

1. Triaging Patients

The Triage Area will serve as the entry point of all patients in Orani District Hospital.

Triaging of patients is based on Emergency Severity Index (ESI), With Covid Symptoms and Without Covid Symptoms.

Orani District Hospital/ Triage Area Office or Division:

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail:	ALL PATIENTS				
	T OF REQUIREMENTS	WHERE TO SECURE			
- Hospital Card - Valid IDs CLIENTS STEPS AGENCY ACTION		- Hospital Managem - Any age FEES TO	Health Informent (HHIM) ncy issuing the PROCESSI	nation ne valid IDs PERSON	
OLILINIO OTLI O	AGENOT ACTION	BE PAID	NG TIME	RESPONSIBLE	
Arrives in the Triage Area seeking consult or treatment	Conducts initial assessment, notes chief complaint and prepares health declaration.	None	3 minutes	<i>Nurse I</i> Triage Area	
2. Signs the accomplished health declaration.	 Determines the urgency of the patient status using triage classification system in place (3-point system: emergent, urgent, non-urgent). If Emergency Case: Refers patient to Emergency Room and advice relative to secure the hospital medical record of patient in HHIM. If Urgent Case: Advises patient/ relative to secure the hospital medical record of patient in HHIM. If Non-Urgent Case: Prompt referral to OPD shall be done to provide the appropriate care to the patient. The Nurse-incharge / the Physician-in-charge shall ensure a coordinated and efficient referral to the OPD. 	None	3 minutes	Nurse I Triage Area	
3. None	3. Conducts full assessment, vital signs and history taking. Advises patient to wait to be called.	None	5 minutes	<i>Nurse I</i> Triage Area	
4. Waits to be called.	4. Calls the patient and assists to the treatment area of the identified concerned unit or department.	None	2 minutes	<i>Nurse I</i> Triage Area	
	TOTAL:	None	13 minutes		



				TO NG LALAM
2. DCI Consultation	n Process			
	consultation through the DCI p	ortal especi	ally patients e	enrolled in Phil-
Office or Division:	Orani District Hospital/ Triage	Area		
	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	ALL OPD PATIENTS			
CHECKLIST C	F REQUIREMENTS		WHERE TO	SECURE
- 1 Original Copy of Ho - 1 Original Copy of Va		(HHIM)	Health Inform	ation Management e valid IDs
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
Arrives at the Triage Area seeking consult or treatment	1. Conducts initial assessment, notes chief complaint and takes patient's vital signs	None	3 minutes	Nurse I Triage Area
2. Fills-out the Patient Information Form	2. Instructs the patient/ relative to fill out the Patient Information Form and then proceed to the DCI Nurse on Duty for further instruc- tions.	None	3 minutes	Nurse I Triage Area
3. Proceeds to DCI Nurse on Duty and sub- mits the completed Pa- tient Information Form.	3. Receives the Patient Information Form and inputs the patient's data, chief complaint, and vital signs into the DCI portal. 3.1 Hands back the Patient Information form to the patient/relative and guides them to proceed to the Hospital Health Information Management (HHIM) Window A.	None	5 minutes	Nurse I DCI
4. Proceeds to the Hospital Health Information Management (HHIM) Window A and submits the Patient Information Form	 4. Receives the Patient Information Form and instructs patient/relative to sign the Records Releasing Logbook 4.1 Instructs patient/relative to proceed to the OPD waiting area 4.2 Retrieves the OPD Record for endorsement to the OPD Nurse on Duty 		7 minutes	Records Officer I Records Department

TOTAL:

None

8 minutes



3. Out-Patient Depa	rtment (OPD) Procedure	S		
OPD Consultation Proce	edures			
Office or Division:	Orani District Hospital/ Out-Pat	ient Depa	artment	
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All			
CHECKLIST (OF REQUIREMENTS WHERE TO SECURE			
- 1 Original Copy of Hos		- iHOMI	S	
	tient Health Record Form	- Triage		
- 1 Original Copy of Val	id ID			the valid IDs
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
Proceeds to OPD waiting area	Receives patient health record from HHIM and calls the name of patient.	None	2 minutes	<i>Nurse I</i> OPD Department
2. Approach the OPD Nurse	Interviews patient about the reason for consult and take patients vital signs.	None	5 minutes	Nurse I OPD Department
3. None	3. Reviews patient data, chief complaint and vital signs in DCI. 3.1 Advises patient to proceed to OPD Consultation Room.	None	3 minutes	Nurse I OPD Department
4. Proceeds to the OPD consultation room	4. Performs clinical assessment and further physical examination. **May require additional diagnostic procedures ** ** ** ** ** ** ** ** **	None	15 minutes	Medical Officer III or Physician under Con- tract of Service OPD Department
5. Proceeds to ancillary services (if required)	5. Refers to ancillary services or allied health services as necessary	None	2 minutes	Radiologic Technolo- gist II/ Medical Tech- nologist II (Radiologic/Laboratory Department)
 Return to OPD con- sultation room with the results of diagnostic pro- cedures. 	6. Receives patient with the results of diagnostic procedures and refer to OPD Physician.	None	3 minutes	Nurse I OPD Department
7. None	7. Renders consultation.	None	15 minutes	Medical Officer III or Physician under Con- tract of Service OPD Department
8. None	8. Follows appropriate disposition procedures for: a. Discharged and sent home b. Referred to other health facility c. Referred to ER for admission	None	5 minutes	Medical Officer III or Physician under Con- tract of Service OPD Department



for health education and home instructions.	9. Provides health education and home instructions.		5 minutes	Nurse I OPD Department
	TOTAL:	None	minutes	

4. Emergency Room Procedures (Emergency Case)					
Emergency Department	General Workflow				
Office or Division:	Prani District Hospital/ E	mergency R	oom		
Classification: S	imple Transaction				
Type of Transaction: G	S2C- Government to Citi	zen			
Who may avail:	ATIENTS (EMERGENC	Y CASES) a	and REFERF	RALS	
CHECKLIST OF I	REQUIREMENTS		WHERE T	O SECURE	
- Hospital Card - Valid IDs		(HHIM)	lealth Inform	nation Management e valid IDs	
CLIENTS STEPS	AGENCY ACTION		PROCESSI NG TIME		
Arrives in th ER seeking consult or treatment	Conducts full assessment, history taking and vital signs taking.	None	5 minutes	Medical Officer III or Physician under Contract of Service and Nurse II / Emergency Room	
Occupies ER bed and receives treatment.	2.1 Performs immediate care and work-up. 2.2 Refers to ancillary services or allied health services as necessary	None	4 hours	Medical Officer III or Physician under Contract of Serviceand Nurse II, and Nursing Attendant / Emergency Room	
3. Awaits disposition and follows instructions provided.	3. Follows appropriate disposition procedures for: a. Discharged and Sent Home b. Discharged Against Medical Advice (DAMA) c. Referred / transferred to other health facility d. Absconded e. Admitted to Ward f. ER Death / Dead on Arrival (DOA)	None	5 minutes	Medical Officer III or Physician under Contract of Serviceand Nurse II, and Nursing Attendant / Emergency Room	
	TOTAL:	None	4 hours, 10 minutes		



5. Emergency Room Procedures (Management of Patients)						
	nt of patients requiring immedia					
	Orani District Hospital/ Emerge	ncy Room)			
	Simple Transaction					
	G2C- Government to Citizen					
	PATIENTS (EMERGENCY CAS	SES) and				
CHECKLIST	OF REQUIREMENTS			IERE TO		
- Hospital Card - Patient Health Record Form		(HHIM) - Triage I - Any age	Nurse ency	e issuing t	he	tion Management
CLIENTS STEPS	AGENCY ACTION	FEES TO				PERSON
OLILIVIO OTLI O	AGENOT ACTION	BE PAID	IN	G TIME	F	RESPONSIBLE
	Conducts initial management (diagnostic and therapeutic).	None	15	minutes	Co	edical Officer III or Physician under ontract of Service / Emergency Room
	2.1 Renders management based on protocol of hospital. 2.2 Carries out physician's order 2.3 Coordinates with allied health services / departments if necessary	None	1	hour		urse II and Nursing Attendant / Emergency Room
Awaits effect of treatment and management	Conducts re-assessment and gives patient disposition.	None 15 minutes Physician un Contract of Se		edical Officer III or Physician under ontract of Service / Emergency Room		
	TOTAL:	None		our 30 inutes		
	m Procedures (Discharge			edical A	Ad	vice)
ER Patient Disposition	 Discharge Against Medical Ac 	lvice (DAI	MA)			
Office or Division:	Orani District Hospital/ Emerge	ency Rooi	n			
Classification:	Simple					
Type of Transaction:	G2C- Government to Citizen					
Who may avail:	PATIENTS (EMERGENCY CA	SES) and	RE	FERRAL	S	
CHECKLIS	T OF REQUIREMENTS		V	/HFRF 1	ΓO :	SECURE
- Duly Accomplished Patient Hospital Record - 1 Copy of Duly Accomplished DAMA Form - 4 Original Copies of Discharge Clearance			HHIM Nurse on Duty Nurse on Duty			OLGONE
CLIENTS STEPS	AGENCY ACTION	FEES BE P		PRO- CESSIN TIME		PERSON RESPONSIBLE
Verbalizes refusal for further treatment in the hospital.	, , , , , , , , , , , , , , , , , , , ,	nc- ur- No	ne	10 minute	:S	Medical Officer III or Physician under Contract of Ser- vice / Emergency Room



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
Verbalizes refusal for further treatment in the hospital.	 Explains the condition, prognosis and medical consequences if patient / responsible person refuses admission and further treatment. Refers to MSWD for Psychosocial counselling of patient / caregiver. 	None	10 minutes	Medical Officer III or Physician under Con- tract of Service / Emergency Room
2. Proceeds to MSWD for counselling.	Conducts Psychosocial counselling.	None	15 minutes	Social Woker Officer II / Medical Social
3. Returns to physi- cian.	3. Writes order on disposition of patient in treatment record, if patient insists for DAMA,	None	2 minutes	Medical Officer III or Physician under Con- tract of Service / Emergency Room
4. None	4. Explains DAMA Form.	None	3 minutes	Medical Officer III or Physician under Con- tract of Service / Emergency Room
5. Accomplishes the Discharged Against Medical Advice (DAMA) Form, duly signed by person responsible.	5. Secures the signed DAMA form by attaching it to the patient record.	None	2 minutes	Medical Officer III or Physician under Con- tract of Service / Emergency Room
6. None	6. Issues clearance and discharge slip.	None	3 minutes	Nurse II / Nurse I / Emergency Room
7. Proceeds to concerned services for signing of clearance and discharge slip.	7. Checks and signs the clear- ance and discharge slip.	None	30 minutes	Concerned Services Various Department
8. Proceeds to billing for appropriate charg-es and payment assessment.	8. Processes payment, issue official receipt and signed clearance	None	15 minutes	Administrative Aide/ Administrative Assis- tant II Billing, Cashier De-
9. Returns to nurse to give the accomplished clearance and discharge slip.	9. Verifies upon submission the accomplished clearance and discharge slip.9.1 Indicates the date and time of discharge.	None	2 minutes	Nurse II / Nurse I Emergency Room
10. None	10. Prepares discharge abstract and aftercare instructions as necessary.	None	2 minutes	Medical Officer III or Physician under Con- tract of Service and Nurse II or Nurse I Emergency Room



	TOTAL:	None	1 hour, 31 minutes	
maining copy of clear-	12. Receives copy of clearance and discharge slip and assists patient to the main entrance or exit door.	None	2 minutes	Security Guard Entrance Area
	11. Transports patient via wheelchair as needed.	None	5 minutes	<i>Utility Worker I</i> Triage Area

7. Procedure on Patient Conduction Ambulance service is used to transport patient to other hospital facilty for further evaluation and management.. Office or Division: Orani District Hospital/ Ambulance Services Classification: Simple Transaction **Type of Transaction:** G2C- Government to Citizen Patients for Transfer of Service to Other Facility/Hospital Who may avail: **CHECKLIST OF REQUIREMENTS WHERE TO SECURE** Duly Accomplished Trip Ticket ER Nurse on Duty/ Ward Nurse on Duty Referral Letter Physician on Duty Patient's Chart (for diagnostic procedure) ER Nurse on Duty/ Ward Nurse on Duty Dischare Clearance

Discriare Cicarance				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Verbalizes consent to be transferred to another facility.	Orders patient for conduction as per patient request Orders patient for conduction for referral to higher facility for further evaluation and management	None	5 minutes	Medical Officer III or Physician under Contract of Service ER Department/Clinical Areas
2.None	2. Coordinates to the referral health facility through Service Delivery Network or through phone call if private health facility.	None	15 minutes	Medical Officer III or Physician under Contract of Service ER Department/Clinical Areas
3.None	3. Coordinates and makes necessary arrangements to concerned offices/ units/ departments for conduction of patient to other health facility.	None	15 minutes	Nurse II or Nurse I ER Department/Clinical Areas



	1		1	T
4.None	4. Issues clearance and discharge slip.	None	3 minutes	Nurse II or Nurse I ER Department/Clinical Areas
5. Proceeds to concerned services for signing of clearance and discharge slip.	5. Checks and signs the clearance and discharge slip.	None	20 minutes	Concerned Services Various Department
6. Proceeds to billing for appropriate charges and payment assessment.		Balanga City/ Dinalupihan- PHP 250.00		
		Olongapo/ Subic City- PHP 800.00		Administrative Aide/ Administrative Assistant II
		Pampanga- PHP 1,200.00		Billing, Cashier Department
		Manila- PHP 2,500.00		
		Pangasinan-		
7. Returns to nurse to give the accomplished clearance and discharge slip.	7. Verifies upon submission the accomplished clearance and discharge slip.	None	2 minutes	Nurse II or Nurse I ER Department/Clinical Areas
			Balanga City/ Dinalupihan 30 minutes Olongapo/ Subic City 1 hour, 30 minutes	Nurse I and Nursing
8. Proceeds to the ambulance vehicle.	8. Accompanies patients in conduction.	None	Pampanga 1 hour, 30 minutes	Attendant I Ambulance Nurse, DR attendant
			Manila 2 hours	
			Pangasinan 3 hours, 30 minutes	
9. Alights from the ambulance vehicle.	9. Endorses the patient to receiving health facility.	None	15 minutes	Nurse I Ambulance Nurse



TOTAL if Balanga City/Dinalupihan	PHP 250.00	1 hour, 45 minutes	
TOTAL if Olongapo/Subic City	PHP 800.00	2 hours, 45 minutes	
TOTAL if Pampanga	PHP 1, 200.00	2 hours, 45 minutes	
TOTAL if Manila	PHP 2, 500.00	3 hours, 15 minutes	
TOTAL if Pangasinan	PHP 3, 000.00	4 hours, 45 minutes	

8. Ambulance Services

Ambulance conduction for patient's diagnostic examination includes referring and scheduling of patient for diagnostic examination; clearing patient; notification of personnel involve on transfer services; safe transfer and conduction of patient (back and forth); and assisting patient on diagnostic procedure.

diagnostic procedure.				
Office or Division:	Orani District Hospital/ Ambu	lance Serv	/ices	
Classification:	Simple Transaction			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All In-Patient for conduction f	or diagnos		
CHECKLIST	OF REQUIREMENTS		WHERE TO	SECURE
Referral Form; Trip Ti Referral Logbook	cket; Clearance Form	Nurse Ambulanc	e Nurse	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Receives an advise for diagnostic procedure.	1. Informs Ambulance Nurse and Driver for the schedule date and time of patient diagnostic procedure to other facility.	None	2 minutes	Ward Nurse I Clinical Areas
2. None	2.Prepares Trip Ticket for Ambulance use and Referral Logbook for ambulance nurse for receiving endorsements.	None	5 minutes	Nurse I Clinical Areas/ Ambulance Nurse
3. Receives clearance	3. Issues clearance and instruct on process of payment	PHP 300	5 minutes	Nurse I Clinical Areas
4.None	Informs Ambulance Nurse and Driver for patient departure.	None	3 minutes	Nurse I/ Security Guard Clinical Areas/Entrance Area
5. None	5. Transfers patient from DR/Ward to Ambulance	None	3 minutes	Nurse I/ Ambulance Driver II or Ambulance Driver I Ambulance Nurse/ Ambulance Services
6. None	6. Safely conduct patient for diagnostic procedure to scheduled healthcare facility	None	30 minutes	Nurse I/ Ambulance Driver II or Ambulance Driver I Ambulance Nurse/ Ambulance Services
7. Endorses conduction of patient for diagnostic exam outside the hospital	7. Transfers of patient from Ambulance to designated diagnostic department of health care facility	None	5 minutes	Nurse I Ambulance Nurse



8. None	8. Endorses patient and patients medical history and treatment/ management.	None	5 minutes	Nurse I Ambulance Nurse
9. None	9. Awaits completion of diagnostic procedure	None	3 hours	Nurse I Ambulance Nurse
10. None	10. Returns of patient to the hospital	None	30 minutes	Nurse I/ Ambulance Driver II or Ambulance Driver I Ambulance Nurse/
11. Transfer of patient 11. None from ambulance to DR/ Ward		None	5 minutes	Nurse I/ Ambulance Driver II or Ambulance Driver I Ambulance Nurse/
	TOTAL:	PHP 300	4 hours, 33	

9. General Admission	9. General Admission Procedure						
This service is intended for patients who are ordered admission by the consulting doctor.							
Office or Division:	Orani District Hospital/Eme	rgency Ro	oom				
Classification:	Simple Transaction						
Type of Transaction:	G2C- Government to Citize	n					
Wyna may ayaii:	Patients, Parents of Patient Representative	, Siblings	, Legal Guardia	an, Authorized			
CHECKLIST OF	REQUIREMENTS		WHERE TO) SECURE			
Patient Admission Chart Duly Accomplished Patie		Attending Admitting	g Physician g Section				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE			
Verbalizes consent to be admitted.	Writes admitting orders.	None	10 minutes	Medical Officer III or Physician under Contract of Service Emergency Room			
Signs Consent for Admission.	2. Carries out physician's order and provides	None	30 minutes	Nurse II or Nurse I Emergency Room			
3. Proceeds to Admitting Section and fills-out Impormasyon ng Pasyente and signs admission compliance forms.	3. Explains the admission procedures and secures the Impormasyon ng Pasyente and other documents. 3.1. Forwards the Impormasyon ng Pasyente to PhilHealth for verification.	None	10 minutes	Computer Operator I Admitting Section			



	TOTAL:	None	1 hour, 20	
8. Proceeds to ward admission.	8. Receives patient and chart.	None	5 minutes	<i>Nurse I</i> Clinical Areas
7.None	7. Transfers patient to Ward/Room of assignment.	None	10 minutes	<i>Utility Worker I</i> Triage Area
6. None	6. Arranges with the concerned Clinical Nursing Unit regarding the appropriate ward for the Admission.	None	5 minutes	Nurse II or Nurse I Emergency Room
5. None	5. Encodes data relevant to the admission of the patient and prints clinical cover sheet.	None	5 minutes	Computer Operator I Admitting Section
4. None	4. Verifies patient's PHIC membership eligibility.4.1. If not "Eligible", refers to MSWD for enrollment.	None	5 minutes	Administrativer Officer I Philhealth Department

10. Admission Procedure for Mothers-About-to-Deliver

Admission process of pregnant in labor who are advised admission and agrees to be admitted at ODH.

Office or Division: Orani District Hospital/Delivery Room

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail: Pregnant Women

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
i anniainny tagig annint tilitagniinn Ragilli ili	Attending Physician ODH Laboratory or other Facilities

any)		,			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Proceeds to Delivery room.	Validates patients information, history and obstetrical score.	None	5 minutes	<i>Nurse I</i> Delivery Room	
2. Occupies the DR table.	2.Takes vital signs, fundic height and fetal heart tone.	None	5 minutes	Nurse I Delivery Room	
3.None	3. Performs internal examination	None	3 minutes	Medical Officer III or Physician under Contract of Service or Nursing Attendant II Delivery Room	



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
4.None	4. If "not admissible" (IE less than 4cm and no other concern), advises patient to return back home and monitor progress of labor. 4.1. If "admissible" (IE more than 4cm or with other concern), proceeds	None	5 minutes	Medical Officer III or Physician under Contract of Service Delivery Room
5. Signifies consent to be admitted.	5. Writes admitting orders.	None	10 minutes	Medical Officer III or Physician under Contract of Service Delivery Room
6. Signs Consent for Admission, Fills-out Impormasyon ng Pasyente and signs admission compliance forms.	6. Carries out physician's order and provides instructions.	None	30 minutes	Nurse I and Nursing Attendant II Delivery Room
7.None	 7. Explains the admission procedures and secures the Impormasyon ng Pasyente and other documents. 7.1. Forwards the Impormasyon ng Pasyente to the admitting section for encoding to iHomis 	None	10 minutes	Nurse I and Nursing Attendant II Delivery Room
8.None	8. Forwards the Impormasyon ng Pasyente to PhilHealth for verification.	None	10 minutes	Computer Operator I Admitting Section
9.None	9. Verifies patient's PHIC membership eligibility. 9.1. If not "Eligible", refers to MSWD for enrollment	None	5 minutes	Administrative Officer I Philhealth Department
10.None	10.Encodes data relevant to the admission of the patient and prints clinical cover sheet.	None	5 minutes	Computer Operator I Admitting Section
11. Stays in the Labor room for monitoring of the progress of labor	11. Monitors progress of labor.	None	4 hours	Nurse I Delivery Room
	TOTAL:	None	5 hour, 28 minutes	



11. Normal Spontaneous Delivery

Process of management and care of pregnant women undergoing Normal Spontaneous Delivery.

Office or Division: Orani District Hospital/ Delivery Room

Simple Classification:

Type of Transaction: G2C- Government to Citizen

Who may avail: Pregnant Women

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE

Admitting Orders
 1 Original Copy Laboratory Test Results and/or Ultrasound Result (if any)

Attending Physician
ODH Laboratory or other Facilities

Oltrasound Result (II an				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
Verbalizes persistent and consistent labor.	1. Checks mother's condition, takes vital signs and notes objective data.	None	5 minutes	Nurse I Delivery Room
2. None	Performs internal examination.	None	3 minutes	Medical Officer III or Physician under Con- tract of Service/ Nurse I or Nursing Attendant II Delivery Room
3. Occupies the DR table.	3. Facilitates the normal spontaneous delivery.	None	4 hours*	Medical Officer III or Physician under Con- tract of Service/ Nurse I or Nursing Attendant II
4. Delivers the baby.	4. Performs routine newborn care.	None	15 minutes	<i>Nurse I</i> Delivery Room
5. Delivers the placen- ta.	5. Checks integrity and completeness of placenta.5.1 Performs episior-rhapy as necessary.	None	15 minutes	Medical Officer III or Physician under Con- tract of Service Delivery Room
6.None	6. Carries out physician's order and provides instructions.	None	30 minutes	Nurse I and Nursing Attendant II Delivery Room
7. None	7. Performs postpartum care, monitors for bleeding and takes vital signs.	None	2 hours	<i>Nurse I</i> Delivery Room
8. None	8. Coordinates with the OB Ward for the transport of patient.	None	5 minutes	<i>Nurse I</i> Delivery Room
Awaits completion of monitoring in DR.	9. Transports patient to OB Ward.	None	5 minutes	Utility Worker I Delivery Room
	TOTAL:	None	7 hours, 18 minutes	



12. Procedure for	12. Procedure for the Release of Cadaver					
Facilitating release of o	cadaver					
Office or Division:	Orani D	istrict Hospital/ Cadaver A	rea			
Classification:	Simple	Transaction				
Type of Transaction:	G2C- G	overnment to Citizen				
Who may avail:	All Nea	rest Kin of the Deceased P	atient			
CHECKLIS	T OF RE	QUIREMENTS	W	HERE TO SI	ECURE	
Discharge Clearance			Nurse on D	uty		
CLIENTS STEP	S	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1. Proceeds to cadave holding area for the rel the remains. Presents the accomplished clear and discharge slip.	ease of ID and rance	Checks and verifies clearance and discharge slip. 1.1.Orders patient for conduction.	None	3 minutes	Utility Worker I Holding Area	
Coordinates with the funeral service provider.		2. Logs release of remains and secures signature of the receiving funeral service provider.	None	2 minutes	Security Personnel Exit Area	
		TOTAL:	None	5 minutes		

13. Ward Admissio	n Procedure					
Receiving process of admitted patients from Emergency Room to General Ward						
Office or Division:	Orani District Hospital/ Ge	neral Ward				
Classification:	Simple Transaction					
Type of Transaction:	G2C- Government to Citiz	en				
Who may avail:	Admitted Patients					
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE		
Patient's Chart with Adr Complete Pertinent Dat Endorsement		Physician Nurses Physician and Nurses				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Proceeds to designated bed in the hospital ward via wheelchair/ stretcher.	Receives the patient, places him/her to bed assignment and does patient assessment.	None	5 minutes	Ward Nurse I and Nursing Attendant I General Ward		
2. Occupies assigned bed.	Performs history taking and take initial	None	5 minutes	<i>Ward Nurse I</i> General Ward		
3. None	3. Reviews of patient's chart, validate doctors' orders and checks if chart has correct and complete entries.	None	5 minutes	Ward Nurse I General Ward		
4. Listen to instructions.	4. Orients patient (and watcher) to unit's rules and policies including patient safety precautions.	None	10 minutes	<i>Ward Nurse I</i> General Ward		

None

25 minutes

TOTAL:



14. Transfer of Patient to Other Service Areas within the Hospital

Movement of patient from one unit to another.

Office or Division: Orani District Hospital/Clinical Areas

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail: All Admitted Patients

CHECKLIST OF REQUIREMENTS WHERE TO SECURE

Transfer-out order Physician Complete Pertinent Data Nurses

Bed Vacancy Receiving Areas Endorsement Physician and Nurses

Transport Medium Endorsing Unit (Equipment and Manpower)

I ransport Medium		Endorsing Unit (Equipment and Manpower)			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Undergoes evaluation and assessment for admission to other unit	Assesses patient for transfer of unit	None	30 minutes	Medical Officer III or Physician under Contract of Service Clinical Areas	
Receives notice of patient's transfer to another unit	2.Provides explanation and reason for the transfer.	None	20 minutes	Receiving Referral Unit Physician Clinical Areas	
3. None	3. Carries out doctor's orders and completes the chart and other required documents for transfer and proceeds with endorsement	None	15 minutes	Nurse II or Nurse I on Duty Endorsing Unit Clinical Areas	
4 . Receives information on process of transfer to other unit	4. Inquires receiving wards/ units for vacancy. 4.1. If "with vacancy", proceeds with endorsement process and patient transfer. 4.2. If "no vacancy", decks the patient for prioritization.	None	15 minutes	Nurse II or Nurse I on Duty Endorsing Unit Clinical Areas	
	TOTAL:	None	1 hour, 20 minutes		



15. General Discharge Procedure (May Go Home)

The procedure starts from the May-go-home order made by the attending physician and ends upon presentation of discharge clearance of the patient to the guard.

Orani District Hospital/Clinical Areas Office or Division:

Classification: Simple Transaction

Type of Transaction:	G2C- Government to Citizen				
	All Patients with May-Go-Home Order				
	REQUIREMENTS	one order		CLIDE	
May-Go-Home order 4 copies discharge clear Duplicate copy of Discha	ance	WHERE TO SECURE Nurses Station (Patients Chart) Nurse Nurse			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Receives advice for discharge.	1. Informs client on his/ her health condition (improved/recovered) and orders May Go Home.	None	10 minutes	Medical Officer III or Physician under Contract of Service Clinical Areas	
2. None	Carries out doctor's order and completes discharge documents.	None	10 minutes	Nurse I Clinical Areas	
3. Proceeds to Nurse station for discharge instructions.	3.Issues 4 copies of clearance and discharge slip, and discharge documents which may include but is not limited to the following: a. Medications b. Follow-up (with diagnostic procedures as needed) c. Warning signs d. Post-partum care* e. Dietary instructions	None	5 minutes	<i>Nurse I</i> Clinical Areas	
4. Proceeds to concerne services for signing of clearance and discharge slip.	d4. Checks and signs the clearance and discharge slip.	None	30 minutes	Concerned Services Various Department	
Proceeds to billing for appropriate charges and payment assessment.		None	15 minutes	Administrative Aide III/Administrative Assistant II Billing, Cashier	
6. Returns to nurse to give the accomplished clearance and discharge slip.	6. Verifies upon submission the accomplished clearance and discharge slip.6.1. Indicates the date and time of discharge.	None	3 minutes	<i>Nurse I</i> Clinical Areas	



7. Proceeds to moving to hospital main entrance or		None	5 minutes	<i>Utility Worker I</i> General Ward
8. Surrenders watcher's pass and remaining copy of clearance and discharge slip and assists patient discharge sllip to Security to the main entrance or exit door.		None	2 minutes	Security Guard Entrance Area
	TOTAL:	None	1hour, 20 minutes	

			minutes	
16. Obstetrics and	Gynecology Ward Proce	edures		
Transfer of post-partum	mother and her newborn from have undergone procedures	the Delive		
Office or Division:	Orani District Hospital/ OB-Gy	ne Ward		
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Postpartum women, Pregnan health concerns	t Women an	id Women wit	h reproductive
CHECKLIST (OF REQUIREMENTS		WHERE TO S	SECURE
Admitting Orders1 Original Copy Labo sound Result (if any)	ratory Tests and/or Ultra-	Attending F	Physician oratory or othe	r Facilities
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
1. Proceeds to OB- Gyne Ward.	 Receives mother and baby and transport to assigned bed/ room. Receives patient who has undergone Gynecologic Procedure and transport to assigned bed/room 	None	5 minutes	<i>Nurse I</i> OB-Gyne Ward
2. Occupies assigned bed.	2. Thorough physical assessment of both Mother and Baby. (e.g. vaginal bleeding, contracted uterus). 2.1. Takes vital signs of both.	None	15 minutes	<i>Nurse I</i> OB-Gyne Ward
3.None	3. Reviews of patient's chart, validates doctors' orders and checks if chart has correct and complete entries.	None	5 minutes	<i>Nurse I</i> OB-Gyne Ward
4. Listens to instruc- tions.	 Orients patient (and watcher) to unit's rules and policies including patient safety precautions. 	None	10 minutes	<i>Nurse I</i> OB-Gyne Ward
	TOTAL:	None	35 minutes	

TOTAL: 530



17. Pre-Operative Su	ırgery					
Procedure on Pre-Operat						
	Orani District Hospital/Emerger	ncy Room/C	linical Area	IS		
	Simple	imple				
	G2C- Government to Citizen					
	Patients and their watcher					
	F REQUIREMENTS	V	VHERE TO	SECURE		
Surgery - 1 Original Copy of Card	Accomplished Request for iopulmonary Clearance/ Pedilearances as deemed neces-	Attending S Medical Sp Internal Me	ecialist (Ca	ırdiopulmonologist, liatrician)		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE		
Signifies intent to undergo surgical procedure	Explains the procedure to the patient and family.	None	10 minutes	Medical Officer III or Physician under Contract of Service/ Nurse II or Nurse I Emergency Room/		
2. None	2. Writes the order for surgery and schedule, including referral to anesthesia, internal medicine for comanagement, prophylactic antibiotic, intravenous hydration, schedule of fasting, bowel prep if needed.	None	10 minutes	Medical Officer III or Physician under Contract of Service Emergency Room/ Clinical Areas		
Signs consent for sur- gical procedure	3. Carries out Doctors order	None	30 minutes	Nurse II or Nurse I Emergency Room/ Clinical Areas		
4. None	4. Prepares and forwards OR notification slip to Operating Room	None	10 minutes	Nurse II or Nurse I Emergency Room/ Clinical Areas		
5. None	5. Receives OR notification slip, makes necessary preparation for operation, and schedule time of surgical operation for patient Schedule: Emergency - immediate after notification Elective - according to prioritization	None	10 minutes	Nurse II or Nurse I OR Department		
6. None	6. Forwards OR Notification Slip to office of the Chief of Hospital for approval	None	2 minutes	Nurse II or Nurse I OR Department		



	TOTAL:	None	1 hour, 42 minutes	
9. Signs consent for An- esthesia	9. Facilitates completion of Pre-operative checklist and wait for patient's scheduled time of surgery.	None	15 minutes	Nurse I Emergency Room/ Clinical Areas
8. None	8. Informs Surgeon of Anesthesiologist orders, carries out order of the Anesthesiologist, and secures consent for Anesthesia	None	5 minutes	<i>Nurse I</i> Emergency Room/ Clinical Areas
7. Awaits Anesthesiolo- gist to conduct Pre- anesthesia assessment	7. Visits and assesses the patient and makes preoperative order.7.1. Also assesses the need for further labs, specific clearances, makes recommendations for optimization of patient for surgery.	None	10 minutes	Medical Officer III or Physician under Contract of Service/ Nurse II or Nurse I Emergency Room/ Clinical Areas

18. Preparation of Patient for Transport to OR					
Procedure on the Prepa	ration of Patient for Transp	oort to OR			
Office or Division:	Drani District Hospital/Gene	eral Ward			
	imple Transaction				
Type of Transaction:	Type of Transaction: G2C- Government to Citizen				
	Patients to undergo Surgica	al Procedur	е		
CHECKLIST OF	REQUIREMENTS		WHERE TO S	ECURE	
Surgical Order Patient's Chart with Info and Surgical Clearance Pre-Anesthesia Evalua	Attending I Nurse on I				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Prepares for transport to Operating Room	1. Coordinates with ward nurse regarding the transfer of patient to OR	None	5 minutes	OR Nurse II or Nurse I OR Department	
2. None	2. Verifies completion of pre-operative care and confirms transfer of the patient	None	7 minutes	<i>Ward Nurse I</i> General Ward	
3. None	3. Transfers the patient from ward to Operating Room	None	5 minutes	Ward Nurse I / Nursing Attendant General Ward	
Proceeds to Operating Room	4. Endorses patient to Operating Room Nurse	None	5 minutes	<i>Ward Nurse I</i> General Ward	

None

22 minutes

TOTAL:



				NG LAD
19. Patient Care in	the Operating Room (Int	raoperat	tive)	
Procedure for Patient	Care in the Operating Room (In	traoperativ	/e)	
Office or Division:	Orani District Hospital/ Operati	ng Room		
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Patients to undergo Surgical P	rocedure		
CHECKLIST	OF REQUIREMENTS		WHERE TO	O SECURE
 1 Duly Accomplished Patient's Chart with Sia Consent 1 Duly Accomplished 	Signed Surgical and Anesthe-	Surgeon Circulating Circulating		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
Enters the Operating Room Complex	Receives the patient from the ward nurse to the OR complex. Confirms patient's identity, surgical site, consent.	None	3 minutes	Circulating Nurse I Operating Room
2. None	Validates pre-operative checklist and reassessment of the patient	None	3 minutes	Circulating Nurse I Operating Room
3. None	3. Transfers patient to the operating room and on to the operating table	None	2 minutes	Circulating Nurse I and Nursing Attendant I Operating Room
Occupies Operat- ing Room table	4. Attaches patient to cardiac monitor and hooks to oxygen inhalation	None 15 i	15 minutes	Physician under Con- tract of Service (Anesthesiologist)
ing Room table	4.1. Prepares and counts OR set			Scrub Nurse II and Cir- culating Nurse I Operating Room
5. None	5. Takes the initial vital signs of the patient.5.1. Prepares anesthesia set	None	10 minutes	Physician under Con- tract of Service (Anesthesiologist) Scrub Nurse II and Cir- culating Nurse I
6. Places self depend- ing on Anesthesia to be used.	6. Performs skin preparation for anesthia induction (for spinal and epidural anesthesia) 6.1. Inducts Anesthesia, monitors and records status of the patient	None	15 minutes	Circulating Nurse I; Physician under Con- tract of Service (Anesthesiologist) Operating Room
7. None	7.Conducts intraoperative preparations	None	20 minutes	Physicians under Con- tract of Service (Anesthesiologist), Scrub Nurse II, Circu- lating Nurse I Operating Room



8. None	8. Performs the surgical procedure/ operation	None	a. Low Transverse Cesaerean Section - 1 hour, 45 minutes b. Low Transverse Cesarean Section with Bilateral Tubal Ligation - 2 hours c. Open Cholecystecomy - 3 hours d. Herniorrhaphy with Mesh Hair - 3 hours e. Appendectomy - 2 hours,30 minutes f. Exploratory Laparotomy - 4 hours g. Total Abdominal Hysterectomy with Bilateral Salphingooophorectomy - 4 hours h. Dilatation and Curettage - 30 minutes i. Bilateral Tubal Ligation - 45 minutes j. Debridement - 1 hour, 30 minutes k. Amputation - 2 hour l. Excision of Mass or Cyst - 1 hour, 30 minutes m. Wound Exploration - 1 hour	Physicians under Contract of Service (OB/Gyne or Surgeon), Scrub Nurse II, Circulating Nurse I Operating Room
9. Awakens from anesthe- sia effect	9. Stabilizes vital signs and level of consciousness of the patient	None	15 minutes	Physician under Contract of Service (Anesthesiologist)
10.None	10. Accomplishes the following Documents: - Operative Technique - Nursing Operative Data - Anesthesia Record - Post-operative	None	15 minutes	Physicians under Con- tract of Service (OB/ Gyne or Surgeon, Anes- thesiologist), Circulating Nurse I Operating Room



11. None	11. Performs post-operative care	None	20 minutes	Scrub Nurse II and Circulating Nurse I Operating Room
12. None	12. Prepares patient for transport	None	5 minutes	Physicians under Contract of Service (Anesthesiologist), Circulating Nurse I Operating Room
13. Awaits for transfer to PACU	13. Transfers and endorses the patient to PACU	None	5 minutes	Circulating Nurse I Operating Room
			a. Low Transverse Cesaere- an Section - 3 hours, 53 minutes b. Low Transverse Cesare- an Section with Bilateral Tu- bal Ligation - 4 hours, 8 minutes c. Open Cholecystecomy - 5 hours, 8 minutes d. Herniorrhaphy with Mesh Hair - 5 hours - 8 minutes e. Appendectomy - 4 hours, 38 minutes f. Exploratory Laparotomy - 6 hours, 8 minutes g. Total Abdominal Hyster- ectomy with Bilateral Sal- phingooophorectomy - 6 hours, 8 minutes h. Dilatation and Curettage - 2 hours, 38 minutes i. Bilateral Tubal Ligation - 2 hours, 53 minutes j. Debridement - 3 hours, 38 minutes k. Amputation - 4 hours, 8 minutes l. Excision of Mass or Cyst - 3 hours, 38 minutes	
			m. Wound Exploration - 3	



20. Patient Care in	20. Patient Care in the Post-Anesthesia Care Unit				
Procedure for Patient	Care in the Post-Anesthesia Ca	re Unit			
Office or Division:	Orani District Hospital/ Post-An	esthesia Care Unit (PACU)			
Classification:	Simple	Simple			
Type of Transaction:	G2C- Government to Citizen				
Who may avail:	Who may avail: Post-operative Patients				
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE			
	, O.R. Technique, Verification and Sponge Count, Anesthe-	OR Nurse Surgeon/ Anesthesiologist			

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
Proceeds to Post Anesthesia Care Unit (per stretcher)	Receives patient from the operating room 1.1. hand off by the anesthesiologist	None	5 minutes	<i>Nurse I</i> PACU Unit
2. Occupies bed at PACU	2. Attaches patient to cardiac monitor and hooks to oxygen inhalation	None	15 minutes	<i>Nurse I</i> PACU Unit
3. None	 3. Monitors and records the following: Initial vital signs Initial Observations Level of Consciousness Pain Scale Bromage scale (if under regional anesthesia) 	None	10 minutes	<i>Nurse I</i> PACU Unit
4. None	4. Carries out post-operative orders	None	15 minutes	<i>Nurse I</i> PACU Unit
5. None	5. Performs continuous monitoring and doumentation of all observations and nursing interventions. - Vital signs - Level of Consciousness - Pain Scale - Bromage scale (if applicable) - All observations and management interventions made.	None	6 hours	<i>Nurse I</i> PACU Unit
6. None	6. Informs anesthesiologist regarding status and readiness for transfer of patient to ward	None	5 minutes	<i>Nurse I</i> PACU Unit



7. None	7. Evaluates the patient if can already be transferred to the ward and orders transfer to ward	None	5 minutes	Physicians under Contract of Service (Anesthesiologist) Operating Room
8. None	8. Carries out Doctor's Order	None	15 minutes	Nurse I PACU Unit
9. None	9. Informs ward nurse regarding transfer of patient	None	5 minutes	<i>Nurse I</i> PACU Unit
10. None	10. Transfers the patient from PACU to designated ward	None	5 minutes	<i>Nurse I</i> PACU Unit
11. Proceeds to designated ward	11. Endorses patient to designated ward	None	10 minutes	Nurse I PACU Unit
	TOTAL:	None	7 hours,30 minutes	

21. Blood tests, Urinalysis, Fecalysis and other Blood exams in the Emergency Room

Blood tests, Urinalysis, Fecalysis and other Body Fluids is important to be tested to determine the patient's health status.

Office or Division:	Orani District Hospital/Laboratory Department
Classification:	Simple
Type of Transaction:	G2C/G2G- Government to Citizen/ Government to Government
Who may avail:	All natients in the Emergency Room needing laboratory tests

CHECKLIST OF RE	EQUIREMENTS		WHERE TO S	SECURE
- 1 Original Copy of Labor	Physician			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
 Forwards the laboratory request form to the laboratory department 	Receives labora- tory request form	None	5 minutes	Laboratory Aide I Laboratory Department
	2. Validates patient information and re-	None	3 minutes	Medical Technologist II or Medical Technologist I

2. 140110	quested procedure	140110	o minates	/ Laboratory Department
3. None	3. Checks for availability of laboratory test procedure	None	5 minutes	Medical Technologist II or Medical Technologist I Laboratory Department
4. None	 4. Proceeds to emergency room and locates the patient. 4.1. Identifies patient and prepares for blood collection. 4.2. Explains procedure to the patient and watcher. 	None	3 minutes	Medical Technologist II or Medical Technologist I Laboratory Department



	1	1		
5. None	5. Per- forms specimen	None	5 minutes	Medical Technolo- gist II or Medical Technologist I
6.None	6. Processes sample	None	A. All Stat Procedures - Within 1 Hour B. Clinical Microscopy * Routine Urinalysis - 30 minutes * Routine Fecalysis - 30 minutes * Occult Blood - 30 minutes * Pregnancy Test -30 minutes * Pregnancy Test -30 minutes C. Hematology * CBC - 1 hour * Platelet Count - 1 hour * CT BT - 1 hour * Protime (PT) - 1 hour * Activated Partial Thromboplastine Time (APTT) - 1 hour * Malarial Smear - 1 hour D. Blood Chemistry * RBS (Capillary Blood - 5 minutes Glucose) * FBS - 4 hours * BUN - 4 hours * Creatinine - 4 hours * Cholesterol - 4 hours * Blood Uric Acid - 4 hours * Blood Uric Acid - 4 hours * Tryglycerides - 4 hours * SGOT - 4 hours * GRAM Staining (Sputum) / Trugnat - 2 hours * GRAM Staining - 1 hour * Wet Smear/ KOH - 1 hour F. Serology/ Blood Banking * ABO-Rh Typing - 10 minutes * Hepa B Surface Ag - 1 hours * VDRL/ Syphilis - 1 hours * Dengue NS1 - 1 hours * Dengue NS1 - 1 hours * Dengue NS1 - 1 hours * Tryphidot - 1 hours * Tryphidot - 1 hours * Tryphidot - 1 hours * Toponin I - 1 hours * Troponin I - 1 hours * Troponin I - 1 hours * Troponin I - 1 hours * TSH - 1 hours * THA - 1 hours	Medical Technologist II or Medical Technologist I Laboratory Department



7. None	7. Encodes patient's transaction on iHOMIS	None	3 minutes	Laboratory Aide I Laboratory De- partment
8. None	8. Prints charge slip and for-wards charge slip to the billing and cashier section	A. All Stat Procedures - Depends on the procedure B. Clinical Microscopy * Routine Urinalysis - PHP 80.00 * Fecal Occult Blood - PHP300.00 * Pregnancy Test - PHP150.00 C. Hematology *CBC - PHP 230.00 * CBC with Platelet Count - PHP 275.00 * CT BT - PHP 100.00 * Protime (PT) - PHP 500.00 * Prothrombine Time (PTT) - PHP 750.00 * Activated Partial Thromboplastine Time (APTT) - PHP 750.00 * Malarial Smear - PHP 100.00 D. Blood Chemistry *RBS (Capillary Blood - PHP 150.00 Glucose) * FBS - PHP150.00 * Creatinine - PHP 150.00 * Crolesterol - PHP 150.00 * Blood Uric Acid - PHP 150.00 * Tryglycerides - PHP 250.00 * Tryglycerides - PHP 250.00 * NSGOT - PHP 230.00 * SGOT - PHP 250.00 * MICROBIOLOGY * AFB Staining - PHP 150.00 Endicrobiology * AFB Staining - PHP 150.00 * Wet Smear/ KOH - PHP 150.00 * Wet Smear/ KOH - PHP 150.00 * Wet Smear/ KOH - PHP 250.00 * ABO-Rh Typing - PHP 250.00 * ABO-Rh Typing - PHP 250.00 * Phepa B Surface Ag - PHP 250.00 * Phepa B Surface Ag - PHP 250.00 * Topicy Blood Banking * ABO-Rh Typing - PHP 250.00 * Pengue NS1 - PHP1,200.00 * Cross Matching - PHP 700.00 * Cross Matching - PHP 700.00 * Topicy NS1 - PHP 1,000.00 * Tryphidot - PHP 600.00 * Cross Matching - PHP 700.00 * Tryphidot - PHP 600.00 * Tr	2 minutes	Laboratory Aide I Laboratory Department



9. None	9. Validates and signs the result of laboratory test requested.	None	5 minute s	Medical Technologist II or Medical Technologist I and Pathologist Laboratory Department
10. Receives laboratory result for physicians evaluation and management	10. Forwards laboratory result to the Emergency Room	None	5 minute s	Laboratory Aide I Laboratory De- partment
11. Receives patient's clearance slip for billing and payment	11. Instructs clear- ance signing	None	3 minute s	Nurse II or Nurse I Emergency Room
12. Proceeds to the La- boratory for clearance signing	12. Signs the pa- tients clearance	None	1 mi- nute	Laboratory Aide I Laboratory Department
13. Returns to the emergency room/ holding area to present the accomplished clearance slip and official receipt to the nurse on duty	13. Receives accomplished clearance slip and validates the official receipt. 13.1. Discharge the patient	None	2 minute s	Nurse II or Nurse I Emergency Room
TOTAL:	A. All Stat Procedures - Depends on the procedure B. Clinical Microscopy * Routine Urinalysis - PHP 80.00 * Routine Fecalysis - PHP80.00 * Fecal Occult Blood - PHP300.00 * Pregnancy Test -PHP150.00 C. Hematology *CBC -PHP 230.00 * CBC with Platelet Count -PHP 275.00 * CT BT -PHP 100.00 * Protime (PT) -PHP 500.00 *Prothrombine Time (PTT) -PHP 750.00 *Peripheral Smear - PHP 450.00 * Activated Partial Thromboplastine Time (APTT) -PHP 750.00 * Malarial Smear - PHP 100.00 D. Blood Chemistry *RBS (Capillary Blood -PHP 150.00 Glucose) * FBS -PHP150.00 * BUN -PHP 150.00 * Creatinine -PHP 150.00 * Cholesterol -PHP 150.00 * Tryglycerides -PHP 250.00 * Tryglycerides -PHP 250.00 * SGOT -PHP 230.00 * SGOT -PHP 230.00		Tioul	rs, 42 minutes



E. Microbiology	4 hours, 42 minutes
* AFB Staining (Sputum) / Trugnat - No	n-
Charge	
* GRAM Staining -PHP 150.00	
* Wet Smear/ KOH -PHP 150.00	
Wet Offically ROT1 -1 Till 150.00	
F. Caralamy/ Diagd Danking	
F. Serology/ Blood Banking	
* ABO-Rh Typing -PHP 200.00	
* Hepa B Surface Ag -PHP 250.00	
*HBA1C -PHP 700.00	
* VDRL/ Syphilis -PHP 250.00	
* Rapid Screen Testing - Non-Charge	
* Dengue NS1 - PHP1,200.00	
* Dengue Duo -PHP 1,200.00	
* Typhidot -PHP 600.00	
* Cross Matching -PHP 700.00	
Cross Matching -PHP 700.00	
G. COVID Rapid Ag Test -PHP 850.00	
H. Special Examinations	
* Troponin I -PHP 1,000.00	
* CK-MB -PHP1,000.00	
* PSA -PHP 950.00	
* TSH -PHP 650.00	
* T3 -PHP 600.00	
* T4 -PHP 600.00	
* fT3-PHP 650.00	
* fT4 -PHP 650.00	
* HbA1c -PHP 700.00	
I. Newborn Screening	
* Expanded Newborn Screening Test	
-PHP 1,800.00	
1111 1,000100	



22. Blood tests, Urinalysis, Fecalysis and other Blood Exams for In-Patients

Blood tests, Urinalysis, Fecalysis and other Body Fluids is important to be tested to determine the patient's health status.

Office or Division: Orani District Hospital/Laboratory Department

Classification: Simple

Type of Transaction: G2C- Government to Citizen

Who may avail: All patients admitted in the ward needing laboratory tests

CHECKLIST OF R	WHERE TO SECURE			
- 1 Original Copy of Laboratory request		Physician/ Ward Nurse		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
1. Forwards laboratory request to laboratory department with the laboratory request receiving logbook to be signed by the Laboratory Aide on duty	1. Receives laboratory request from Ward nurse on duty and signs the laboratory request receiving logbook	None	1 minutes	Laboratory Aide I Laboratory Department
2. None	Checks availability of test procedure.	None	5 minutes	Medical Technologist II or Medical Technolo- gist I Laboratory Department
3. None	3. Proceeeds to ward and locates the patient. 3.1. Identifies patient and prepares for blood collection. 3.2. Explains procedure to the patient and watcher.	None	3 minutes	Medical Technologist II or Medical Technolo- gist I Laboratory Department
4. None	Performs specimen collection	None	10 minutes	Medical Technologist II or Medical Technolo- gist I Laboratory Department



5.None	5. Pro-	None	A. All Stat Procedures - Within 1 Hour B. Clinical Microscopy	Medical Technologist II or Medical Technolo-
	cesses		• •	gist I
	sample		* Routine Urinalysis - 30 minutes	Laboratory Department
			* Routine Fecalysis - 30 minutes	Laboratory Department
			* Occult Blood - 30 minutes	
			* Pregnancy Test -30 minutes	
			C. Hematology	
			*CBC - 1 hour	
			* Platelet Count - 1 hour	
			* CT BT - 1 hour	
			* Protime (PT) - 1 hour	
			* Activated Partial	
			Thromboplastine Time (APTT) - 1 hour	
			* Malarial Smear - 1 hour	
			D. Blood Chemistry	
			*RBS (Capillary Blood - 5 minutes	
			Glucose)	
			* FBS - 4 hours	
			* BUN - 4 hours	
			* Creatinine - 4 hours	
			* Cholesterol - 4 hours	
			* Blood Uric Acid - 4 hours	
			* Tryglycerides - 4 hours	
			* HDL/LDL - 4 hours	
			* SGOT - 4 hours	
			* SGPT - 4 hours	
			* Na, K, Cl package - 30 minutes	
			E. Microbiology	
			* AFB Staining (Sputum) / Trugnat - 2 hours	
			* GRAM Staining - 1 hour	
			* Wet Smear/ KOH - 1 hour	
			F. Serology/ Blood Banking	
			* ABO-Rh Typing - 10 minutes	
			* Hepa B Surface Ag - 1 hours	
			* VDRL/ Syphilis - 1 hours	
			* Rapid Screen Testing - 1 hours	
			* Dengue NS1 - 1 hours	
			* Dengue Duo - 1 hours	
			* Typhidot - 1 hours	
			* Cross Matching - 2 hours	
			G. COVID Ag Test - 1 hours	
			H. Special Examinations	
			* Troponin I - 1 hours	
			* CK-MB - 1 hours	
			* PSA - 1 hours	
			* TSH - 1 hours	
			* T3 - 1 hours	
			* T4 - 1 hours	
			* fT3- 1 hours	
			* fT4 - 1 hours	
			* HbA1c - 10 minutes	
			I. Newborn Screening	
			* Newborn Screening Test	
			(Expanded) - 15 minutes	



6. Encodes pa- tient's transac- tion on iHOMIS	None	3 minutes	Laboratory Aide I Laboratory Department
7. None 7. Prints charge slip and forwards charge slip to the billing and cashier	A. All Stat Procedures - Depends on the procedure B. Clinical Microscopy * Routine Urinalysis - PHP 80.00 * Fecal Occult Blood - PHP300.00 * Pregnancy Test -PHP150.00 C. Hematology * CBC -PHP 230.00 * CBC with Platelet Count -PHP 275.00 * CT BT -PHP 100.00 * Protime (PT) -PHP 500.00 * Protrombine Time (PTT) -PHP 750.00 * Peripheral Smear - PHP 450.00 * Activated Partial Thromboplastine Time (APTT) -PHP 750.00 * Malarial Smear - PHP 100.00 D. Blood Chemistry * RBS (Capillary Blood -PHP 150.00 Glucose) * FBS -PHP150.00 * BUN -PHP 150.00 * Creatinine -PHP 150.00 * Crostinine -PHP 150.00 * Tryglycerides -PHP 250.00 * HDL/LDL - PHP 500.00 * SGOT -PHP 230.00 * SGOT -PHP 230.00 * SGPT -PHP 230.00 * SGOT -PHP 230.00 * SGPT -PHP 230.00 * SGPT -PHP 230.00 * Na, K, Cl package -PHP 600.00 E. Microbiology * AFB Staining (Sputum) / Trugnat - Non-Charge * GRAM Staining -PHP 150.00 * Wet Smear/ KOH -PHP 150.00 * Serology/ Blood Banking * ABO-Rh Typing -PHP 200.00 * HPBA1C -PHP 700.00 * VDRL/ Syphilis -PHP 250.00 * Rapid Screen Testing - Non-Charge * Dengue NS1 - PHP1,200.00 * Typhidot -PHP 600.00 * Tryphidot -PHP 600.00 * Tross Matching -PHP 700.00 * Toss Matching -PHP 700.00 * Tross Matching -PHP 700.00 * Tra -PHP 600.00 * T3 -PHP 650.00 * T3 -PHP 650.00 * T3 -PHP 650.00 * T4 -PHP 650.00 * T4 -PHP 650.00 * T4 -PHP 650.00 * T4 -PHP 650.00 * T5 -PHP 650.00 * T5 -PHP 650.00 * T4 -PHP 650.00 * T5 -PHP 700.00 Newborn Screening * Expanded Newborn Screening Test -PHP 1,800.00	2 minutes	Laboratory Aide I Laboratory Department



8 None	8. Validates and signs the result of laboratory test requested.	None	5 minutes	Medical Technologist II or Medical Technologist I and Pathologist Laboratory Department
9. Receives laboratory result and signs laboratory result releasing logbook	9. Releases result and secures ward nurse's signature in the laboratory releasing logbook	None	5 minutes	Laboratory Aide I Laboratory Depart- ment
	TOTAL:	Depends on all in- curred charges	4 hours, 34 minutes	

23. Blood tests, Uri Out-Patients	nalysis, Fecalys	sis and othe	r Blood Ex	kams for Walk-In and		
General Laboratory Procedure for Out-Patients						
Office or Division:	Office or Division: Orani District Hospital/Laboratory Department					
Classification: Simple						
Type of Transaction:	G2C- Government t	o Citizen				
Who may avail:	Vho may avail: All Walk-In and Out-Patients needing laboratory tests					
CHECKLIST OF REQUIREMENTS WHERE TO SECURE						
	- 1 Original Copy of Laboratory Request - 1 Original Copy of Valid ID/ Senior Citi- zen ID					
CLIENTS STEPS	AGENCY AC- TION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE		
1. Proceeds to the La- boratory and hands out the laboratory request for to the Laboratory Aide	Receives la- boratory request form	None	5 minutes	<i>Laboratory Aide I</i> Laboratory Department		
2. None	2. Validates pa- tient information and requested procedure	None	3 minutes	Medical Technologist II or Medical Technologist I Laboratory Department		
3. Proceeds to the blood extraction area for blood sample collection		None	5 minutes	Medical Technologist II or Medical Technologist I Laboratory Department		



cesses sample B. Clinical Microscopy * Routine Urinalysis - 30 minutes	Medical Technolog
Thromboplastine Time (APTT) - 1 hour * Malarial Smear - 1 hour D. Blood Chemistry *RBS (Capillary Blood - 5 minutes Glucose) *FBS - 4 hours *BUN - 4 hours * Creatinine - 4 hours * Cholesterol - 4 hours * Thyglycerides - 4 hours * HDL/LDL - 4 hours * SGOT - 4 hours * SGPT - 4 hours * SGPT - 4 hours * SGAM Staining (Sputum) / Trugnat - 2 hours * GRAM Staining - 1 hour * Wet Smear/ KOH - 1 hour F. Serology/ Blood Banking * ABO-Rh Typing - 10 minutes * Hepa B Surface Ag - 1 hours * VDRL/ Syphilis - 1 hours * VDRL/ Syphilis - 1 hours * Dengue NS1 - 1 hours * Dengue NS1 - 1 hours * Toponio NS1 - 1 hours * Toponio I - 1 hours * Tryphidot - 1 hours * Tryphidot - 1 hours * Tryphidot - 1 hours * Tryponion I - 1 hou	Medical Technologis Medical Technologis Medical Technolog I aboratory Department



<u> </u>		· ·		<u> </u>
6. Receives		All Stat Procedures - Depends on the	2	Laboratory
charge slip	charge slip	procedure	minutes	Aide I
from the La-		B. Clinical Microscopy		Laboratory
boratory Aide	•	* Routine Urinalysis - PHP 80.00		Department
and proceeds		* Routine Fecalysis - PHP80.00		
_ '		* Fecal Occult Blood - PHP300.00		
	payment	* Pregnancy Test -PHP150.00		
and Billing for		C. Hematology		
payment pro-	the patient	*CBC -PHP 230.00		
cess		* CBC with Platelet Count -PHP 275.00		
		* CT BT -PHP 100.00		
		* Protime (PT) -PHP 500.00		
		*Prothrombine Time (PTT) -PHP 750.00		
		*Peripheral Smear - PHP 450.00		
		* Activated Partial		
		Thromboplastine Time (APTT) -PHP 750.00		
		* Malarial Smear - PHP 100.00		
		D. Blood Chemistry		
		*RBS (Capillary Blood -PHP 150.00		
		Glucose)		
		* FBS -PHP150.00		
		* BUN -PHP 150.00		
		* Creatinine -PHP 150.00		
		* Cholesterol -PHP 150.00		
		* Blood Uric Acid -PHP 150.00		
		* Tryglycerides -PHP 250.00		
		* HDL/LDL - PHP 500.00		
		* SGOT -PHP 230.00		
		* SGPT -PHP 230.00		
		* Na, K, Cl package -PHP 600.00		
		E. Microbiology		
		* AFB Staining (Sputum) / Trugnat - Non-Charge		
		* GRAM Staining -PHP 150.00		
		* Wet Smear/ KOH -PHP 150.00		
		F. Serology/ Blood Banking		
		* ABO-Rh Typing -PHP 200.00		
		* Hepa B Surface Ag -PHP 250.00		
		*HBA1C -PHP 700.00		
		* VDRL/ Syphilis -PHP 250.00		
		* Rapid Screen Testing - Non-Charge		
		* Dengue NS1 - PHP1,200.00		
		* Dengue Duo -PHP 1,200.00		
		* Typhidot -PHP 600.00		
		* Cross Matching -PHP 700.00		
		G. COVID Rapid Ag Test -PHP 850.00		
		H. Special Examinations		
		* Troponin I -PHP 1,000.00		
		* CK-MB -PHP1,000.00		
		· ·		
		* PSA -PHP 950.00		
		* TSH -PHP 650.00		
		* T3 -PHP 600.00		
		* T4 -PHP 600.00		
		* fT3-PHP 650.00		
		* fT4 -PHP 650.00		
		* HbA1c -PHP 700.00		
		I. Newborn Screening		
		* Expanded Newborn Screening Test		
		-PHP 1,800.00		



7. None 8. Returns to laboratory and presents Official Receipt to	7. Validates and signs the result of laboratory test requested. 8. Receives official receipt and validate patient's pay-	None	5 minutes 3 minutes	Medical Technologist II or Medical Technolohist I and Pathologist Laboratory Aide I Laboratory De-
the laboratory 9. Receives la-	ment 9. Prints and releases	None	5 minutes	Laboratory Aide I Laboratory De- partment
ТОТ		A. All Stat Procedures - Depends on the procedure B. Clinical Microscopy * Routine Urinalysis - PHP 80.00 * Routine Fecalysis - PHP80.00 * Fecal Occult Blood - PHP300.00 * Pregnancy Test -PHP150.00 C. Hematology * CBC -PHP 230.00 * CBC with Platelet Count -PHP 275.00 * CT BT -PHP 100.00 * Protime (PT) -PHP 500.00 * Prothrombine Time (PTT) -PHP 750.00 * Peripheral Smear - PHP 450.00 * Activated Partial Thromboplastine Time (APTT) - PHP 750.00 * Malarial Smear - PHP 100.00 D. Blood Chemistry * RBS (Capillary Blood -PHP 150.00 Glucose) * FBS -PHP150.00 * Creatinine -PHP 150.00 * Creatinine -PHP 150.00 * Tryglycerides -PHP 250.00 * Tryglycerides -PHP 250.00 * SGOT -PHP 230.00 * SGOT -PHP 230.00 * SGOT -PHP 230.00 * SGOT -PHP 230.00 * SGPT -PHP 230.00 * Na, K, CI package -PHP 600.00 I. Newborn Screening * Expanded Newborn Screening Test -PHP 1,800.00	4 hours, 33 minutes	



E. Microbiology	
* AFB Staining (Sputum) / Trugnat - Non	
-Charge	
* GRAM Staining -PHP 150.00	
* Wet Smear/ KOH -PHP 150.00	
F. Serology/ Blood Banking	
* ABO-Rh Typing -PHP 200.00	
* Hepa B Surface Ag -PHP 250.00	
*HBA1C -PHP 700.00	
* VDRL/ Syphilis -PHP 250.00	
* Rapid Screen Testing - Non-Charge	
* Dengue NS1 - PHP1,200.00	
* Dengue Duo -PHP 1,200.00	
* Typhidot -PHP 600.00	
* Cross Matching -PHP 700.00	
G. COVID Rapid Ag Test -PHP 850.00	
H. Special Examinations	
* Troponin I -PHP 1,000.00	
* CK-MB -PHP1,000.00	
* PSA -PHP 950.00	
* TSH -PHP 650.00	
* T3 -PHP 600.00	
* T4 -PHP 600.00	
* fT3-PHP 650.00	
* fT4 -PHP 650.00	
* HbA1c -PHP 700.00	
I. Newborn Screening	
* Expanded Newborn Screening Test	

24. Radiology Procedures (General X-ray Services for ER Patients)

Radiology x-ray used to diagnose or treat patients by recording images of the internal structure of the body to assess the presence or absence of disease, foreign objects, and structural damage or

Office or Division:	Orani District Hospital/Radiology Department
Classification:	Simple
Type of Transaction:	Government to Citizen/ Government to Government
Who may avail:	FR Patients

Who may avail:	R Patients			
CHECKLIST OF RE	WHERE TO SECURE Attending or Requesting Physician			
- 1 Original Copy of X-RA				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE	PROCESSING	PERSON RESPON-
Proceeds to radiology department receiving window	Receives radiolo- gy request form	None	1 minute	Radiologic Technolo- gist II or Radiologic Technologist I Radiology Department
2. None	2. Validates patient information, procedure, and patient's chief complaint and history.	None	3 minutes	Radiologic Technolo- gist II or Radiologic Technologist I Radiology Department



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSI- BLE
3. None	3. Logs patient's data to the record book and accomplishment	None	1 minute	Radiologic Technologist I or Administrative Aide III Radiology Department
4. None	4. Prepares the X-ray machine and other equipments that will be used for the examination.	None	5 minutes	Radiologic Technologist II or Radiologic Technologist I Radiology Department
5. None	5. Informs the ER Nurse on Duty to transport the patient to the Radiology De- partment	None	1 minute	Administrative Adie III Radiology Department
6 Trans- ports patient to the Radi- ology Room by the Utility personnel via wheel- chair or stretcher	6. Receives patient from the Emergency Room and explains the procedure to the patient including its contraindication. 6.1. Instructs patient's personal preparation prior to diagnostic examination	None	5 minutes	Radiologic Technologist II or Radiologic Technologist I Radiology Department
to the radio- logic room	7. Position and perform radiologic study based on the procedure requested by the physician and examine the patient.	None	* Chest PA - 5 minutes *Ankle APL- 5 minutes *Knee Bilateral AP- 5minutes *Apicolordotic View- 8 minutes *Chest AP - 8 minutes *Chest AP Sitting- 8 minutes *Arm (Humerus) APL - 8 minutes *Clavicle AP - 8 minutes *Elbow AP -8 minutes *Scapula AP-8 minutes *Scapula AP-8 minutes *Shoulder AP - 8	Radiologic Technologist II or Radiologic Technologist I Radiology Department



logic room	7. Position and perform radiologic study based on the procedure requested by the physician and examine the patient.	None	*Shoulder AP - 8 minutes *Towne's View -8 minutes *Water's View-8 minutes *Wrist APL - 8 minutes *KUB - 8 minutes *Forearm APL - 10 minutes *Foot APO -10 minutes *Hand/Digit APL -10 minutes *Hand/Digit APO-10 minutes *Hip/Pelvic AP- 10 minutes *Knee APL - 10 minutes *Leg APL - 10 minutes *Nasal Bone (R&L) - 10 minutes *Nasal Bone (R&L) - 10 minutes *Pelvic (Frog Leg View)- 10 minutes *Pelvic (Frog Leg View)- 10 minutes *Thoracic Cage AP - 10 minutes *Zygomatic View - 10 minutes *Abdomen Lateral -10 minutes *Abdomen Upright -10 minutes *Abdomen Upright -10 minutes *Abdomen Upright -10 minutes *Abdomen Upright -15 minutes *Abdomen Upright -15 minutes *Forearm Bilateral - 15 minutes *Forearm Bilateral - 15 minutes *Forearm Bilateral - 15 minutes *Foot Bilateral - 15 minutes *Shoulder APL - 15 minutes *Sacrum APL -15 minutes *Shoulder APL - 15 minutes *Shoulder APL - 15 minutes *Wrist Bilateral - 15 minutes *Wrist Bilateral - 15 minutes *Chest Lateral Decubitus - 20 minutes	Radiologic Technologist II or Radiologic Technologist I Radiology Department
8.None	8. Examine the radiograph for quality control and assurance before printing	None	1 minute	Radiologic Technologist II or Radiologic Technol- ogist I Radiology Department
9. None	9. Processes the printing of the radiograph	None	3 minutes	Administrative Aide III Radiology Department



10. Signs the ac- complishment form	10. Secures patient's signature on the accomplishment report form	None	1 minute	Radiologic Technologist II or Radiologic Technologist I Radiology Department
11. Transports back to the Emer- gency Room by the ulitilty	11. Informs the Emer- gency Room Nurse on Duty that the patient may be transported back to the ward	None	1 minute	Radiologic Technologist I or Administrative Aide III Radiology Department
12. Receives the Radiograph for the requesting physi- cian's initial read- ing	12. Endorses patient's radiograph to the Nurse on Duty for Physician's initial reading.12.1. Advises the patient's relative to return the film on Radiology Department for official reading	None	2 minutes	Radiologic Technologist II or Radiologic Technolo- gist I Radiology Department
ITR NIONA	13. Encodes patient's transaction on iHOMIS including charge number and number film utilized	None	3 minutes	Radiologic Technologist I or Administrative Aide III Radiology Department
14. None	14. Prints charge slip and forwards charge slip to the billing section	SEE LIST OF FEES	3 minutes	Administrative Aide III Radiology Department

LIST OF FEES



*Elbow	ΔΡ/Ι	- PHP	250	$\cap \cap$
	AF/I		7:00	w

*Elbow AP/L (Portable) - PHP 250.00

*Elbow Bilateral - PHP 400.00

*Esophagram - PHP 550.00

*Foot AP/O - PHP 250.00

*Foot AP/O (Portable) - PHP 300.00

*Forearm AP/L - PHP 250.00

*Forearm Bilateral - PHP 400.00

*Forearm AP/L (Portable) - PHP 450.00

*Femur AP/L (Adult) - PHP 300.00

*Femur AP/L (Child) - PHP 250.00

*Femur AP/L Portable - PHP 450.00

*Hand Bilateral - PHP 450.00

*Hand AP/O - PHP 250.00

*Hand AP/O Portable - PHP 300.00

*Hip Joint - PHP 300.00

*Humerus AP/L - PHP 250.00

*Humerus AP/L Portable - PHP 300.00

*Knee Bilateral - PHP 450.00

*Knee AP/L - PHP 250.00

*Knee AP/L Portable - PHP 300.00

*KUB Plain - PHP 250.00

*KUB IVP - PHP 1,200.00

*Leg Bilateral - PHP 400.00

*Leg AP/L (Adult) - PHP 250.00

*Leg AP/L (Child) - PHP 250.00

*Leg AP/L Portable - PHP 350.00

*Lordotic View - PHP 350.00

*Lumbosacral AP - PHP 300.00

*Lumbosacral AP/L - PHP 350.00

*Lumbosacral AP/L/O- PHP480.00

*Mandible AP - PHP 250.00

*Mandible AP/L - PHP 420.00

*Mastoid - PHP 450.00

*Maxilla Bilateral - PHP350.00

*Nasal Bone - PHP 25000

*Oral Chole - PHP 550.00

*Pelvic AP - PHP 300.00

*Pelvic AP/O - PHP 350.00

*Pelvic Frogleg - PHP 300.00

*Pelvimetry - PHP 550.00

*Paranasal Sinuses - PHP 450.00

*Rib Cage (Adult) - PHP 300.00

*Rib Cage (Child) - PHP 250.00

*Rib Cage Portable - PHP300.00

*Sacrum AP/L - PHP 400.00

*Shoulder Bilateral - PHP 400.00

*Shoulder AP - PHP 250.00

*Scapula AP - PHP 250.00

*Sternum L/O - PHP 350.00

*Skull AP - PHP 250.00

*Skull AP/L - PHP 450.00

*Skull Series - PHP 350.00

*Skull Caldwell - PHP 450.00

*Skull Towne's View - PHP 250.00

*Skull Water's View - PHP 250.00

*Skull Rheese View - PHP 300.00

*Submandibular View - PHP 200.00

*Small Intestinal Series - PHP 800.00

*Temporomandibular Joint - PHP 320.00

*Thigh (Femur) AP/L - PHP250.00

*Thigh (Femur) Bilateral - PHP 400.00

*Thoracic Spine AP - PHP 200.00

*Thoracic Spine AP/L - PHP350.00

*Thoracic Spine AP/L/O - PHP 480.00

*Thoracic Cage - PHP 300.00

*Thoraco Lumbar AP/L - PHP 450.00

*Thoraco Lumbar AP/L/O - PHP 480.00

*Upper G.I. Series - PHP 1,000.00

*Wrist Bilateral - PHP 400.00

*Wrist AP/L - PHP 250.00

*Wrist AP/L Portable - PHP 250.00

*Zygomatic View - PHP 200.00

*Zygomatic AP/L - PHP 300.00

**Últracound Initial Scan - PHP 80.00

patient's clear-	15. Intructs clearance signing and advice patient's significant other to return the radiograph to the Radiology Department	None	3 mins	Nurse II or Nurse I Triage/Emergency Room
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	16. Receives the radiograph and signs the patient's clearance	None	1 minute	Administrative Aide III Radiology Department
17. None	17. Advises patient/ significant others to come back after 5 days for the official result. 17.1. Advise to pre- sent Official Re- ceipt on the sched- uled date	None	2 minutes	Administrative Aide III Radiology Department
18. Returns to the emergency room and present the accomplished clearance slip and official receipt to the nurse on duty	18.Receives accomplished clearance slip and validates the official receipt. 18.1. Discharge the patient	None	2 minutes	Nurse II or Nurse I Triage/Emergency Room
	TOTAL:	Varies depending on all incurred charges	58 minutes	

25. Radiology Procedures (General X-ray Services for OPD/Walk-In Patients)

Radiology x-ray used to diagnose or treat patients by recording images of the internal structure of the body to assess the presence or absence of disease, foreign objects, and structural damage or

Office or Division:	Orani District Hospital/ Radiology Department
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen

Type of Transaction:	G2C- Government to Citizen			
Who may avail:	OPD/Walk-In Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
- 1 Original Copy of X-RAY Request		Attending or Requesting Physician		

- 1 Original Copy of X-1X-1 Request		Nurse		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPON- SIBLE
Proceeds to radiology department receiving window	Receives radiology request form	None	1 minute	Radiologic Technolo- gist II or Radiologic Technologist I Radiology Department



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPON- SIBLE
Proceeds to radiology department receiving window	1. Receives radiology request form	None	1 minute	Radiologic Technolo- gist II or Radiologic Technologist I Radiology Department
2. None	2. Validates patient information, procedure, and patient's chief complaint and history.	None	3 minutes	Radiologic Technolo- gist II or Radiologic Technologist I Radiology Department
3. None	3. Explains the procedure to the patient including its contraindication. 3.1. Instructs patient's personal preparation prior to diagnostic examination	None	2 minutes	Radiologic Technolo- gist II or Radiologic Technologist I Radiology Department
4. None	4. Prepares the X-ray machine and other equipment that will be used for the examination.	None	5 minutes	Radiologic Technolo- gist II or Radiologic Technologist I Radiology Department



Г. D	5 D:4: 4	N1	* Ob + DA	Dedictorio Technolo
	5. Positions the pa-	None	* Chest PA - 5 minutes	Radiologic Technolo-
the radiology	tient and performs		*Ankle APL- 5 minutes	gist II or Radiologic
room for ex-	the radiologic study		*Knee Bilateral AP-5minutes	Technologist I
amination	based on the proce-		*Apicolordotic View- 8 minutes	Radiology Department
	dure requested by		*Chest AP - 8 minutes	
	the physician.		*Chest AP Sitting- 8 minutes	
	and priyorolari.		*Arm (Humerus) APL- 8	
			minutes	
			*Clavicle AP - 8 minutes	
			*Elbow AP -8 minutes	
			*Scapula AP-8 minutes	
			*Shoulder AP - 8 minutes	
			*Towne's View -8 minutes	
			*Water's View-8 minutes	
			*Wrist APL - 8 minutes	
			*KUB - 8 minutes	
			*Forearm APL - 10 minutes	
			*Foot APL -10 minutes	
			*Foot APO -10 minutes	
			*Hand/Digit APL -10 minutes	
			*Hand/Digit APO-10 minutes	
			*Hip/Pelvic AP- 10 minutes	
			*Knee APL - 10 minutes	
			*Leg APL - 10 minutes	
			*Mandible APL - 10 minutes	
			*Nasal Bone (R&L) - 10	
			minutes	
			*Oscalsis view - 10 minutes	
			*Pelvic (Frog Leg View)- 10	
			minutes	
			*Femur/Thigh APL - 10	
			_	
			minutes	
			*Thoracic Cage AP - 10	
			minutes	
			*Zygomatic View - 10 minutes	
			*Abdomen Lateral -10 minutes	
			*Abdomen Upright -10	
			minutes	
			*Babygram/ Fetus Gram -10-	
			15 minutes	
			*Elbow Bilateral - 10-15	
			minutes	
			*Clavicle Bilateral -15 minutes	
			*Forearm Bilateral - 15	
			minutes	
			*Hand Bilateral - 15 minutes	
			*Knee Bilateral - 15 minutes	
			_	
			*Foot Bilateral - 15 minutes	
			*Leg Bilateral - 15 minutes	
			*Sacrum APL -15 minutes	
			*Shoulder APL - 15 minutes	
			*Wrist Bilateral -15 minutes	
			*Chest Lateral Decubitus - 15-	
			20 minutes	
	<u> </u>		1	



6. None	6. Inputs patient's data to the radiology log book and accomplishnt report form. me 6.1. Instruct the patient or relative to sign the space	None	2 minute	Administrative Aide III Radiology Department
7. Proceeds to cashier for pay- ment	7. Gives the charge slip and instructs patient or patient's significant other to settle bill to the billing and cashier's section	SEE LIST OF FEES	3 minutes	Administrative Aide III Radiology Department

LIST OF FEES

- *Abdomen U/S PHP 450.00
- *Abdomen Lateral PHP 300.00
- *Abdomen Plain PHP 300.00
- *Abdomen APL PHP 400.00
- *Abdomen AP/Supine PHP 250.00
- *Abdomen Scout Film -PHP 300.00
- *Ankle AP/L PHP 250.00
- *Ankle Bilateral PHP 400.00
- *Apicolordotic View PHP 200.00
- *Arm (Humerus) AP/L PHP250.00
- *Arm (Humerus) Bilateral PHP 450.00
- *Barium Enema PHP 1,600.00
- *Baby Gram AP/L PHP 550.00
- *Calcaneus PHP 300.00
- * Cervical AP/L PHP 350.00
- * Chest AP Sitting PHP 200.00
- *Chest PA (Adult) PHP 350.00
- *Chest PA (Child) PHP 360.00
- *Chest AP (Portable) PHP 400.00
- *Chest AP/L Adult (Portable) PHP 400.00
- *Chest AP/L Child (Portable) PHP 350.00
- *Chest AP/L (Adult) PHP 350.00
- *Chest AP/L (Child) PHP 350.00
- *Chest Scout Film PHP 350.00
- *Chest Lateral Decubitus PHP 250.00
- *Cervical Spine APL PHP 320.00
- *Cervical AP PHP 250.00
- *Cervical AP/L/O PHP 500.00
- *Cervico-Thoracic AP/L PHP 400.00
- *Cervico-Thoracic AP/L/O- PHP 500.00
- *Chole G.I. Series PHP 1,300.00
- *Clavicle AP PHP 250.00
- *Clavicle Bilateral PHP 400.00
- *Coccyx AP/L PHP 350.00
- *Elbow AP/L PHP 250.00
- *Elbow AP/L (Portable) PHP 250.00
- *Elbow Bilateral PHP 400.00
- *Esophagram PHP 550.00
- *Foot AP/O PHP 250.00

- *Foot AP/O (Portable) PHP 300.00
- *Forearm AP/L PHP 250.00
- *Forearm Bilateral PHP 400.00
- *Forearm AP/L (Portable) PHP 450.00
- *Femur AP/L (Adult) PHP 300.00
- *Femur AP/L (Child) PHP 250.00
- *Femur AP/L Portable PHP 450.00
- *Hand Bilateral PHP 450.00
- *Hand AP/O PHP 250.00
- *Hand AP/O Portable PHP 300.00
- *Hip Joint PHP 300.00
- *Humerus AP/L PHP 250.00
- *Humerus AP/L Portable PHP 300.00
- *Knee Bilateral PHP 450.00
- *Knee AP/L PHP 250.00
- *Knee AP/L Portable PHP 300.00
- *KUB Plain PHP 250.00
- *KUB IVP PHP 1,200.00
- *Leg Bilateral PHP 400.00
- *Leg AP/L (Adult) PHP 250.00
- *Leg AP/L (Child) PHP 250.00
- *Leg AP/L Portable PHP 350.00
- *Lordotic View PHP 350.00
- *Lumbosacral AP PHP 300.00
- *Lumbosacral AP/L PHP 350.00
- *Lumbosacral AP/L/O- PHP480.00
- *Mandible AP PHP 250.00
- *Mandible AP/L PHP 420.00
- *Mastoid PHP 450.00
- *Maxilla Bilateral PHP350.00
- *Nasal Bone PHP 25000
- *Oral Chole PHP 550.00
- *Pelvic AP PHP 300.00
- *Pelvic AP/O PHP 350.00
- *Pelvic Frogleg PHP 300.00
- *Pelvimetry PHP 550.00
- *Paranasal Sinuses PHP 450.00
- *Rib Cage (Adult) PHP 300.00
- *Rib Cage (Child) PHP 250.00



*Shoulder Bilateral - PHP 400.00

*Shoulder AP - PHP 250.00

*Scapula AP - PHP 250.00

*Sternum L/O - PHP 350.00

*Skull AP - PHP 250.00

*Skull AP/L - PHP 450.00

*Skull Series - PHP 350.00

*Skull Caldwell - PHP 450.00

*Skull Towne's View - PHP 250.00

*Skull Water's View - PHP 250.00

*Skull Rheese View - PHP 300.00

*Submandibular View - PHP 200.00

*Small Intestinal Series - PHP 800.00

*Temporomandibular Joint - PHP 320.00

*Thigh (Femur) AP/L - PHP250.00

*Thigh (Femur) Bilateral - PHP 400.00

*Thoracic Spine AP - PHP 200.00

*Thoracic Spine AP/L - PHP350.00

*Thoracic Spine AP/L/O - PHP 480.00

*Thoracic Cage - PHP 300.00

*Thoraco Lumbar AP/L - PHP 450.00

*Thoraco Lumbar AP/L/O - PHP 480.00

*Upper G.I. Series - PHP 1,000.00

*Wrist Bilateral - PHP 400.00

*Wrist AP/L - PHP 250.00

*Wrist AP/L Portable - PHP 250.00

*Zygomatic View - PHP 200.00

*Zygomatic AP/L - PHP 300.00

*Duplicate Copy (A4 Photopaper Radiograph) - PHP 50.00

*Duplicate Copy (Dry View Laser Film) - PHP 150.00

*Ultracound Initial Scan - PHP 80.00

*Humerus AP/L - PHP 250.00

*Humerus AP/L Portable - PHP 300.00

*Knee Bilateral - PHP 450.00

*Knee AP/L - PHP 250.00

*Knee AP/L Portable - PHP 300.00

*KUB Plain - PHP 250.00

*KUB IVP - PHP 1,200.00

**Leg Bilateral - PHP 400.00

*Leg AP/L (Adult) - PHP 250.00

*Leg AP/L (Child) - PHP 250.00

*Leg AP/L Portable - PHP 350.00

*Lordotic View - PHP 350.00

*Lumbosacral AP - PHP 300.00

*Lumbosacral AP/L - PHP 350.00

*Lumbosacral AP/L/O- PHP480.00

*Mandible AP - PHP 250.00

*Mandible AP/L - PHP 420.00

*Mastoid - PHP 450.00

*Maxilla Bilateral - PHP350.00

*Nasal Bone - PHP 25000

*Oral Chole - PHP 550.00

*Pelvic AP - PHP 300.00

*Pelvic AP/O - PHP 350.00

*Pelvic Frogleg - PHP 300.00

*Pelvimetry - PHP 550.00

*Paranasal Sinuses - PHP 450.00

*Rib Cage (Adult) - PHP 300.00

*Rib Cage (Child) - PHP 250.00

*Rib Cage Portable - PHP300.00

*Sacrum AP/L - PHP 400.00

*Shoulder Bilateral - PHP 400.00

*Shoulder AP - PHP 250.00 *Scapula AP - PHP 250.00

*Sternum L/O - PHP 350.00

*Skull AP - PHP 250.00

*Skull AP/L - PHP 450.00

*Skull Series - PHP 350.00

*Skull Caldwell - PHP 450.00

*Skull Towne's View - PHP 250.00

*Skull Water's View - PHP 250.00

*Skull Rheese View - PHP 300.00

*Submandibular View - PHP 200.00

*Small Intestinal Series - PHP 800.00

*Temporomandibular Joint - PHP 320.00

*Thigh (Femur) AP/L - PHP250.00

*Thigh (Femur) Bilateral - PHP 400.00

*Thoracic Spine AP - PHP 200.00

*Thoracic Spine AP/L - PHP350.00

*Thoracic Spine AP/L/O - PHP 480.00

*Thoracic Cage - PHP 300.00

*Thoraco Lumbar AP/L - PHP 450.00

*Thoraco Lumbar AP/L/O - PHP 480.00

*Upper G.I. Series - PHP 1,000.00

*Wrist Bilateral - PHP 400.00

*Wrist AP/L - PHP 250.00

*Wrist AP/L Portable - PHP 250.00

*Zygomatic View - PHP 200.00

*Zygomatic AP/L - PHP 300.00

*Duplicate Copy (A4 Photopaper Radiograph) - PHP 50.00

*Duplicate Copy (Dry View Laser Film) - PHP 150.00

*Ultracound Initial Scan - PHP 80.00



8. Returns to Radiology Department and presents Official Receipt to Radiology staff	8. Verifies official receipt and instruct patient to proceed to the radiology waiting area	None	1 minute	Administrative Aide III Radiology Department
9. None	9. Examines the radio- graph (quality control and assurance) before releasing to the patient		1 minute	Radiologic Technologist II or Radiologic Technologist I Radiology Department
10. Proceeds to Radiology waiting area while waiting for the release of X-ray film	10. Processes the printing of the radio-graph	None	3 minutes	Administrative Aide III Radiology Department
11. Receives radio- graph and signs the Radiology Accom- plishment form	11. Releases radio- graph to the patient and advise patient to return the X-ray film after consultation	None	2 minutes	Administrative Aide III Radiology Department
12. Returns the radio- graph to the radiology department after con- sultation	12. Receives the X-ray film and inform the patient/significant other to come back after 5 days with the official receipt for the release of X-ray Official Reading Result	None	1 minute	Administrative Aide III Radiology Department
	TOTAL:	Varies de- pending on all incurred charges	44 minutes	



26. Radiology Procedures (General X-ray Services for In-Patients)

CHECKLIST OF REQUIREMENTS

Radiology x-ray used to diagnose or treat patients by recording images of the internal structure of the body to assess the presence or absence of disease, foreign objects, and structural damage or

Office or Division:	Orani District Hospital/Radiology Department
Classification:	Simple
Type of Transac-	G2G- Government to Government/ G2C-Goverment to Citizen
Who may avail:	In-Patients

WHERE TO SECURE

- 1 Original Copy of X-R	Attending or Requesting Physician Nurse			
		FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
Forwards x-ray request to radiology department with the radiology request receiving logbook to be signed by the Radiologic Technologist on duty Technologist on duty Technologist on duty 1. Receives radiology request form Ward nurse on duty and signs the radiology request receiving logbook		None	1 minute	Radiologic Technologist II or Radiologic Technol- ogist I Radiology Department
2. Validates patient infor- mation, procedure, and patient's chief complaint		None	3 minutes	Radiologic Technologist II or Radiologic Technol- ogist I
3. Logs patient's data to 3. None the record book and ac- complishment report		None	1 minute	Administrative Aide III Radiology Department
4. None	4. Prepares the X-ray machine and other equipments that will be used	None	5 minutes	Radiologic Technologist II or Radiologic Technol- ogist I

	for the examination.			Radiology Department
5. None	5. Informs the Ward Nurse on Duty to transport the patient to the Radiology Depart- ment	None	1 minute	Administrative Aide III Radiology Department
6. Transports patient to the Radiology Room by the Ulitity personnel via wheelchair or stretcher	tion	None	5 minutes	Radiologic Technologist II or Radiologic Technol- ogist I Radiology Department
	560			



		*HHHKLNNCPFTZAAABECFH	emur/Thigh APL horacic Cage AF ygomatic View - Abdomen Lateral Abdomen Upright Babygram/ Fetus Elbow Bilateral - 1 Clavicle Bilateral - 1 dand Bil	utes 0 minutes 0 minutes minutes minutes utes 0 minutes 0 minutes 0 minutes 0 minutes 0 minutes 0 minutes 10 minutes	
		*A *B *C * * * * * * * * * * * * * * * * * *	bdomen Upright Babygram/ Fetus Elbow Bilateral - 1 Clavicle Bilateral - Forearm Bilateral	-10 minutes Gram -15 minutes 5 minutes - 15 minutes - 15 minutes	
8. None f	3. Examines the or quality contro ance before prin	ol and assur-	None	1 minute	Radiologic Technologist II or Radiologic Technolo- gist I Radiology Department
	9. Processes the he radiograph	printing of	None	3 minutes	Administrative Aide III Radiology Department



10. Signs the accomplishment form	10. Secures patient's signa- ture on the accomplishment report form	None	1 minute	Radiologic Technologist II or Radiologic Technologist I Radiology Department
11. Transports back to the ward by the ulitilty	11. Informs the Ward Nurse on Duty that the patient may be transported back to the ward	None	1 minute	Administrative Aide III Radiology Department
12. Receives the Radio- graph for the requesting physician's initial read- ing	12. Endorses patient's radiograph to the Nurse on Duty for Physician's initial reading.12.1. Advises the Nurs eon Duty to return the film on Radiology Department after the initial reading	None	2 minutes	Radiologic Technologist II or Radiologic Technologist I Radiology Department
13. None	13. Encodes patient's transac-		3 minutes	Administrative Aide III Radiology Department
14. None	14. Prints charge slip and for- wards charge slip to the billing section		3 minutes	Administrative Aide III Radiology Department

LIST OF FEES

*Abdomen U/S - PHP 450.00

*Abdomen Lateral - PHP 300.00

*Abdomen Plain - PHP 300.00

*Abdomen APL - PHP 400.00

*Abdomen AP/Supine - PHP 250.00

*Abdomen Scout Film -PHP 300.00

*Ankle AP/L - PHP 250.00

*Ankle Bilateral - PHP 400.00

*Apicolordotic View - PHP 200.00

*Arm (Humerus) AP/L - PHP250.00

*Arm (Humerus) Bilateral - PHP 450.00

*Barium Enema - PHP 1,600.00

*Baby Gram AP/L - PHP 550.00

*Calcaneus - PHP 300.00

* Cervical AP/L - PHP 350.00

* Chest AP Sitting - PHP 200.00

*Chest PA (Adult) - PHP 350.00

*Chest PA (Child) - PHP 360.00

*Chest AP (Portable) - PHP 400.00

*Chest AP/L Adult (Portable) - PHP 400.00

*Chest AP/L Child (Portable) - PHP 350.00

*Chest AP/L (Adult) - PHP 350.00

*Chest AP/L (Child) - PHP 350.00

*Chest Scout Film - PHP 350.00

*Chest Lateral Decubitus - PHP 250.00

*Cervical Spine APL - PHP 320.00

*Cervical AP - PHP 250.00

*Cervical AP/L/O - PHP 500.00

*Cervico-Thoracic AP/L - PHP 400.00

*Cervico-Thoracic AP/L/O- PHP 500.00

Elbow AP/L - PHP 250.00

*Elbow AP/L (Portable) - PHP 250.00

*Elbow Bilateral - PHP 400.00

*Esophagram - PHP 550.00

*Foot AP/O - PHP 250.00

*Foot AP/O (Portable) - PHP 300.00

*Forearm AP/L - PHP 250.00

*Forearm Bilateral - PHP 400.00

*Forearm AP/L (Portable) - PHP 450.00

*Femur AP/L (Adult) - PHP 300.00

*Femur AP/L (Child) - PHP 250.00

*Femur AP/L Portable - PHP 450.00

*Hand Bilateral - PHP 450.00

*Hand AP/O - PHP 250.00

*Hand AP/O Portable - PHP 300.00

*Hip Joint - PHP 300.00

*Humerus AP/L - PHP 250.00

*Humerus AP/L Portable - PHP 300.00

*Knee Bilateral - PHP 450.00

*Knee AP/L - PHP 250.00

*Knee AP/L Portable - PHP 300.00

*KUB Plain - PHP 250.00

*KUB IVP - PHP 1,200.00

**Leg Bilateral - PHP 400.00

*Leg AP/L (Adult) - PHP 250.00

*Leg AP/L (Child) - PHP 250.00

*Leg AP/L Portable - PHP 350.00 *Lordotic View - PHP 350.00

*Lumbosacral AP - PHP 300.00

*Lumbosacral AP/L - PHP 350.00



*Mandible AP - PHP 250.00

*Mandible AP/L - PHP 420.00

*Mastoid - PHP 450.00

*Maxilla Bilateral - PHP350.00

*Nasal Bone - PHP 25000

*Oral Chole - PHP 550.00

*Pelvic AP - PHP 300.00

*Pelvic AP/O - PHP 350.00

*Pelvic Frogleg - PHP 300.00

*Pelvimetry - PHP 550.00

*Paranasal Sinuses - PHP 450.00

*Rib Cage (Adult) - PHP 300.00

*Rib Cage (Child) - PHP 250.00

*Rib Cage Portable - PHP300.00

*Sacrum AP/L - PHP 400.00

*Shoulder Bilateral - PHP 400.00

*Shoulder AP - PHP 250.00

*Scapula AP - PHP 250.00

*Sternum L/O - PHP 350.00

*Skull AP - PHP 250.00

*Skull AP/L - PHP 450.00

*Skull Series - PHP 350.00

*Skull Caldwell - PHP 450.00

*Skull Towne's View - PHP 250.00

*Skull Water's View - PHP 250.00

*Skull Rheese View - PHP 300.00

*Submandibular View - PHP 200.00

*Small Intestinal Series - PHP 800.00

*Temporomandibular Joint - PHP 320.00

*Thigh (Femur) AP/L - PHP250.00

*Thigh (Femur) Bilateral - PHP 400.00

*Thoracic Spine AP - PHP 200.00

*Thoracic Spine AP/L - PHP350.00

*Thoracic Spine AP/L/O - PHP 480.00

*Thoracic Cage - PHP 300.00

*Thoraco Lumbar AP/L - PHP 450.00

*Thoraco Lumbar AP/L/O - PHP 480.00

*Upper G.I. Series - PHP 1,000.00

*Wrist Bilateral - PHP 400.00

*Wrist AP/L - PHP 250.00

*Wrist AP/L Portable - PHP 250.00

*Zygomatic View - PHP 200.00

*Zygomatic AP/L - PHP 300.00

*Duplicate Copy (A4 Photopaper Radiograph) - PHP 50.00

*Duplicate Copy (Dry View Laser Film) - PHP 150.00

*Ultracound Initial Scan - PHP 80.00

*Lumbosacral AP/L/O- PHP480.00

15. Returns radio- graph to Radiologic room	15. Receives the radiograph for official reading.		1 minute	Radiologic Technologist II or Radiologic Tech- nologist I Radiology Department
	TOTAL:	Varies depend- ing on all in- curred charges	51 minutes	



27. Radiology Procedures (MedicoLegal Patients)

Radiology x-ray used to diagnose or treat patients by recording images of the internal structure of the body to assess the presence or absence of disease,

foreign objects, and structural damage or anomaly.

Office or Division:	Orani District Hospital/Radiology Department	

Classification: SIMPLE TRANSACTION

Type of Transaction: Government to Citizen/ Government to Government

Who may avail: MEDICOLEGAL PATIENTS

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
IX-RAY Reduest	Attending or Requesting Physician

		Nurse				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Proceeds to radiology department receiving window	Receives the radiology request form	None	1 minute	Radiologic Technologist II or Radiologic Technologist I Radiology Department		
2 None	2. Prepares the X-ray machine and other equipment that will be used for the examination.	None	5 minutes	Radiologic Technologist II or Radiologic Technologist I Radiology Department		
3. None	3. Informs the ER Nurse on Duty to transport the patient to the Radiology Department	None	1 minute	Administrative Aide III Radiology Department		
4. Transports patient to the Radiology Room by the Ulitity personnel via wheelchair or stretcher	4.Receives patient from the Emergency Room/ Holding Area	None	3 minutes	Administrative Aide III Radiology Department		
5. None	5. Validates patient information, procedure, and patient's chief complaint and history.	None	3 minutes	Administrative Aide III Radiology Department		
6. Provides the correct data needed for Medico Legal purposes	6. Verifies Medico Legal data (Date of Incident, Time of Incident and Place of Incident)	None	2 minutes	Administrative Aide III Radiology Department		
7. None	7. Logs patient's data to the record book and accomplishment report form.	None	1 minute	Radiologic Technologist II or Radiologic Technologist I Radiology Department		



8. None	8. Explains the procedure to the patient including its contraindication. 8.1. Instructs patient's personal preparation prior to diagnostic examination	None	2 minutes	Radiologic Technologist II or Radiologic Technologist I Radiology Department
to the radiologic room for	9 Positions the patient and performs the radiologic study based on the procedure requested by the physician.		"* Chest PA - 5 minutes *Ankle APL- 5 minutes *Knee Bilateral AP-5minutes *Apicolordotic View- 8 minutes *Chest AP - 8 minutes *Chest AP Sitting- 8 minutes *Chest AP Sitting- 8 minutes *Clavicle AP - 8 minutes *Clavicle AP - 8 minutes *Elbow AP -8 minutes *Scapula AP-8 minutes *Scapula AP-8 minutes *Towne's View-8 minutes *Water's View-8 minutes *Wist APL - 8 minutes *KUB - 8 minutes *Forearm APL - 10 minutes *Foot APO -10 minutes *Foot APO -10 minutes *Hand/Digit APO-10 minutes *Hand/Digit APO-10 minutes *Hand/Digit APO-10 minutes *Hand/Digit APO-10 minutes *Nasal Bone (R&L) - 10 minutes *Nasal Bone (R&L) - 10 minutes *Nasal Bone (R&L) - 10 minutes *Pelvic (Frog Leg View)- 10 minutes *Pelvic (Frog Leg View)- 10 minutes *Thoracic Cage AP - 10 minutes *Abdomen Lateral -10 minutes *Abdomen Lateral -10 minutes *Abdomen Lateral -15 minutes *Abdomen Upright -10 minutes *Abdomen Upright -10 minutes *Abdomen Lateral - 15 minutes *Abdomen Upright -10 minutes *Seabygram/ Fetus Gram -15 minutes *Elbow Bilateral - 15 minutes *Hand Bilateral - 15 minutes *Forearm Bilateral - 15 minutes *Forearm Bilateral - 15 minutes *Shoulder APL - 15 minutes *Shoulder APL - 15 minutes *Shoulder APL - 15 minutes *Yist Bilateral - 15 minutes *Yours Bilateral - 15 minutes *Yours Bilateral - 15 minutes *Yist Bilateral - 15 minutes *Yours Bilateral - 15 minutes	Radiologic Technologist II or Radiologic Technologist I Radiology Department



10. None	10. Examines the radiograph for quality control and assurance before printing	None	1 minute	Radiologic Technologist II or Radiologic Technolo- gist I Radiology Department
11. None	11. Processes the printing of the radiograph	None	3 minutes	Administrative Aide III Radiology Department
12. Signs the accomplishment form	12. Secures patient's signature on the accomplishment report form	None	1 minute	Administrative Aide III Radiology Department
13. Transports the patient back to the Emergency Room/ Holding Area by the ulitilty via wheel-chair/ stretcher	13. Informs the Emergency Room Nurse on Duty that the patient may be transported back to the emergency room	None	1 minute	Radiologic Technologist II or Radiologic Technolo- gist I Radiology Department
14. Receives the Radiograph for the requesting physi- cian's initial reading	 14. Endorses patient's radiograph to the Nurse on Duty for Physician's initial reading. 14.1. Advises the Nurse on Duty to return the film on Radiology Department after the initial reading 		2 minutes	Radiologic Technologist II or Radiologic Technolo- gist I Radiology Department
15. None	15. Encodes patient's transaction on iHOMIS including charge number and number film utilized	None	3 minutes	Radiologic Technologist II or Radiologic Technolo- gist I Radiology Department
16. None	16. Prints charge slip and for- wards charge slip to the billing section	Refer on List of fees	3 minutes	Administrative Aide III Radiology Department

LIST OF FEES

*Abdomen U/S - PHP 450.00

Abdomen Lateral - PHP 300.00

Abdomen Plain - PHP 300.00

*Abdomen APL - PHP 400.00

*Abdomen AP/Supine - PHP 250.00

Abdomen Scout Film -PHP 300.00

*Ankle AP/L - PHP 250.00

*Ankle Bilateral - PHP 400.00

*Apicolordotic View - PHP 200.00

Arm (Humerus) AP/L - PHP250.00

*Arm (Humerus) Bilateral - PHP 450.00

Barium Enema - PHP 1,600.00

Baby Gram AP/L - PHP 550.00

Calcaneus - PHP 300.00

Cervical AP/L - PHP 350.00

Chest AP Sitting - PHP 200.00

Chest PA (Adult) - PHP 350.00

Chest PA (Child) - PHP 360.00

Chest AP (Portable) - PHP 400.00

Chest AP/L Adult (Portable) - PHP 400.00

Chest AP/L Child (Portable) - PHP 350.00

*Chest AP/L (Adult) - PHP 350.00

Chest AP/L (Child) - PHP 350.00

*Chest Scout Film - PHP 350.00

Chest Lateral Decubitus - PHP 250.00

*Cervical Spine APL - PHP 320.00

Cervical AP - PHP 250.00

Cervical AP/L/O - PHP 500.00

Cervico-Thoracic AP/L - PHP 400.00

Cervico-Thoracic AP/L/O- PHP 500.00

Chole G.I. Series - PHP 1,300.00

Clavicle AP - PHP 250.00

Clavicle Bilateral - PHP 400.00

Coccyx AP/L - PHP 350.00

Elbow AP/L - PHP 250.00

*Elbow AP/L (Portable) - PHP 250.00



*Pelvimetry - PHP 550.00
*Paranasal Sinuses - PHP 450.00
*Rib Cage (Adult) - PHP 300.00
*Rib Cage (Child) - PHP 250.00
*Rib Cage Portable - PHP300.00
*Sacrum AP/L - PHP 400.00
*Shoulder Bilateral - PHP 400.00
*Shoulder AP - PHP 250.00
*Scapula AP - PHP 250.00
*Sternum L/O - PHP 350.00
*Skull AP - PHP 250.00
*Skull AP/L - PHP 450.00
*Skull Series - PHP 350.00
*Skull Caldwell - PHP 450.00
*Skull Towne's View - PHP 250.00
*Skull Water's View - PHP 250.00
*Skull Rheese View - PHP 300.00
*Submandibular View - PHP 200.00
*Small Intestinal Series - PHP 800.00
*Temporomandibular Joint - PHP 320.00
*Thigh (Femur) AP/L - PHP250.00
*Thigh (Femur) Bilateral - PHP 400.00
*Thoracic Spine AP - PHP 200.00
*Thoracic Spine AP/L - PHP350.00
*Thoracic Spine AP/L/O - PHP 480.00
*Thoracic Cage - PHP 300.00
*Thoraco Lumbar AP/L - PHP 450.00
*Thoraco Lumbar AP/L/O - PHP 480.00
*Upper G.I. Series - PHP 1,000.00
*Wrist Bilateral - PHP 400.00
*Wrist AP/L - PHP 250.00
*Wrist AP/L Portable - PHP 250.00
*Zygomatic View - PHP 200.00
*Zygomatic AP/L - PHP 300.00
*Duplicate Copy (A4 Photopaper Radiograph) -
PHP 50.00
*Duplicate Copy (Dry View Laser Film) - PHP
150.00
*Ultracound Initial Scan - PHP 80.00

clearance slip for bill-	17. Intructs clearance signing and advice patient's significant other to return the radiograph to the Radiology Department	None	3 mins	Nurse II or Nurse I Emergency Room
	18. Receives the radiograph and signs the patient's clear- ance	None	1 mi- nute	Administrative Aide III Radiology Department



and official receipt to the nurse on duty	20.1. Discharges the patient TOTAL:	Varies de- pending on all incurred charges	1 hour	
20. Returns to the emergency room/ holding area and present the accomplished clearance slip	20. Receives accomplished clearance slip and validates the official receipt.	None	2 minutes	Nurse II or Nurse I Emergency Room
19. NONE	days for the official result. 19.1. Instructs to present Official Receipt on the scheduled date. An authorization letter and valid IDs of both patient and authorized person shall be provided. 19.2. Emphasizes that the official reading will given while the radiograph is for hospital safe-keeping for medico-legal purposes		2 minutes	Radiologic Technolo- gist II or Radiologic Technologist I Radiology Department
	19. Advises patient/significant other to come back after 5 days for the official result			

28.Pharmacy Services (Dispensing of Prescribed Drugs And Medical Supplies to In-Patients)

Pharmacy services includes dispensing and distribution of medication; processing medication orders; providing drug information services; and ensuring the availability of medications.

Office or Division:	Orani District Hospital/ Pharmacy Department
Classification:	Simple Transaction
Type of Transaction:	Government to Government
\A/I	ALL IN-PATIENTS (DISPENSING OF PRESCRIBED DRUGS AND

Who may avail:

ALL IN-PATIENTS (DISPENSING OF PRESCRIBED DRUGS AND MEDICAL SUPPLIES)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
signature Name of Patient; Date; Age; Address; Bed	Nurse on duty Physician, or the prescriber Prescription given by the Nurse on Duty Pharmacist /Pharmacy Assistant

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Forwards presciption to the pharmacy	Receives the prescription for dispensing	None	1 minute	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. None	Checks the availability of stocks	None	3 minute	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
3. None	3. Encodes to iHOMIS	None	3 minutes	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
4. None	4. Files and prepares prescription	None	3 minutes	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
5. Receives the dispensed medications and supplies	5. Dispenses medicines and medical supplies to ward	None	5 minutes	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
6. None	6. Prints charge slip and forwards charge slip to billing and cashier	None	3 minutes	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
	TOTAL:	None	18 minutes	

29.Pharmacy Services (Dispensing Dangerous Drug to In-Patients) Pharmacy services includes dispensing and distribution of medication; processing medication orders; providing drug information services; and ensuring the availability of medications. Office or Division: Orani District Hospital/ Pharmacy Department Classification: Simple Transaction Type of Transaction: G2C- Government to Citizen Who may avail: ALL IN-PATIENTS (DISPENSING OF DANGEROUS DRUGS)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
License Number and Signature Name of Patient; Date; Age; Address; Bed number Patient Diagnosis	Physician/Nurse on Duty Physician, or the Prescriber Prescription given by the Nurse on Duty; Written Prescription /Yellow prescription Pharmacist



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBLE
1. Forwards presciption to the pharmacy	Receives prescription for dispensing. Receives prescription for dispensing. Receives the completeness of patient data in the Yellow Prescription signed with the Physician's PRC Liicense and S2 License Number	None	1 minute	Phamacist II or Pharmacist I Pharmacy Department
2. None	Checks the availability of stocks	None	3 minutes	Phamacist II or Pharmacist I Pharmacy Department
3. None	3. Encodes to iHOMIS	None	3 minutes	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
4. None	4. Files and prepares prescription	None	3 minutes	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
5Receives the dispensed medications and supplies	5. Dispenses medicines and medical supplies to ward	None	5 minutes	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
6. None	6. Prints charge slip and forwards charge slip to billing and cashier	None	3 minutes	Phamacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
	TOTAL:	None	18 minutes	

30. Pharmacy Services (Dispensing Medicines to Out-Patients)

Pharmacy services includes dispensing and distribution of medication; processing medication orders; providing drug information services; and ensuring the availability of medications.

Office or Division: Orani District Hospital/ Pharmacy Department

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail: ALL OUT-PATIENTS (DISPENSING OF PRESCRIBED DRUGS)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescriptions	
Name of prescriber with PRC License and	Patients/Relatives
Signature	Physician or the Prescriber
Name of Patient; Date; Age; Address	Cashier
Original Reciept	Pharmacist /Pharmacy Assistant
Receive and Issuance of Stocks	·



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSI- BLE
1. Presents the presciption to Pharmacist on duty	Receives prescription	None	1 minute	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
2. None	Checks the availabil- ity of stocks and sup- plies	None	3 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
3. None	3. Encodes to iHomis	None	2 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
4. Receives charge slip and proceeds to billing and cashier for payment process	4. Prints charge slip and instructs payment process to patient	None	3 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
5. Returns to pharmacy and presents the official receipt to the pharmacist on duty	5.Issues prescribed medication	None	2 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
6. None	 Provides instruction on medication dosage form and route of admin- istration 	None	5 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
TOTAL:		Varies de- pends on all in- curred charges	16 minutes	

31. Pharmacy Services (Dispensing of Dangerous Drugs to out-Patients) Pharmacy services includes dispensing and distribution of medication; processing medication orders; providing drug information services; and ensuring the availability of medications. Office or Division: Orani District Hospital/ Pharmacy Department Classification: Simple Type of Transaction: G2C- Government to Citizen ALL OUT-PATIENTS (DISPENSING OF DANGEROUS DRUGS) Who may avail: **CHECKLIST OF REQUIREMENTS** WHERE TO SECURE Prescriptions/ Yellow Prescription Name of prescriber with PTR Number; PRC License; S2 License Number and Signature Name of Patient; Date; Age; Address; Patient Diagnosis Physician or the Prescriber; Written Prescription /Yellow prescription; Recording and reporting to SAR/DDB Logbook Original Receipt Pharmacist Receive and Issuance of Stocks



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
Forwards presciption to the pharmacy	 Receives prescription for dispensing. 1.1. Ensures the completeness of patient data in the Yellow Prescription signed with the Physician's PRC Liicense and S2 License Number 	None	1 minute	Pharmacist II or Pharmacist I Pharmacy Department
2. None	2. Checks the availability of stocks	None	3 minutes	Pharmacist II or Pharmacist I Pharmacy Department
3. None	3. Encodes to iHOMIS	None	3 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
4. None	Files and prepares prescription	None	3 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
5Receives the dispensed medications and supplies	5. Dispenses medicines and medical supplies to ward	None	5 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
6. None	6. Prints charge slip and forwards charge slip to billing and cashier	None	3 minutes	Pharmacist II or Pharmacist I/ Administrative Aide III Pharmacy Department
	TOTAL:	None	18 minutes	

32. Records Section Services (Issuance of OPD Record for Previous/Old						
Patients)	·					
To provide complete, actransmital of records	ccurate and time bound rec	ords of patient. For fast retrieval and on-time				
Office or Division:	Orani District Hospital					
Classification:	Simple Transaction					
Type of Transaction:	G2C- Government to Citizen					
Who may avail:	ALL PATIENTS REQUIRIN PREVIOUS/OLD PATIENT	NG ISSUANCE OF OPD RECORD FOR				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE				
Valid ID; OPD Card Health Declaration Form/ OPD FormRequest Slip		Patient Triage Nurse/ Medical Records Section				



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Proceeds to Triage Area and Present OPD Card/ Valid ID	Assists in completion of Triage Health Declaration Form	None	5 minutes	<i>Nurse I</i> Triage Area
2. Fills-out request slip form and submits form to Records Section (Window A).	2. Receives filled-out request slip form and asks for necessary information and OPD Yellow card/ Valid I.D.S	None	5 minutes	Records Officer I Records Department
3. Proceeds to waiting area and waits to be called by the Nurse on Duty for consultation	3. Instructs patient to proceed to the waiting area	None	2 minutes	Records Officer I Records Department
4. None	4. Encodes patient's data to iHomis and retrieves previous OPD record	None	5 minutes	Records Officer I Records Department
5. None	5. Endorses the patient's OPD Record to the nurse on duty	None	2 minutes	Records Officer I Records Department
	TOTAL:	None	19 minutes	

33. Records Section Services (Issuance of Record for New Patients)

To provide complete, accurate and time bound records of patient. For fast retrieval and on-time transmital of records

Office or Division: Orani District Hospital/ Records Department

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail: ALL NEW PATIENTS ISSUANCE OF RECORD

CHECKLIST OF REQUIREMENTS

WHERE TO SECURE

Valid ID; OPD Card

Health Declaration Form/ OPD Form Request Slip

Section

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Proceeds to Triage Area and Present OPD Card/Valid ID	Assists completion of Triage Health Declaration Form	None	5 minutes	<i>Nurse I</i> Triage Area
	2. Receives filled-out request slip form and asks for necessary information.	None	3 minutes	Records Officer I Records Department
3. None	3. Encodes the necessary information of patient to IHOMIS completely and accurately	None	5 minutes	Records Officer I Records Department



4. Receives charge slip and proceeds to billing and cashier (Window 3)		PHP 20	5 minutes	Records Officer I Records Department
5. Returns to Record Section (Window A) and presents the official receipt	5. Validates Official Receipt and issue the patient's OPD Card	None	2 minutes	Records Officer I Records Department
6. Proceeds to waiting area and waits to be called by the Nurse on Duty for consultation	6. Instructs patient to proceed to the patient waiting area	None	2 minutes	Records Officer I Records Department
7. None	7. Endorse the patient's OPD Record to the Nurse on duty	None	2 minutes	Records Officer I Records Department
	TOTAL:	PHP 20	24 minutes	

34. Records Section Services (Issuance of Medical Certificate)

To provide complete, accurate and time bound records of patient. For fast retrieval and on-time transmittal of records

Office or Division: Orani District Hospital/ Records Department

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail: ALL PATIENT REQUIRING ISSUANCE OF MEDICAL CERTIFICATE

CHECKLIST OF REQUIREMENTS WHERE TO SECURE

Valid ID of Patient

· If Patient is not present: Authorization letter,

Valid ID of Patient & Authorized person.

If Minor patient: Valid ID of relative and birth

certificate of minor. Request Slip Patient

Authorized person

Medical Records Section

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
out request slip form for Medical Certificate	1. Instructs how to properly fill-out the request slip and hands out queuing number	None	3 minutes	Records Officer I Records Department
request slip form and	Verifies the identification of client and data in iHomis	None	3 minutes	Records Officer I Records Department



3. Receives charge slip and proceeds to billing and cashier (Window 3)	3. Issues charge slip and instructs payment process	PHP 120	2 minutes	Records Officer I Records Department
4. None	Encodes and prints certificate.	None	3 minutes	Records Officer I Records Department
5. None	5. Secures resident physician on duty's signature on the Medical Certificate	None	3 minutes	Administrative Assistant III Records Department
6. Returns to Records Section (Window B) and presents Official Receipt for claiming of certificate	6. Validates Official Receipt and issues the Medical Certificate with dry seal and physician's signature	None	2 minutes	Records Officer I Records Department
7. Signs the Records Certificate Logbook	7. Instructs patient to sign the Records Certificate Logbook	None	1 minute	Records Officer I Records Department
	TOTAL:	PHP 120	17 minutes	

35. Records Section Services (Issuance of Birth Certificate)						
To provide complete, accurate and time bound records of patient. For fast retrieval and on-time						
transmittal of records						
Office or Division:	Orani District Hospital/ Reco	ords Department				
Classification:	Simple Transaction					
Type of Transaction:	G2C- Government to Citizer	١				
Who may avail:	ALL PATIENT REQUIRING	ISSUANCE OF BIRTH CERTIFICATE				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE				
Valid ID If not married pare ID and Cedula (present y	If married parents: Marriage certificate and Valid ID If not married parents: Birth Certificate, Valid ID and Cedula (present year). If single parent: Birth certificate and Valid ID. Medical Records Section					
		FEES TO PROCESSING PERSON				

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Proceeds to Records Section (Window C) and fills-out request slip form for Birth Certificate	Instructs how to properly fill-out the request slip and hands out queuing number	None	3 minutes	Records Officer I Records Department
Submits the filled-out request slip form and necessary documents needed.	Verifies the identification of client and data in iHomis	None	3 minutes	Records Officer I Records Department
3. Receives charge slip and proceeds to billing and cashier (Window 3)	3. Issues charge slip and instructs payment process	PHP 50	2 minutes	Records Officer I Records Department



	TOTAL:	PHP 50	22 minutes	
8. Receives the two (2) Certified True Copies of birth certificate and sings the records certificate logbook	8. Instructs the parent/s to sign the records certificate logbook and to come back after 1 week to claim the Registered Birth Certificate. 8.1 Claimant should bring the following: Parent: Valid ID Authorized claimant: Authorization letter from the parent and Valid IDs of both the parent and claimant.	None	3 minutes	Records Officer I Records Department
7. Reviews the printed- out certificate and provide signature of the informant	7. Instructs the parent/s to review and to sign the birth certificate.	None	3 minutes	Records Officer I Records Department
6. Returns to Records Section (Window C) and presents the official receipt to the records officer	6. Validates the official receipt and secures a copy the official receipt number.	None	2 minutes	Records Officer I Records Department
5. None	5. Secures resident physician on duty's signature on the Birth Certificate	None	3 minutes	Administrative Aide III Records Department
4. None	4. Encodes and prints the birth certificate.	None	3 minutes	Records Officer I Records Department

36. Records Section Services (Issuance of Medico-Legal Certificate)					
To provide complete, accurate and time bound records of patient. For fast retrieval and on-time transmittal of records					
Office or Division:	Orani District Hospital/ Re	cords Department			
Classification:	Simple Transaction				
Type of Transaction:	G2C- Government to Citize	en			
Who may avail:	ALL PATIENT REQUIRING ISSUANCE OF MEDICO-LEGAL CERTIFICATE				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
· Police Request · Valid ID of patient · If patient is not present: Authorization letter/ valid ID of patient & authorized person · If the patient is a minor: Valid ID of relative and birth certificate of the minor patient · Request Slip					



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBLE
Proceeds to Records Section (Window B) and fills out request slip form for Medico Legal Certificate	Instructs how to properly fill-out the request slip and hands out queuing number	None	3 minutes	Records Officer I Records Department
2. Submits the filled-out request slip form and necessary documents needed.	Verifies the identification of client and data in iHomis	None	3 minutes	Records Officer I Records Department
3. Receives charge slip and proceeds to billing and cashier (Window 3)	3. Issues charge slip and instructs payment process	PHP 150	2 minutes	Records Officer I Records Department
	Encodes and prints the Medico Legal certificate.	None	3 minutes	Records Officer I Records Department
5. None	5. Secures resident physician on duty's signature on the Medico Legal Certificate	None	3 minutes	Administrative Assistant III Records Department
6. None	6. Verifies and signs certificate.	None	3 minutes	Records Officer I Records Department
presents the official receipt	7. Validates Official Receipt and issues the Medico Legal Certificate with dry seal and physician's signature	None	3 minutes	Administrative Assistant III Records Department
	8. Instructs patient to sign the Records Certificate Logbook	None	1 minutes	Records Officer I Records Department
	TOTAL:	PHP 150	21 minutes	



37. Records Section Services (Issuance of Death Certificate)

To provide complete, accurate and time bound records of patient. For fast retrieval and on-time transmittal of records

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail: ALL PATIENT REQUIRES ISSUANCE OF DEATH CERTIFICATE

CHECKLIST OF REQUIREMENTS Birth Certificate of deceased patient Birth Certificate and Valid ID of next of kin Request Slip WHERE TO SECURE Authorized person

·Medical Records Section

		iviedical Necolds Section			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Proceeds to Records Section (Window C).Gets and fills-out request slip form completely and	Gives request slip form with queuing number to the client.	None	3 minutes	Records Officer I Records Department	
Submits the filled-out request slip form and necessary documents needed.	2. Verifies the identification of patient and data in iHomis	None	3 minutes	Records Officer I Records Department	
3. Receives charge slip and proceeds to billing and cashier (Window 3)	Issues charge slip and instructs payment process	PHP 50	2 minutes	Records Officer I Records Department	
4. None	Encodes and prints death certificate.	None	3 minutes	Records Officer I Records Department	
5. None	5. Secures resident physician on duty's signature on the Death Certificate	None	3 minutes	Administrative Assistant III Records Department	
6. Returns to Records Section (Window C) and presents the official receipt to the records officer	6. Validates the official receipt and secures a copy the official receipt number.	None	2 minutes	Records Officer I Records Department	
7. Reviews the printed-out certificate	7. Reviews the death certificate with the claimant to ensure correctness of data	None	3 minutes	Records Officer I Records Department	
8. Fills-out and signs the waiver.	8. Instructs claimant to fill out waiver and explains its purposean agreement that the claimant will return and provide a copy of the ragistered Death Certificate	None	3 minutes	<i>Records Officer I</i> Records Department	



9. Submits the filled-out waiver with signature	Verifies and countersigns the waiver.	None	1 minute	Records Officer I Records Department
10. None	10. Provides the claimant a copy of the signed waiver	None	1 minute	Records Officer I Records Department
11. Receives and sings four (4) copies of death certificate and the records certificate logbook	11. Instructs claimant to sign the death certificate and the records certificate log book	None	2 minutes	Records Officer I Records Department
12. None	12. Provides the claimant instructions on the proper order of registering the Death Certificate.	None	2 minutes	Records Officer I Records Department
	TOTAL:	PHP 50	28 minutes	

38. Philhealth Services (PhilHealth Members for Checking of Eligibility)					
	Members to their quiries abo				
Office or Division:		Orani District Hospital/ Philhealth Department			
Classification:	Simple	•			
Type of Transaction:	G2C- Government to Citize	n			
Who may avail:	All PhilHealth Members for	Checking o	f Eligibility		
CHECKLIST OF	REQUIREMENTS		WHERE T	O SECURE	
 1. 1 Original Copy of Information Sheet (In-patient & OPD patient) 2. Computer set with PhilHealth Portal 3. 1 Photocopy of Birth Certificate, 1 Photocopy of Marriage Contract (if any), 1 Photocopy of 2 of valid IDs (whenever necessary) of member/dependent. 1. Admitting Section or ER Department 2. Hospital equipment & Non-Disclosure Agreement from PhilHealth Inc. 3. PhilHealth member or their representations. 			& Non-Disclosure ealth Inc.		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSI- BLE	
1. Proceeds to the Phil- Health Window (2) and submits the patient infor- mation sheet	Receives the infor- mation sheet from the pa- tient or the relative	None	1 minute	Claims Officer I Philhealth Department	
2. None	2. Checks and verifies the member or their dependent's information and eligibility using the portal	None	5 minutes	Claims Officer I Philhealth Department	
3. Provides all the informations needed. Presents birth certificate or valid IDs for confirmation.	3. Interviews thoroughly the PhilHealth's member or relative. 3.1 Requests the necessary documents to verify if there's any discrepancy. (eg. Birth certificate or valid ID's)	None	1 minute	Claims Officer I Philhealth Department	



essary requirements to avail the benefits upon discharge. 5. None	benefits and the documents needed if there's any discrepancy on the membership. 5. Gives an assistance and further instructions for non-	None None	5 minutes 5 minutes	Claims Officer I
o. None	active/ non-member of PhilHealth.	None		Philhealth Department
TOTAL:		None	17 minutes	

39. Philhealth Services (Eligible PhilHealth Members and their Dependent Updating the member/dependent's information through PhilHealth Plinks)

To assist the PhilHealth Members in updating their information and their dependents through Philhealth PLinks

Office or Division:	Orani District Hospital/ Philhealth Department
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
	All Eligible PhilHealth Members and their Dependent Updating the mem-
Who may avail:	ber/dependent's information through PhilHealth PLinks

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Health Forms, 1 Photocopy of Birth Certificate, 1	Hospital equipment & Non-Disclosure Agreement from PhilHealth Inc. PhilHealth member or their representative

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
1. Proceeds to Philhealth Window (2) and submits the requirements needed for declaration of dependents or for correction of discrepancies in memberdependent data	1. Instructs client to fill out the PhilHealth forms and receive necessary documents from the member or the relative.	None	2 minutes	Claims Officer I Philhealth Department
Submits the filled out Philhealth form	2. Receives the accomplished Philhealth form and verifies the correctness of data with the client	None	2 minutes	Claims Officer I Philhealth Department



TOTAL		None	12 minutes	
`		None	5 minutes	Claims Officer I Philhealth Department
	3. Scans and sends the documents to PhilHealth's email address. (PLinks)	None	3 minutes	Claims Officer I Philhealth Department

	ices (Eligible PhilHealtl	n Membe	rs and the	eir Dependent for	
	Discharge) To assist the PhilHealth Members in availing their benefits upon discharge				
	Orani District Hospital/Philhea				
	Simple	пит Бераги	ilonit		
	G2C- Government to Citizen				
	All Eligible PhilHealth Membe	rs and their	Dependent	for Discharge	
	F REQUIREMENTS		WHERE TO		
 4 Original Copies of Discharge Clearance Computer set with PhilHealth Portal and internet connection 1 Photocopy of Birth Certificate, 1 Photocopy of Marriage Contract (if any), 1 Photocopy of 2 valid IDs (whenever necessary) of member/dependent. 		Nurse Station Hospital equipment & Non-Disclosure Agreement from PhilHealth Inc. PhilHealth member or their representative			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE	
1. Proceeds to the Phil- health Window (2) with the discharge clearance	1. Receives the clearance.	None	1 minute	Claims Officer I Philhealth Department	
2. Provides all the necessary documents	2. Checks the patient/ member's information if eli- gible for the benefits of	None	3 minutes	Claims Officer I	

2. Provides all the necessary documents needed for the availment of benefits.	member's information if eli- gible for the benefits of PhilHealth and receives all necessary documents needed	None	3 minutes	Claims Officer I Philhealth Department
3. Proceeds to the pa- tient waiting area	3. Intructs the relative to proceed to the Philhealth waiting area while the staff reviews the patient's chart for verification of final diagnosis and code to use for benefit consumption 3.1 Informs the Billing Section.	None	5 minutes	Claims Officer I/ Admin- istrative Assistant I Philhealth Department
	581			



	ance. TOTAL:	None	34 minutes	
or for further instructions if any. (WITHOUT EXCESS)	8. (WITH EXCESS) Issues a photocopy of statement of account and instructs the member/relative for the verification and settlement of excess bill if any to MSW. 8.1 (WITHOUT EXCESS) Issues a photocopy of statement of account and instructs the member/relative for the final clear-	None	5 minutes	Claims Officer I/ Admin- istrative Assistant I Philhealth Department
7. Listens to the officer's further instruction.	7. Explains the total bill and the All Case Rate/ Philhealth benefits used.	None	5 minutes	Claims Officer I/ Admin- istrative Assistant I Philhealth Department
6. None	6. Computes the allowable PhilHealth Benefits for deduction on patient's total bill.	None	5 minutes	Claims Officer I/ Admin- istrative Assistant I Philhealth Department
5. Completes all the necessary signatures in the PhilHealth forms of the member/authorized representative.	5. Reviews all the docu- ments/claim forms for cor- rectness and for completion of signature.	None	5 minutes	Claims Officer I/ Admin- istrative Assistant I Philhealth Department
4. None	4. Prepares all the forms needed for the processing of claims and encode to the iHomis system.	None	5 minutes	Claims Officer I/ Admin- istrative Assistant I Philhealth Department

40. Philhealth Services (Eligible PhilHealth Members and their Dependent for Discharge)

Discharge)					
To assist the PhilHealth	To assist the PhilHealth Members in availing their benefits upon discharge				
Office or Division:	Orani District Hospital/Philhealth Department				
Classification:	Simple				
Type of Transaction:	G2C- Government to Citiz	zen			
Who may avail:	All Eligible PhilHealth Me	mbers and their Dependent for Discharge			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
1. Discharge Clearance 2. Computer set with Phinternet connection 3. Birth Certificate, Marr valid IDs (whenever needependent.	ilHealth Portal and iage Contract (if any), 2	Nurse Station Hospital equipment & Non-Disclosure Agreement from PhilHealth Inc. PhilHealth member or their representative			



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Proceeds to the Philhealth Window (2) with the discharge clearance	1. Receives the clearance.	None	1 minute	Administrative Officer I Philhealth Department
2. Provides all the necessary documents needed for the availment of benefits.	2. Checks the patient/ member's information if eligible for the benefits of PhilHealth and receives all necessary documents needed	None	3 minutes	Administrative Officer I Philhealth Department
3. Proceeds to the patient waiting area	3. Intructs the relative to proceed to the Philhealth waiting area while the staff reviews the patient's chart for verification of final diagnosis and code to use for benefit consumption 3.1 Informs the Billing	None	5 minutes	Administrative Officer I/ Administrative Assistant I Philhealth Department
4. None	Section. 4. Prepares all the forms needed for the processing of claims and encode to the iHomis system.	None	5 minutes	Administrative Officer I/ Administrative Assistant I Philhealth Department
5. Completes all the necessary signatures in the PhilHealth forms of the member/authorized representative.	5. Reviews all the documents/claim forms for correctness and for completion of signature.	None	5 minutes	Administrative Officer I/ Administrative Assistant I Philhealth Department
6. None	6. Computes the allowable PhilHealth Benefits for deduction on patient's total bill.	None	5 minutes	Administrative Officer I/ Administrative Assistant I Philhealth Department
7. Listens to the officer's further instruction.	7. Explains the total bill and the All Case Rate/ Philhealth benefits used.	None	5 minutes	Administrative Officer I/ Administrative Assistant I Philhealth Department



8. (WITH EXCESS BILL) Proceeds to the Medical Social Worker for settlement of their bill or for further instructions if any. (WITHOUT EXCESS) Proceeds to the Cashier Department for the final clearance.	. (WITH EXCESS) ssues a photocopy of tatement of account nd instructs the nember/relative for the erification and ettlement of excess bill any to MSW. .1 (WITHOUT EXCESS) Issues a hotocopy of statement f account and instructs ne member/relative for ne final clearance.	None	5 minutes	Administrative Officer I/ Administrative Assistant I Philhealth Department
	TOTAL:	None	34 minutes	

41. Medical Social Services (Assistance to Out-Patients/ER-Patients)

Classify patients in accordance to DOH AO no. 2021-0044 Guidelines on Determining Eligibility for Social Care, Medical and Financial Assistance, and Point of Service

Office or Division:	Orani District Hospital/ Medical Social Service Department

Classification: Simple

Type of Transaction: G2C- Government to Citizen

Who may avail: OUT-PATIENTS/ER-PATIENTS

CHECKLIST OF REQUIREMENTS WHERE TO SECURE

- 1 Original Copy of Patient's Valid ID / Significant Others

- 1 Original Copy of Duly Accomplished Social Service Referral Form (Form I), Assessment Tool

Patient/ Significant Others

Sheet (Form 3)				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSI- BLE
1. Proceeds to Social Service Window four (4) and submits referral form for financial assis- tance	Receives referred patient for assistance.	None	2 minutes	Medical Social Worker Medical Social Service Department
2. None	2. Checks and instructs patient/ relative for MSWD procedures.	None	2 minutes	Medical Social Worker Medical Social Service Department
3. Answers interview questions	3. Assesses and interviews patient or patient or patient's relative.	None	5 minutes	Medical Social Worker Medical Social Service Department
4. None	4. Orients patient on the classification of patient's social status.	None	3 minutes	Medical Social Worker Medical Social Service Department



handover on possible admission 11. Assists patient for the settlement of charges	None	3 minutes	Department Medical Social Worker Medical Social Service Department
	None	1 minute	
10. Accomplish Referral Report Form for patient	None	1 minute	Medical Social Worker Medical Social Service
9. Stamps patient's charge slip with its classification including discount availed	None	1 minute	Medical Social Worker Medical Social Service Department
8. Registers patient on the registry logbook and secures patient's signa- ture on the logbook	None	2 minutes	Medical Social Worker Medical Social Service Department
7. Informs patient on the approval of the transaction	None	1 minute	Medical Social Worker Medical Social Service Department
6. Recommends transaction to Chief of Hospital if not covered by the hospital's approved protocol.	None	15 minutes	Medical Social Worker Medical Social Service Department
5. Interviews the patient/ relative for other neces- sary information.	None	5 minutes	Medical Social Worker Medical Social Service Department
	relative for other necessary information. 6. Recommends transaction to Chief of Hospital if not covered by the hospital's approved protocol. 7. Informs patient on the approval of the transaction 8. Registers patient on the registry logbook and secures patient's signature on the logbook 9. Stamps patient's charge slip with its classification including discount availed 10. Accomplish Referral Report Form for patient	relative for other necessary information. 6. Recommends transaction to Chief of Hospital if not covered by the hospital's approved protocol. 7. Informs patient on the approval of the transaction 8. Registers patient on the registry logbook and secures patient's signature on the logbook 9. Stamps patient's charge slip with its classification including discount availed 10. Accomplish Referral Report Form for patient	relative for other necessary information. 6. Recommends transaction to Chief of Hospital if not covered by the hospital's approved protocol. 7. Informs patient on the approval of the transaction 8. Registers patient on the registry logbook and secures patient's signature on the logbook 9. Stamps patient's charge slip with its classification including discount availed 10. Accomplish Referral Report Form for patient None 5 minutes 15 minutes None 1 minute 1 minute

42. Medical Social	Services (In Patients Pre	-Admiss	sion Class	ification)
	ordance to DOH AO no. 2021-0 nd Financial Assistance, and Po			termining Eligibility for
Office or Division:	Orani District Hospital/ Medical	Social Se	ervice Depar	tment
Classification:	Simple Transaction		_	
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	ALL IN PATIENTS PRE-ADMIS	SSION CL	ASSIFICAT	ION
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE		
Others - 1 Original Copy of Dulmation Form	ient's Valid ID / Significant y Accomplished Patient Infor- y Accomplished Assessment	Admitting	Significant O g Section; Nu Social Worke	ırse
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
1. Proceeds to Medical Social Worker and sub- mits filled-out Patient Information form for In-	Receives the filled-out Patient Information form	None	2 minutes	Medical Social Worker Medical Social Service Department

terview/Assessment



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
1. Proceeds to Medical Social Worker and sub- mits filled-out Patient Information form for In- terview/Assessment	Receives the filled-out Patient Information form	None	2 minutes	Medical Social Worker Medical Social Service Department
2. None	2. Assists patient/significant others (If not eligible as Phil-Health Member)	None	2 minutes	Medical Social Worker Medical Social Service Department
3. None	3. Orients patient on the classification of patient's social status	None	3 minutes	Medical Social Worker Medical Social Service Department
4. None	 4. Identifies patient as New or Old patient; > OLD - For updating of previous record; > NEW - interview using Assessment Tool Sheet (Form 3) 	None	5 minutes	Medical Social Worker Medical Social Service Department
5. Answers interview questions	Interviews the patient/ relative for other necessary information.	None	5 minutes	Medical Social Worker Medical Social Service Department
6. None	6. Advises patient to prepare for the requirements needed to avail medical social services	None	5 minutes	Medical Social Worker Medical Social Service Department
7. None	7. Stamps Patient Infor- mation Form (Impormasyon ng Pasyente) with availed classification status	None	1 minute	Medical Social Worker Medical Social Service Department
8. Signs on the Registry Logbook	8. Registers patient on the registry logbook and have the patient sign on the logbook	None	1 minute	Medical Social Worker Medical Social Service Department
9. None	9. Endorses patients classification to avail PhilHealth's POS FI	None	1 minute	Medical Social Worker Medical Social Service Department
10. None	10. Assists patient on admission procedure	None	3 minutes	Medical Social Worker Medical Social Service Department
	TOTAL:	None	28 minutes	



43. Medical Social Services (In Patients Classification)

Classify patients in accordance to DOH AO no. 2021-0044 Guidelines on Determining Eligibility for Social Care, Medical and Financial Assistance, and Point of Service

Office or Division: Orani District Hospital/ Medical Social Service Department

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail: IN PATIENTS CLASSIFICATION

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1 Original Copy of Patient's Valid ID / Significant	

- 1 Original Copy of Patient's Valid ID / Significant Others

- 1 Original Copy of Duly Accomplished Patient Information Form

1 Photocopy of List of In Patients

- 1 Original Copy of Duly Accomplished Assessment Tool Sheet (Form 3)

Patient/ Significant Others Admitting Section; Nurse Nurse I

Medical Social Worker

ment 1001 Sneet (Form 3)				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
 Refers patient for as- sistance by accomplish- ing referral form. 	Receives referred patient for assisstance.	None	2 minutes	Medical Social Worker Medical Social Service Department
2. None	Checks and instructs patient/ relative for MSWD procedures.	None	2 minutes	Medical Social Worker Medical Social Service Department
Seeks for financial assistance.	3. Assesses and interviews patient or patient's relative.	None	1 minute	Medical Social Worker Medical Social Service Department
4. None	4. Orientats the patient on the classification of patient's social status.	None	3 minutes	Medical Social Worker Medical Social Service Department
5. None	5. Interviews the patient/ relative for other necessary information.	None	5 minutes	Medical Social Worker Medical Social Service Department
6. None	6. Recommenda transaction to Chief of Hospital, if not covered by the hospital approved protocol	None	15 minutes	Medical Social Worker Medical Social Service Department
7. None	7. Informs patient on the approval of the transaction	None	1 minute	Medical Social Worker Medical Social Service Department
8. None	8. Registers patient on the registry logbook	None	1 minute	Medical Social Worker Medical Social Service Department
9. None	 Stamps patient's charge slip with its classi- fication including dis- count availe 	None	1 minute	Medical Social Worker Medical Social Service Department



10. None	10. Stamps patient's charge slip with its classification including discount availed; 10.1 Accomplish Referral Report Form for patient handover on possible admission	None	1 minute	Medical Social Worker Medical Social Service Department
11. None	11. Assists patient for the settlement of charge	None	3 minutes	Medical Social Worker Medical Social Service Department
	TOTAL:	None	35 minutes	

44. Medical Social Services (Assistance to Senior Citizens/PWD's)

Classify patients in accordance to DOH AO no. 2021-0044 Guidelines on Determining Eligibility for Social Care, Medical and Financial Assistance, and Point of Service

Office or Division: Orani District Hospital/ Medical Social Service Department

Classification: Simple Transaction

Type of Transaction: G2C- Government to Citizen

Who may avail: SENIOR CITIZENS/PWDs for Medical Assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid ID of Senior Citizens/Person With Disability	Patient

Disability				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Proceeds to MSWD Office Window Four (4) and submits referral form for financial assistance	Receives referred patient for assisstance.	None	2 minutes	Social Worker II Medical Social Service Department
2. None	2. Assists patient/ relative seeking for financial assistance	None	1 minute	Social Worker II Medical Social Service Department
3. None	3. Verifies for the authenticity of patient's senior citizen ID/PWD ID	None	2 minutes	Social Worker II Medical Social Service Department
4. None	4. Orients patient/ significant others on the coverage of patient's classification	None	5 minutes	Social Worker II Medical Social Service Department



5. None	5. Registers patient on Senior Citizen/ PWD Assistance Form	None	1 minute	Social Worker II Medical Social Service Department
6. None	6. Stamps patient's charge slip with its classification including discount availed	None	2 minutes	Social Worker II Medical Social Service Department
7. None	7. Assists patient for the settlement of charges	None	3 minutes	Administrative Assistant III Medical Social Service Department
	None	16 minutes		

45. Medical Social S	ervices (Assistance to PC	CSO/ MA	AIP patient)
Classify patients in accord	dance to DOH AO no. 2021-004	44 Guidel	ines on Deter	
	for Social Care, Medical and Financial Assistance, and Point of Service			
Office or Division:	Orani District Hospital/ Medical	Social Se	ervice Departi	ment
Classification:	Simple Transaction			
Type of Transaction:	G2C- Government to Citizen			
•	All Patient for PCSO MAIP assi	sstance		
	F REQUIREMENTS		WHERE TO	
Valid ID of Patient/ Signifi List of Patients admitted f PCSO IMAP- Medical Re	or more than a week	Nurse	Significant Otl Social Worke	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Proceeds to MSWD Office Window Four (4) for assistance	Receives patients having hospital stay of more than a week	None	5 minutes	Social Worker II Medical Social Service Department
2. None	2. Asks for patient's progressive bill of identified patients from the Billing Section.	None	10 minutes	Social Worker II Medical Social Service Department
3. None	3. Informs patient's significant others on the updated bill. 3.1 Motivates for counterpart/share if exceeded PhilHealth Case Rate. 3.2 Verifies the authenticity of patient's senior citizen ID/PWD ID	None	3 minutes	Social Worker II Medical Social Service Department



the billing section	Billing Section and instructs patient to proceed to the Billing Section TOTAL:	None None	5 minutes 44 minutes	Medical Social Service Department
7. Proceeds to	7. Endorses patient's negotiated bill to			Social Worker II
6. None	6. Prepares Medical Referral Letter for PCSO IMAP or Social Case Summary (Form 12) for MAP if still exceeds PhilHealth Case Rate	None	5 minutes	Social Worker II Medical Social Service Department
5. None	5. Note: Proceeds to Step 7 for approved additional discount thus covered total patient's bill.	None	1 minute	Social Worker II Medical Social Service Department
4. None	4. Recommends to Chief of Hospital for additional discount and endorsement to avail assistance from other sponsors, if not covered by the hospital approved protocol 4.1 Orients patient/significant others on the coverage of patient's classification	None	15 minutes	Social Worker II Medical Social Service Department

46. Newborn Hearing Screening Test Service (In Patient Newborn Babies -24 Hours After Birth)

To perform Newborn Hearing Screening to all newborn 24 - hours after delivery or prior to discharge as mandated by law.

Office or Division: Orani District Hospital/ Newborn Hearing Screening Room
Classification: Simple

Type of Transaction: G2C- Government to Citizen

Who may avail: IN PATIENT NEWBORN BABIES (24 HOURS AFTER BIRTH)

- 1 Original Copy of Duly Accomplished Newborn
Hearing Screening Form

DR Nurse

Hearing Screening Form		DIX Nuisc		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
1. Endorses newborn to NBHST screener for NBHST	Verifies newborns chart for the NBHST order of the physician.	None	1 minute	Nurse I Newborn Hearing Screening Room
2. Proceeds to Newborn Hearing Screening Test room		None	1 minute	Nurse I Newborn Hearing Screening Room
3. None	3. Provides health teaching and encourages inpatient mother to facilitate newborn hearing screening for her baby	None	5 minutes	Nurse I Newborn Hearing Screening Room



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSIN G TIME	PERSON RESPON- SIBLE
4. Signs consent to per- form/refuse Newborn Hearing Screening Test	4. Secures mother's consent to perform or refuse screening 4.1 For Mother Signed Refusal, Proceeds to Step 10	None	1 minute	Nurse I Newborn Hearing Screening Room
5. None	5. Performs Newborn Hear- ing Screening	None	5 minutes	Nurse I Newborn Hearing Screening Room
6. None	6. Encodes patient details and NBHST result to Elec- tronic National Newborn Hearing Screening Registry (ENNHSR).	None	2 minutes	Nurse I Newborn Hearing Screening Room
7. None	7. Performs Newborn Hear- ing Rescreening on new- born's both ears after one month (Rescreening) (RESULT: PASS or REFER)	None	10 minutes	Nurse I Newborn Hearing Screening Room
8. None	8. Prints Newborn Hearing Screening result;8.1 Attach Newborn Hearing Screening Registry Seal	None	3 minutes	Nurse I Newborn Hearing Screening Room
9. None	9. Refers to resident physician on duty the repeat REFER result	None	3 minutes	Nurse I Newborn Hearing Screening Room
10. None	10. Accomplishes referal to ENT Physician	None	3 minutes	Medical Officer III/ Phy- sician under COS Out- Patient Room
11. Receives referal let- ter to ENT Physican	11. Gives referal letter to the mother	None	3 minutes	Nurse I Newborn Hearing Screening Room
12. None	12. Handovers Newborn Hearing Screenning Result to Hospital PhilHealth De- partment	None	3 minutes	Nurse I Newborn Hearing Screening Room
	TOTAL:	None	40 minutes	



47. NEWBORN HEARING SCREENING TEST SERVICE (Out Patient Newborn Babies -1 To 3 Months After Birth)				
	aring Screening to all Out Patier	nt Newborr	ns 1 to 3 m	onths after delivery
	rani District Hospital/ Newborn			
	imple			
	2C- Government to Citizen			
	UT PATIENT NEWBORN BAB	IFS (1 to 3	MONTHS	ΔETER BIRTH)
	OF REQUIREMENTS	•) SECURE
OPD Record/Triage Forr		Records S		
Newborn Hearing Reque		Attending I		
Newborn Hearing Screen	nina Form	Newborn F		
CLIENTS STEPS	AGENCY ACTION		PROCES SING TIME	PERSON RESPONSIBLE
1. Proceeds to triage area for initial interview	1. Facilitates completion of Triage Health Declaration Form/OPD Record. 1.1 Take vital signs and endorse to Medical Records Section (Window A).	None	5 minutes	<i>Nurse I</i> Triage Area
2. None	 2. Retrieves patient's record. 2.1 Completely and accurately encode the necessary information and log the patient into iHOMIS. 2.2 Endorses patient and the Health Declaration Form/OPD Record to OPD Nurse. 	None	10 minutes	Records Officer I Records Department
3. Proceeds to OPD for clinical assessment and examination of the patient	3. Performs clinical assessment and further physical examinations to patient.	None	10 minutes	Medical Officer III/ Physician Under COS Out- Patient Department
4. None	4. Endorses patient to the Newborn Hearing Screening Nurse on duty	None	3 minutes	Nurse I Out- Patient Department
5. Proceeds to Newborn Hearing Screening Test room	5. Receives patient for NBHST	None	1 minute	Nurse I Newborn Hearing Screening Room
6.Acknowledges procedure instructions and signs consent form for procedure	6. Explains the procedure and secures consent for procedure	None	3 minutes	Nurse I Newborn Hearing Screening Room
7. None	7. Performs Newborn Hearing Screening	None	5minutes	Nurse I Newborn Hearing Screening Room
8. Proceeds to billing and cashier for payment	8. Issues charge slip and instructs payment process	PHP 500	2 minutes	Nurse I Newborn Hearing Screening Room



9. None	9. Encodes patient details and NBHST result to Electronic National Newborn Hearing Screening Registry (ENNHSR).	None	2 minutes	<i>Nurse I</i> Newborn Hearing Screening Room
10. Returns to NBHST Room and presents the Official Receipt	10. Verfies and acknowledges the Official Receipt	None	2 minutes	Nurse I Newborn Hearing Screening Room
11. None	11. Prints Newborn Hearing Screening result; 11.1 Attach Newborn Hearing Screening Registry Seal 11.2 For PASS result, proceed to step 15	None	3 minutes	<i>Nurse I</i> Newborn Hearing Screening Room
12. None	12. Refers Newborn to Physician on duty the REFER result	None	3 minutes	Nurse I Newborn Hearing Screening Room
13. None	13. Accomplishes referal letter to ENT Physician	None	3 minutes	Medical Officer III/ Physician under COS Out- Patient Department
14. Acknowleges advice and receives the referal form	14. Advise newborn's mother and hand over referral form for consultation to ENT or Category B facility for confirmatory test.	None	5 minutes	Nurse I Newborn Hearing Screening Room
15. Receives NBHST result	15. Handovers Newborn Hearing Screenning Result to significant others/newborn's mother. 15.1 Advises to observe the newborn even if the test result is passed.	None	3 minutes	<i>Nurse I</i> Newborn Hearing Screening Room
	TOTAL:	PHP 500	1 hour	



48. Newborn Screening Services

Newborn Screening is an essential public health strategy that enables the early detection and management of several congenital disorders, which if left untreated, may lead to mental retardation and/or death

Office or Division:	Orani District Hospital/ Laboratory Department			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			

ALL NEWBORN BABIES (24 HOURS AFTER BIRTH) OUT-PATIENT /

Who may avail: IN- PATIENT

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	DR Nurse on Duty
Duly Accomplished Sample NBS form (Out- Patient)	Attending Physician or Midwife

Buly / toodinphonou Gumpio	Attending i Trysician of Midwire			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCES SING	PERSON RESPONSIBLE
Proceeds to Laboratory and submits request for Newborn Screening	Receives and assists patient	None	1 minute	Medical Technologist II Laboratory Department
2. None	2. Validates information provided on the request	None	1 minute	Medical Technologist II Laboratory Department
3. None	Performs specimen collection through Heel Prick Method	None	3 minutes	Medical Technologist II Laboratory Department
4. None	Records patient's request on iHOMIS	None	3 minutes	Medical Technologist II Laboratory Department
5. Receives charge slip and proceeds to biling and cashier for paymert	5. Issues charge slip Out Patients - Patient/ Significant Others settles the bill 5.1 Issues charge slip for In Patients - forwards to Billing Section		3 minutes	Medical Technologist II Laboratory Department
6. None	6. Forwards accomplished filter card to Newborn Screening Center - Central Luzon in Angeles University Foundation, Angeles City, Pampanga	None	5 minutes	Medical Technologist II Laboratory Department
7. Returns to laboratory department to present official receipt and acknowledges additional instructions on the release of the Newborn Screening Result	7. Advises significant others to come back after 1 month for the result. 7.1 Advises to present Official Receipt on the scheduled date.	None	5 minutes	Medical Technologist II Laboratory Department
	TOTAL:	PHP 1,800	21 minutes	



				NG LALT			
49. Newborn Immur	ization Services						
To provide maximum immunity against the seven vaccine preventable diseases.							
Office or Division:	Orani District Hospital/ Delivery Room						
	Simple						
Type of Transaction:	G2C- Government to Citizen						
Who may avail:	N PATIENTS (NEWBORN BA	BIES)					
CHECKLIST O	F REQUIREMENTS		WHERE TO S	ECURE			
Newborn Chart; OPD Re	cord; Vaccination Record		oom NURSE				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE			
1. None	Prepares vaccines and materials needed for immunization	None	5 minutes	<i>Nurse I</i> Delivery Room			
2. States the newborn's complete name to the Nurse	2. Asks the mother to state the newborn's complete name	None	2 minutes	<i>Nurse I</i> Delivery Room			
3. Acknowledges the information provided by the Nurse	3. Informs the newborn's mother that BCG and Hepa B Vaccine will be adminitered to the newborn	None	2 minutes	<i>Nurse I</i> Delivery Room			
4. None	4. Performs immunization (BCG and/or Hepa B Vaccine)	None	5 minutes	<i>Nurse I</i> Delivery Room			
5. None	5. Provides additional health education on immunization among mothers/significant others	None	10 minutes	<i>Nurse I</i> Delivery Room			
6. None	6. Emphasizes the importance of compliance on succeeding immunization schedules at Rural Health Unit	None	2 minutes	<i>Nurse I</i> Delivery Room			
7. None	7. Documents vaccines given on the newborn's chart and Vaccination Record	None	3 minutes	<i>Nurse I</i> Delivery Room			
	TOTAL:	None	29 minutes				



50. Animal Bite Treatment Center Services

		_				
immunoglobulins among	enter Services covers provision of animal bite patients. Also encou					
services for Category III patients.						
	Orani District Hospital/ Animal Bite Treatment Center					
	Simple					
<i>y</i> .	G2C- Government to Citizen					
	ALL PATIENT NEEDING ANIMA					
	OF REQUIREMENTS		VHERE TO			
OPD Record/ Triage Forr Valid ID; Vaccination Car		Patients	Section/ Tria			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE		
Proceeds to triage area and state reason for consult	1. Receives patient and facilitates completion of Triage Health Declaration Form/OPD Record.	None	3 minutes	<i>Nurse I</i> Triage Area		
Answers interview questions for Animal Bite history taking	Performs patient assessment, history taking and vital signs taking.	None	2 minutes	<i>Nurse I</i> Triage Area		
3. None	3. Performs wound care if not yet done at home.	None	10 minutes	<i>Nurse I</i> Triage Area		
Waits in the patient waiting area	4. Endorse patient's record to the Emergency Room	None	2 minutes	<i>Nur</i> se <i>I</i> Triage Area		
5. Proceeds to the Emergency Room once name is called	5. Receives patient and refers patient to the physician on duty	None	2 minutes	<i>Nurse I</i> Emergency Room		
6. Proceeds to the Physician for initial consultation and categorization of Animal Bite	6. Performs clinical assessment and further physical examinations for the categorization of the animal bite	None	10 minutes	Medical Officer III/ Physician Under COS Emergency Room		
7. None	7. Issues prescription to the patient/patient's significant others and provide important information/contraindications on taking medications.	None	5 minutes	ER Nurse I Emergency Room		
8. None	8. Administers Tetanus Toxoid as per Doctor's Order; Document action on OPD/ Medical Record of the patient.	None	3 minutes	ER Nurse I Emergency Room		
9. Proceeds to the ABTC Area	7. Endorses patient to ABTC Nurse.	None	1 minute	<i>ER Nurse I</i> Emergency Room		
10. Proceeds to the ABTC Nurse once name is called	10. Receives patient10.1 Re-evaluates patient's wound;10.2 Facilitates further history taking and vital signs taking if necessary.	None	5 minutes	<i>Nurse I</i> ABTC		



11. Proceeds to MSW Window four (4) for financial assistance 12. Receives the PEP Card and returns to the	11. Issues patient's PEP Card with categorization and instructs patient/significant other to head to MSW services 12. Stamps patient's PEP Card with the discount availed	Nonce None	2 minutes 1 minute	Nurse I ABTC Social Worker Officer II Medical Social
ABTC Nurse 13. Returns to the ABTC Nurse and hands over the PEP Card	13. Receives the PEP Card and explains to the patient the	None	2 minutes	Service Department Nurse I ABTC
14. Receives charge slip and proceeds to billing and cashier for payment	14. Issues charge slip for payment of vaccination for Animal Bite Category I and II, and Category III patients if they opted not to use Philhealth; then proceed to Step 17 14.1 Issues ABTC Information sheet and the charge slip for Category III patients with Philhealth	Category I- PHP 1,217.50/ dose Category II- PHP 1,217.50/ dose Category III- PHP 3,652.50/ dose RIG- PHP1,80 0.00/vial	3 minutes	Nurse I ABTC
15. None	15. Validates patient's PhilHealth Eligibility and stamps ABTC Information sheet after verification.	None	5 minutes	Administrative Officer I Philheatlh Department
16. Receives ABTC Information sheet with Philhealth stamp	16. Issues ABTC Information sheet with Philhealth stamp and instructs to proceed to ABTC	None	2 minutes	Administrative Officer I Philheatlh Department



17. Returns to the ABTC Nurse and presents the Official Receipt/ ABTC information sheet with Philhealth stamp	17. Receives Official Receipt/ ABTC information sheet with Philhealth stamp	None	2 minutes	Nurse I ABTC
18. None	18. Administers Antirabies Vaccine based on the dose per Category	None	3 minutes	Nurse I ABTC
15. Receives the PEP Card and acknowledges the instructions are understood	15. Issues patient's PEP Card and gives intructions on the schedule of succeeding vaccination	None	2 minutes	Nurse I ABTC
	TOTAL:	Category I- PHP1,217.50/ dose Category II- PHP 1,217.50/ dose Category III- PHP 3,652.50/ dose RIG- PHP 1,800.00/vial	1 hour, 5 minutes	

51. Dental Services (Tooth Extraction)

Dental clinic provides services such as dental consultation that includes evaluation of dental concern and status of patient and tooth extraction to eliminate teeth that are unrestorable through tooth decay, periodontal disease or dental trauma, especially when associated with toothache.

Office or Division:	ion: Orani District Hospital/ Dental Department				
Classification:	Simple Simple				
Type of Transaction:	G2C- Government to Citizen				
Who may avail:	All Patient Needing Dental Services (Tooth Extraction)				

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Records Section/ Triage Nurse Patients

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RE- SPONSIBLE
1. Proceeds to Triage area and fill out patient information slip for Dental Check-up.	1. Facilitates completion of Triage Health Declaration Form/OPD Record	None	3 minutes	Nurse I / Triage Area



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
2. None	Performs initial interview and take vital signs.	None	2 minutes	<i>Nurse I</i> Triage Area
3. None	Notifies Dental Service for patient consult	None	1 minute	<i>Nurse I</i> Triage Area
Proceeds to Dental Clinic.	4. Receives and interviews patient to identify the patient's concern.	None	5 minutes	<i>Dental Aide</i> Dental Department
	5. Evaluates patient's teeth and identify management;			
5. None	5.1 Provides dental health instruction	None	5 minutes	Dentist II Dental Department
	**If for check-up pro- ceed to step 13			
6. None	6. Provides instructions on the procedure once identified for Tooth Extraction,	None	2 minutes	<i>Dentist II</i> Dental Department
7. Receives charge slip and proceeds to billing and cashier	7. Issues charge Slip for the Dental Procedure and anesthetic and in- structs payment process	Dental Procedures * Anterior Teeth/ Root Fragments -PHP 250.00	2 minutes	<i>Dental Aide</i> Dental Department
		*Posterior Teeth (Premolars and Molars)/ Se- verely Broken- down Teeth (Normal Extrac- tion Procedure) -PHP 300.00		
		*Local Anesthe- sia (Additional) - PHP 50.00		
		Oral Prophylax- is *Scaling -PHP 400.00		



8. None	8. Facilitates wearing of appropriate personal protective equipment (PPE) or isolation gown for the procedure	None	3 minutes	<i>Dentist II/ Dental Aide</i> Dental Department
 Returns to Dental Section and submits offi- cial receipt to Dental Aide 	9. Receives official re- ceipt	None	1 minute	<i>Dental Aide</i> Dental Department
10. None	10. Prepares Dental instruments needed for Tooth Extraction;	None	3 minutes	<i>Dental Aide</i> Dental Department
11. None	11. Serves Anesthetic Agent to Dentist	None	2 minutes	<i>Dental Aide</i> Dental Department
12. Undergoes dental treatment and procedures	12. Renders prescibed treatment and procedures	None	15 minutes	<i>Dentist II</i> Dental Department
13. Receives instruction on take home medications and post-operative care	13. Gives instruction on take home medications and post-operative care	None	3 minutes	<i>Dentist II</i> Dental Department
		Dental Proce- dures * Anterior Teeth/ Root Fragments -PHP 250.00		
	TOTAL:	*Posterior Teeth (Premolars and Molars)/ Severely Bro- ken-down Teeth (Normal Extraction Procedure) -PHP 300.00 *Local Anes- thesia	47 minutes	
		(Additional) - PHP 50.00 Oral Prophy- laxis *Scaling -PHP 400.00		



52. Dental Services (Oral Prophylaxis)Dental clinic provides services such as dental consultation that includes evaluation of dental con-

Dental clinic provides services such as dental consultation that includes evaluation of dental concern and status of patient and tooth extraction to eliminate teeth that are unrestorable through				
tooth decay, periodontal disease or dental trauma, especially when associated with toothache.				
Office or Division: Orani District Hospital/ Dental Department				
	Simple Transaction			
	G2C- Government to Citize			
	All Patient Needing Dental			
	REQUIREMENTS		WHERE TO SE	
- OPD Record/ Triage Form Records Section/ Triage Nurse Patients				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RE- SPONSIBLE
 Proceeds to Triage area and fill out patient information slip for Den- tal Check-up. 	1. Facilitates completion of Triage Health Declaration Form/OPD Record	None	3 minutes	<i>Nurse I</i> Triage Area
2. None	2. Performs initial interview and take vital signs.	None	2 minutes	<i>Nurse I</i> Triage Area
3. None	Notifies Dental Service for patient consult	None	1 minute	<i>Nurse I</i> Triage Area
4. Proceeds to Dental Clinic.	4. Receives and interviews patient to identify the patient's concern.	None	5 minutes	<i>Dental Aide</i> Dental Department
Receives charge slip and proceeds to billing and cashier	5. Issues charge Slip for oral prophylaxis and instructs payment process	PHP 400.00	2 minutes	<i>Dental Aide</i> Dental Department
6. None	6. Facilitates wearing of appropriate personal protective equipment (PPE) or isolation gown for the procedure	None	3 minutes	Dentist II/ Dental Aide Dental Department
7. Returns to Dental Section and submits of- ficial receipt to Dental Aide	7. Receives official receipt	None	1 minute	<i>Dental Aide</i> Dental Department
8. None	Prepares Dental instruments needed for oral prophylaxis	None	3 minutes	<i>Dental Aide</i> Dental Department
9. Undergoes oral prophylaxis procedures	9. Renders procedures	None	20 minutes	<i>Dentist II</i> Dental Department
10. Receives instruc- tions	10. Gives instruction	None	3 minutes	<i>Dentist II</i> Dental Department
	TOTAL:	PHP 400.00	43 minutes	



53. Blood Station Services (In and Out Patients Needing Blood Crossmatching)

A blood service facility, duly authorized by the DOH whose main function is the storage, issuance, transport and distribution of whole blood and packed red cells.

Office or Division:	Orani District Hospital /Laboratory Department
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Classification: Simple

Type of Transaction: G2C- Government to Citizen

IN AND OUT PATIENTS NEEDING BLOOD CROSSMATCHING Who may avail:

CHECKLIST OF REQUIREMENTS WHERE TO SECURE

1 Original Copy of Duly Accomplished Blood Re-

Medical Officer III: Nurse II

 1 Original Copy of Duly Accomplished Cross- matching request from 		Medical Officer III, Nurse II		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSI- BLE
1. Proceeds to Labora- tory and submits blood request form and cross- matching request	Receives blood request form and crossmatching request	None	5 minutes	Medical Technologist II Laboratory Department
2. None	Verifies crossmatching and blood request	None	2 minutes	Medical Technologist II Laboratory Department
Proceeds to blood extraction area	3. Instructs patient to proceed to blood extraction area	None	2 minutes	Medical Technologist II Laboratory Department
4. None	Collects blood sam- ples	None	5 minutes	Medical Technologist II Laboratory Department
5. None	5. Labels blood samples	None	1 minute	Medical Technologist II Laboratory Department
6. None	6. Processes cross matching and blood typ- ing	None	2 hours	Medical Technologist II Laboratory Department
6. None	6. Encodes patient data and results	None	10 minutes	Medical Technologist II Laboratory Department
7. Receives charge slip	7. Issues charge slip and instructs payment process	ABO-Rh Typing- PHP200.00		Medical Technologist II
and proceeds to cashier and billing for payment	**For In-Patients, for- ward charge slip to Bill- ing Section	Cross Matching- PHP 700.00	10 minutes	Laboratory Department



8. None	8. Accomplishes Result Forms	None	10 minutes	Medical Technologist II Laboratory Department
9. Returns to laboratory and presents Official Receipt	9. Acknowledges Official Receipt and releases the results	None	2 minutes	Medical Technologist II Laboratory Department
	TOTAL:	ABO-Rh Typing- PHP 200.00 Cross Matching- PHP 700.00	2 hours, 47 minutes	

54. Blood Station Services (In and Out Patients Needing Issuance of Blood Units)

A blood service facility, duly authorized by the DOH whose main function is the storage, issuance, transport and distribution of whole blood and packed red cells.

Office or Division:	Orani District Hospital/ Laboratory Department		
Classification:	fication: Simple Transaction		
Type of Transaction:	G2C- Government to Citizen		
Who may avail:	IN AND OUT PATIENTS NEEDING ISSUANCE OF BLOOD UNITS		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
5 13	Patient/Relatives Medical Technologist II

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSI- BLE	
1. Proceeds to the laboratory for issuance of blood units and presents Official Receipt.	Receives and verifies Official Receipt	None	5 minutes	Medical Technologist II Laboratory Department	
2. None	Checks crossmatching result and blood unit, tag to patient.	None	5 minutes	Medical Technologist II Laboratory Department	
3. None	3. Checks the sticker number attached to the blood units, segment number, blood component and blood type, date of collection and expiry date.	None	5 minutes	Medical Technologist II Laboratory Department	
4. None	5. Prepares blood unit as to what type of blood com- ponent to be transfuse	None	5 minutes	Medical Technologist II Laboratory Department	



5. None	4. Logs the issued Blood to releasing logbook	None	5 minutes	Medical Technologist II Laboratory Department
3. None	3. Issues blood and blood component.	None	5 minutes	Medical Technologist II Laboratory Department
6. Signs the blood re- lease logbook and re- ceives the blood compo- nent	6. Instructs client/ nurse on duty to sign the blood releasing logbook	None	5 minutes	Medical Technologist II Laboratory Department
	TOTAL:	None	35 minutes	

55. Ultrasound Procedures (In-Patient)

A very safe and painless medical imaging procedure that utilizes high-frequency sound waves to provide cross-sectional image of the body with minimal radation exposure.

Office or Division:	on: Orani District Hospital/ Ultrasound Department	
Classification: Simple Transaction		
Type of Transaction:	G2C- Government to Citizen	
Who may avail:	In Patient	

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
- I Ondinal Copy of Ulifasound Reduesi	Attending or Requesting Physician Nurse

		Nurse		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
ogy request receiving	1. Receives Ultrasound request form from Ward nurse on duty and signs the radiology request receiving logbook	None	1 minute	Radiologic Technolo- gist II or Radiologic Technologist I Ultrasound Department
2. None	2. Validates patient information, procedure, and patient's chief complaint and history.	None	3 minutes	Radiologic Technologist II or Radiologic Technologist I Ultrasound Department
13 10000	3. Informs the Ward Nurse on Duty to transport the patient to the Ultrasound Room	None	1 minute	Administrative Aide III Ultrasound Department



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPON- SIBLE
4. Transports patient to the Ultrasound Room by the Ulitity personnel via wheelchair or stretcher	4. Receives patient from the ward and explains the procedure to the patient 4.1. Instructs patient's personal preparation prior to diagnostic examination	None	5 minutes	Radiologic Technolo- gist II or Radiologic Technologist I Ultrasound Department
5. Wears patient gown	5. Provides patient's gown and assists pa- tient to the examination bed	None	3 minutes	Radiologic Technolo- gist II or Radiologic Technologist I Ultrasound Department
6. None	6. Positions the patient and performs Ultrasound procedure requested by the physician.	None	Chest - 7 minutes KUB - 8 minutes Hepatobiliary Tree - 6 minutes KUB with Prostate - 8 minutes Pelvic/ Biometry - 7 minutes Upper/ Lower Abdomen - 7 minutes Prostate - 4 minutes Whole Abdomen - 10 minutes Liver - 4 minutes Scrotal - 3 minutes	Sonologist Ultrasound Department



7. Signs the accomplishment report form	7. Inputs patient's data to the ultrasound log book and accomplishment report form.7.1. Instructs the patient or relative to sign the space provided for them.	None	2 minutes	Radiologic Technologist II or Radiologic Tech- nologist I Ultrasound Department
8. Transports back to the ward by the ulitilty	8. Informs the Ward Nurse on Duty that the patient may be transported back to the ward	None	1 minute	Administrative Aide III Ultrasound Department
9. None	Analyzes the sonographic images and prints out the official reading	None	5 minutes	Sonologist Ultrasound Department
10. Receives the Ultrasound result for the requesting physician's interpretation and diagnonsis	10. Endorses patient's Ultrasound result to the Nurse on Duty for Physician's interpretation and diagnosis	None	2 minutes	Radiologic Technologist II or Radiologic Tech- nologist I Ultrasound Department
11. None	11. Encodes patient's transaction on iHOMIS	None	3 minutes	Radiologic Technologist II or Radiologic Tech- nologist I Ultrasound Department
12. None	12. Prints charge slip and forwards charge slip to the billing section	Refer on List of Fees	3 minutes	Radiologic Technologist II or Radiologic Tech- nologist I Ultrasound Department

LIST OF FEES

Breast (Right/Left)-PHP 800.00 Breast Bilateral-PHP 1,400.00 Chest (Right/Left)-PHP 800.00 Chest Bilateral-PHP 1,600.00 Cranial-PHP 700.00 Hepatobiliary (HBT)-PHP 900.00 Inguinoscrotal-PHP 1,500.00 Kidney/Renal-PHP 700.00 KUB-PHP 900.00 KUB/Pelvic-PHP 1,000.00 KUB with Prostate-PHP 1,000.00 Pelvic-PHP 500.00 Pelvic Biometry-PHP 500.00

Prostate-PHP 500.00 Renal-PHP 600.00 Scrotal-PHP 1,200.00 Soft Tissues-PHP 500.00 Thyroid-PHP 800.00 Upper/Lower Abdomen-PHP 800.00 Whole Abdomen-PHP 1,100.00 Whole Abdomen (Pre/Post Void) PHP 1,000.00 Neck-PHP 800.00

Prostate-PHP 500.00 Renal-PHP 600.00 Scrotal-PHP 1,200.00 Soft Tissues-PHP 500.00 Thyroid-PHP 800.00 Upper/Lower Abdomen-PHP 800.00 Whole Abdomen-PHP 1,100.00 Whole Abdomen (Pre/Post Void)-PHP 1,000.00



TOTAL: Breast (Right/Left)-PHP 800.00

Breast Bilateral-PHP 1,400.00

Chest (Right/Left)-PHP 800.00

Chest Bilateral-PHP 1,600.00

Cranial-PHP 700.00

Hepatobiliary (HBT)-PHP 900.00

Inguinoscrotal-PHP 1,500.00

Kidney/Renal-PHP 700.00

KUB-PHP 900.00

KUB/Pelvic-PHP 1,000.00

KUB with Prostate-PHP 1,000.00

Pelvic-PHP 500.00

Pelvic Biometry-PHP 500.00

Neck-PHP 800.00

Prostate-PHP 500.00

Renal-PHP 600.00

Scrotal-PHP 1,200.00

Soft Tissues-PHP 500.00

Thyroid-PHP 800.00

Upper/Lower Abdomen-PHP 800.00

Whole Abdomen-PHP 1,100.00

Whole Abdomen (Pre/Post Void)-PHP 1,000.00

Chest - 36 minutes

KUB - 37 minutes

Hepatobiliary Tree - 35

minutes

KUB with Prostate - 37

minutes

Pelvic/ Biometry- 36

minutes

Upper/ Lower Abdomen -

36 minutes

Prostate - 33 minutes

Whole Abdomen - 39

minutes

Liver - 33 minutes

Scrotal - 32 minutes



56. Ultrasound Procedures (Out-patient)

A very safe and painless medical imaging procedure that utilizes high-frequency sound waves to provide cross-sectional image of the body with minimal radation exposure.

Office or Division: Orani District Hospital/ Ultrasound Department			
Classification:	Simple Transaction		
Type of Transac-			
tion:	G2C- Government to Citizen		

Who may avail:	Out-Patient					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE				
		Attending or Requesting Physician Nurse				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Proceeds to Ultrasound room on scheduled date of examination	Receives ultrasound request form	None	1 minute	Radiologic Technologist II or Radiologic Tech- nologist I Ultrasound Department		
2. None	 Validates patient in- formation, procedure, and patient's chief com- plaint and history. 	None	3 minutes	Radiologic Technologist II or Radiologic Tech- nologist I Ultrasound Department		
3. None	3. Explains the procedure to the patient including its contraindication.3.1. Instructs patient's personal preparation prior to diagnostic examination	None	2 minutes	Radiologic Technologist II or Radiologic Tech- nologist I Ultrasound Department		
4. Wears patient gown	4. Provides patient's gown and assists patient to the examination bed	None	3 minutes	Radiologic Technologist II or Radiologic Tech- nologist I Ultrasound Department		
5. None	5. Positions the patient and performs Ultrasound procedure requested by the physician.	None	Chest - 7 minutes KUB - 8 minutes Hepatobiliary Tree - 6 minutes KUB with Prostate - 8 minutes Pelvic/ Biometry- 7 minutes Upper/ Lower Abdomen - 7 minutes Prostate - 4 minutes Whole Abdomen - 10 minutes Liver - 4 minutes Scrotal - 3 minutes	Sonologist Ultrasound Department		



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6. Signs the accomplishment report	6. Inputs patient's data to the ultrasound log book and accomplishment report form.	None	2 minutes	Radiologic Tech- nologist II or Ra- diologic Technol- ogist I
form	6.1. Instructs the patient or relative to sign the space provided for them.			Ultrasound De- partment
7. Proceeds		Breast (Right/Left)-PHP 800.00	3 minutes	Radiologic Tech- nologist II or Ra-
payment	patient or patient's	Breast Bilateral-PHP 1,400.00		diologic Technol- ogist I Ultrasound De- partment
		Chest (Right/Left)-PHP 800.00		
	ing and cashier's section	Chest Bilateral-PHP 1,600.00		
		Cranial-PHP 700.00		
		Hepatobiliary (HBT)-PHP 900.00		
		Inguinoscrotal-PHP 1,500.00		
		Kidney/Renal-PHP 700.00		
		KUB-PHP 900.00		
		KUB/Pelvic-PHP 1,000.00		
		KUB with Prostate-PHP 1,000.00		
		Pelvic-PHP 500.00		
		Pelvic Biometry-PHP 500.00		
		Neck-PHP 800.00		
		Prostate-PHP 500.00		
		Renal-PHP 600.00		
		Scrotal-PHP 1,200.00		
		Soft Tissues-PHP 500.00		
		Thyroid-PHP 800.00		
		Upper/Lower Abdomen-PHP 800.00		
		Whole Abdomen-PHP 1,100.00		
		Whole Abdomen (Pre/Post Void)- PHP 1,000.00		



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8. Returns to Ultra-	8. Verifies official re-	None	1 minute	_ Radiologic
sound room and pre-	ceipt and writes the			Technologist II
sents Official Receipt				or Radiologic
to Ultrasound staff	logbook			Technologist I
				Ultrasound
				Department
9. None	9. Returns the Offi-	None	2 minutes	Radiologic
	cial Receipt to the			Technologist II
	patient and intructs			or Radiologic
	patient to return after			Technologist I
	one (1) day with the			Ultrasound
	official receipt for the			Department
	release of the official			2 oparanona
	result			
		Breast (Right/Left)-		
	IOIAL.	PHP 800.00	Chast 04	
		Breast Bilateral-	Chest - 24	
			minutes	
		PHP 1,400.00		
		Chest (Right/Left)- PHP 800.00	KUB - 25	
			minutes	
		Chest Bilateral-		
		PHP 1,600.00	Hepatobili-	
		Cranial-	ary Tree -	
		PHP 700.00		
		Hepatobiliary (HBT)-	13 minutes	
		PHP 900.00		
		Inguinoscrotal-	KUB with	
		PHP 1,500.00	Prostate -	
		Kidney/Renal-	25 minutes	
		PHP 700.00		
		KUB	Pelvic/ Bi-	
		PHP 900.00	ometry- 24	
		KUB/Pelvic-		
		PHP 1,000.00	minutes	
		KUB with Prostate-	,	
		PHP 1,000.00	Upper/	
		Pelvic-	Lower Ab-	
		PHP 500.00	domen - 24	
		Pelvic Biometry-	minutes	
		PHP 500.00		
		Neck-	Prostate -	
		PHP 800.00	21 minutes	
		Prostate-		
		PHP 500.00	Whole Ab-	
		Renal-		
		PHP 600.00	domen - 27	
		Scrotal-	minutes	
		PHP 1,200.00		
		Soft Tissues-	Liver - 21	
		PHP 500.00	minutes	
		Thyroid-		
		PHP 800.00	Scrotal - 20	
		Upper/Lower Abdomen-	minutes	
		PHP 800.00		
		Whole Abdomen-		
		PHP 1,100.00		
		Whole Abdomen (Pre/Post		
		Void)-		
		PHP 1,000.00		
		1 111 1,000.00		