEDURES)       | DIAGNOSTIC ULTRASOUND BILATERAL  | 230.00        | -              | 280.00            | 300.00   | 300.00       |
| TCVS - OR (PROCEDURES)       | DIAGNOSTIC ULTRASOUND TO RULE OUT DVT  | 560.00        | -              | 680.00            | 730.00   | 730.00       |
| TCVS - OR (PROCEDURES)       | DIAGNOSTIC ULTRASOUND UNILATERAL   | 195.00        | -              | 235.00            | 255.00   | 255.00       |
| TCVS - OR (PROCEDURES)       | THERAPEUTIC ULTRASOUND (T/PCI/PCI)   | 560.00        | -              | 680.00            | 730.00   | 730.00       |
| TCVS - OR (PROCEDURES)       | ULTRASOUND FOR ASSESMENT OF PSEUDOANEURYSM   | 375.00        | -              | 460.00            | 490.00   | 490.00       |
| TCVS - OR (PROCEDURES)       | ULTRASOUND GUIDED BIOPSY (M/PP)  | 560.00        | -              | 680.00            | 730.00   | 730.00       |
| TCVS - OR (PROCEDURES)       | ULTRASOUND-GUIDED CANNULATION OF THE GREATER SAPHENOUS VEIN FOR ENDOVENOUS LASER OR RFA TREATMENT OF CVI | 560.00        | -              | 680.00            | 730.00   | 730.00       |
| TCVS - OR (PROCEDURES)       | ULTRASOUND-GUIDED HD CATHETER PLACEMENT (IJ/F/S)   | 195.00        | -              | 235.00            | 255.00   | 255.00       |
| TCVS - OR (PROCEDURES)       | ULTRASOUND-GUIDED PLACEMENT OF ARTERIAL/VENOUS CATHETER BOTH UPPER OR LOWER EXTREMITIES                  | 195.00        | -              | 235.00            | 255.00   | 255.00       |
| TCVS - OR (PROCEDURES)       | ULTRASOUND-GUIDED PLACEMENT OF CENTRAL VENOUS CATHETER   | 195.00        | -              | 235.00            | 255.00   | 255.00       |
| TCVS - OR (PROCEDURES)       | ULTRASOUND-GUIDED PLACEMENT OF PICC LINE   | 375.00        | -              | 460.00            | 490.00   | 490.00       |
| TCVS - OR (PROCEDURES)       | VALLEYLAB LIGASURE   | 4,000.00      | -              | 6,000.00          | 6,000.00 | 6,000.00     |
| TCVS - OR (PROCEDURES)       | (VATS) TOWER - DIAGNOSTIC  | 2,220.00      | -              | 2,700.00          | 2,895.00 | 2,895.00     |



| DEPARTMENT-SECTION     | PRODUCT/SERVICE DESCRIPTION                      | SERVICE RATES | PAY RATES      |                       |         |                  |
|------------------------|--|---------------|----------------|-----------------------|---------|------------------|
|                        |  |               | Outpatient-Pay | Ward/<br>Semi-Private | Private | Suite/<br>Deluxe |
| TCVS - OR (PROCEDURES) | VEIN MAPPING (TCVS)                              | 195.00        | -              | 235.00                | 255.00  | 255.00           |
| TCVS - OR (PROCEDURES) | VEIN MAPPING WITH DOPPLER ULTRASOUND OF ARTERIES | 375.00        | -              | 460.00                | 490.00  | 490.00           |

***\*Fees are regularly updated; fees are subject to change without prior notice.***

***\*Schedule of fees as of 31 December 2024.***