

Out-Patient Department Consultation

The Out-Patient Department is available Monday to Friday from 8:00 am to 5:00 pm and Saturdays from 8:00 am to 12:00 noon except on holidays. It caters only non-emergent medical/surgical/OB gyne health cases of patients.

Office or Division:	Out-Patient Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Patients/Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<i>New Patient/Old patient w/o Hospital Card:</i>				
1. Filled out Patient's Information Sheet/Slip 2. Official receipt/MSS Note/MSS Form 3. Diagnostic Results, if applicable 4. Referral Form, if applicable		Information Desk/Patient's Assistance & Complaints Desk (PACD)/Pre-Triage Area Cashier/MSS Different Diagnostic Units Referring physician		
<i>Old Patient:</i>				
1. Hospital Card 2. Follow up Appointment Slip, if applicable 3. Diagnostic Results, if warranted 4. Tagubilin/Discharge Instructions, if available		Previous admission Doctor Radiology, Laboratory and other diagnostic units Doctor, ER, Wards		
4CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Fill up OPD Information Slip and submit to cubicle 1.	1.1 Issue queue number.	None	5 minutes	<i>Nurse/ Trained Personnel</i>
1.2 Secure queue number and submit self for Triage at cubicle 2.	1.2 Call patient's number or patient's name.	None	5 minutes	<i>Nurse/ Trained Personnel</i>

	<p>1.3 Assess if patient is an “Emergency” or “OPD” case.</p> <p>1.4 Take patient’s vital signs, height & weight.</p>	<p>None</p> <p>None</p>	<p>20 minutes</p> <p>20 minutes</p>	<p>Triage</p> <p><i>Doctor/Nurse/Trained Personnel</i></p> <p>Triage</p> <p><i>Nurse/Nurse Attendant</i></p> <p>Clinic</p>
<p><i>New Patient/Old patient w/o Hospital Card:</i></p> <p>2. Fill out Patient’s Information Sheet/Slip.</p> <p><i>Old patient:</i></p> <p>Proceed to Step 5.</p>	<p>2. Assist patient in filling out the sheet/slip.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Assigned Personnel/Info Desk/PACD/Pre-Triage Area</i></p>
<p><i>New Patient/Old patient w/o Hospital Card:</i></p> <p>3.1 Submit Patient’s Information Sheet/Slip and receive instruction for payment</p>	<p><i>New Patient/Old patient w/o Hospital Card:</i></p> <p>3.1 Register patient to the system.</p> <p>3.2. Instruct client to pay for hospital card and consultation/ treatment fee at the OPD Cashier.</p>	<p>None</p>	<p>45 minutes</p>	<p><i>Assigned Personnel</i></p> <p>Medical Records</p>
<p><i>If patient is able to pay:</i></p> <p>4. Pay the required amount for the hospital</p>	<p><i>If patient is able to pay:</i></p> <p>4. Receive payment and issue official</p>	<p>Consultation fee: Php 35</p> <p>Hospital</p>	<p>20 minutes</p>	<p>Cashier OPD</p>

card or consultation/treatment fee or both and receive official receipt <i>If patient is unable to pay:</i> 4. Ask for discount at Medical Social Service (MSS) and undertake interview 4.1 Receive MSS Note/Form	receipt. <i>If patient is unable to pay:</i> 4. Interview and classify the patient and issue MSS Note/MSS Form	Card: Php 20 None	30 minutes	Medical social worker OPD
5. Present OR/ Receive MSS Note/Form and Hospital Card 5.1 At the designated clinic reception area, wait for name to be called	5. Receive MSS Note/Form and Hospital Card, print/retrieve of patient's chart. 5.1. Call patient's name accordingly.	None None	1 hour 30 minutes 10 minutes	<i>Assigned Staff</i> Medical Records <i>Assigned Staff</i> Clinic Reception Area
6. Wait at consultation waiting area and submit self for consultation/ treatment, once called. 6.1 Undertake interview and receive treatment plan and instruction	6. Call patient's name. 6.1. Interview and examine patient. 6.2. Explain treatment plan to patient. <i>If for referral:</i> Prepare referral form and instruct patient	None None None None None	10 minutes 1 hour 10 minutes 10 minutes 10 minutes	<i>Nurse/Doctor</i> Clinic <i>Doctor</i> Clinic <i>Doctor</i> Clinic <i>Doctor</i> Clinic <i>Doctor</i> Clinic

	<p>accordingly.</p> <p><i>If for admission:</i></p> <p>Prepare referral form and endorse patient to nurse for transport to ER.</p> <p><i>If for discharge:</i></p> <p>Issue/ encode requests for diagnostics, if needed.</p> <p>Issues prescription, if needed.</p> <p>Provides home care or discharge instructions.</p>	None	10 minutes	Doctor Clinic
	TOTAL:	<p><i>New Patient/Old patient w/o Hospital Card: Php55</i></p> <p><i>Old patient w/ Hospital Card: None</i></p>	<p><i>New Patient/Old patient w/o Hospital Card:</i></p> <p>Client not availing MSS – 5 hrs & 15 minutes</p> <p>Client availing MSS – 5 hours & 25 minutes</p> <p><i>Old patient:</i></p> <p>Client not availing MSS</p>	

			- 4 hours & 40 minutes	
			Client availing MSS - 4 hours & 50 minutes	

Animal Bite Treatment Clinic

Provide Post-Exposure Treatment to individuals bitten by animals suspected of being rabid which will consist of the initial vaccine and immunoglobulin dose.

Office or Division:	Outpatient Department – Animal Bite Treatment Clinic			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All animal bite patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Hospital Card		Outpatient Department		
Individual Treatment Record		Outpatient Department		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2. Assess patient.	None	10 minutes	Nurse/ Midwife
	1.3. Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	Nurse/ Midwife
2. Approach consultation room.	2. Conduct patient assessment followed by a disposition with health teaching.	None	3 Minutes	IM Consultant ABTC
	2.1 Provide		3 Minutes	

	prescription.	None	1 minute	IM Consultant ABTC
	2.3 Instruct patient to proceed to treatment.	None		IM Consultant ABTC
3. Proceed to treatment area.	3. Register patient to Rabies Exposure Registry Logbook.	None	5 Minutes	Nurse
3.1 Receive Animal Bite Treatment Card together with instruction.	3.1 Issue Animal Bite Treatment Card and instruct patient.	None	5 minutes	Nurse
4. Submit self for vaccination.	4. Administer vaccine.	None	5 minutes	Nurse
5. Receive instruction for follow up vaccination.	5. Give patients instructions.	None	5 minutes	Nurse
TOTAL:		None	50 Minutes	

Expanded Program on Immunization

Service Information

Office or Division:	Outpatient Department – Animal Bite Treatment Clinic			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All patients qualified for immunization			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Hospital Card		Outpatient Department		
Individual Treatment Record		Outpatient Department		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1.1 Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2. Assess patient.	None	10 minutes	Nurse/ Midwife
	1.3. Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	Nurse/ Midwife
2. Proceed to treatment area.	2. Register patient to Expanded Program on Immunization Logbook.	None	5 Minutes	Nurse
2.1 Receive Expanded Program on Immunization Card together with instruction.	2.1 Issue Expanded Program on Immunization Card and instruct patient.	None	5 minutes	Nurse

3. Submit self for vaccination.	3. Administer vaccine.	None	5 minutes	Nurse
4. Receive instruction for follow up vaccination.	4. Give patients instructions.	None	5 minutes	Nurse
TOTAL:		None	45 Minutes	

HIV Counseling and Screening

Provides counseling and educates all client requiring HIV screening whether Voluntary (VCT), for Employment or Referral Screening (PICT).

Office or Division:	HACT Clinic			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen; G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Individual Treatment Card		Outpatient Department		
Hospital OPD Card		Outpatient Department		
Valid ID, original and one photocopy		Government Agency		
Referral Letter, if applicable		Physician/ Attending Doctor Order		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2. Assess patient.	None	10 minutes	Nurse/ Midwife

	1.3. Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	Nurse/ Midwife
2. Approach HACT Clinic Staff for counseling and screening.	2. Ask purpose of HIV test. If for employment, provide charge slip and instruct client to proceed to cashier for payment of test fee. If not, proceed to step 4.	None	5 minutes	Nurse/ Midwife
3. Pay fees at the Cashier.	3. Accept payment and provide official receipt.	For Employment (Local/ Abroad): PHP 270 For VCT and PICT: None	10 Minutes	Cashier Cashier's Office
4. If for employment, submit Official Receipt together with the valid ID. If not, submit valid ID. 4.1 Receive counseling and sign informed consent. 4.2 Fill out EB form	4. Receive Official receipt and verify valid ID. 4.1 Provide pre-test counseling. 4.2 Sign the HIV Testing form and attach laboratory request form.	None None None	2 Minutes 15 Minutes 5 minutes	HIV Counselor Nurse HACT Clinic HIV Counselor Nurse HACT Clinic HIV Counselor Nurse HACT Clinic

A (HIV Testing Form).				
5. Proceed to the laboratory extraction area and presents HIV Consent and request Form to HACT Phlebotomist.	5. Accompany client to laboratory for blood extraction. 5.1 Prepare needed equipment and verify identity before extraction.	None None	5 Minutes	HIV Counselor Nurse HACT Clinic
5.1 Submit self for specimen collection.	5.2 Extract blood specimen.		10 Minutes	<i>HACT Phlebotomist</i> HACT Clinic
	5.3 Return photocopy of Valid ID with instruction on the date and time to claim the result.	None	3 Minutes	<i>HACT Phlebotomist</i> HACT Clinic
	5.4 Instruct client of waiting period of HIV screening process.	None	3 Hours 45 minutes	<i>HACT Phlebotomist</i> HACT Clinic
			5 Minutes	<i>HACT Phlebotomist</i> HACT Clinic
		None		

6. Claim result and presents photocopy of Valid ID	6. Conduct post-test counselling and presents HIV Testing Result then provides instructions and positive prevention methods	None	15 Minutes	<i>Nurse HIV Counselor HACT Clinic</i>
TOTAL:		For Employ- ment (Local/ Abroad): PHP 270 For VCT and PICT: None	5 Hours and 30 minutes	

HACT Consultation

Consultation for HACT Clients only.

Office or Division:	HACT Clinic			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	HACT Clients/ Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Clinic Card		HACT Clinic		
Hospital Card		Outpatient Department		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2. Assess patient.	None	10 minutes	Nurse/ Midwife
	1.3. Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	Nurse/ Midwife
3. Proceed to consultation area.	3. Call patient's name.	None	3 Minutes	Nurse/ Midwife
	3.1 Evaluate client and write order in the client record.	None	30 minutes	HACT Physician
	3.2 HACT Physician endorses client record to HACT Nurses	None	5 minutes	Nurse HIV Counselor HACT Clinic`
4. Proceed to	4. Carry-out Doctor's	None	3 Minutes	Nurse

Counseling	Order:			
	4.1. For ART Enrolment (Adherence Counseling)	None	20 Minutes	HIV Nurse
	4.2. Prophylaxis Enrollment	None	10 Minutes	Nurse
	4.3. Laboratory work-up/ extraction	None	10 Minutes	HIV Nurse
5. Present clinic card to HACT staff.	5. Write follow-up check-up schedule in the Clinic Card	None	5 Minutes	HIV Nurse
	5.1 Instruct client on follow-up schedule.	None	5 Minutes	HIV Nurse
TOTAL:		None	1 Hours, 56 Minutes	

Follow-up Refill for Anti-Retroviral Medications (ARV)

Dispensing of ARV medicines for HACT Clients only. This service is available every Monday and Wednesday except Holidays.

Office or Division:	HACT Clinic			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	HACT Clients/ Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Health Regimen Booklet		HACT Clinic		
ARV Pills on Hand		Client stocks		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Health Regimen Booklet to HACT nurse.	1. Ask for Health Regimen Booklet.	None	3 Minutes	HIV Nurse Case Managers
2. Proceed to refilling area presents pills on hand	2. Count remaining pills and records number of ARV pills given in the ARV monitoring logbook. 2.1. Provide ARV Adherence and Positive Prevention Counselling. 2.2 Fill up HIV case report.	None	5 Minutes	HIV Nurse Case Managers
		None	15 minutes	HIV Nurse Case Managers
		None	5 minutes	HIV Nurse Case Managers

3. Receive and checks if correct ARV Drug is received before leaving the clinic	3. Verify with client if correct ARV Drug was given.	None	5 Minutes	HIV Nurse Case Managers
	3.1 Instruct patient to comeback every Monday and Wednesday for refill.	None	5 Minutes	HIV Nurse Case Managers
TOTAL:		None	38 Minutes	

Chemotherapy Treatment for PhilHealth Patients

Treatment of disease by the use of chemical substances specially the treatment of cancer by cytotoxic and other drugs. It targets cells that grow and divide quickly, as cancer cells do.

Office or Division:	Oncology Unit			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Adult Medical and Gyne Oncology Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
OPD Hospital Card			Outpatient Department	
Individual Treatment Record			Outpatient Department	
PHIC Acknowledgement Receipt			Philhealth Section	
Diagnostic Test Results (ex. Laboratory result, X-ray and ultrasound result as appropriate)			Laboratory Section	
Drugs and medical supplies needed for chemotherapy as prescribed by attending physician			Radiology Section Pharmacy Section and Supply Section	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2. Assess patient.	None	10 minutes	Nurse/ Midwife Nurse/ Midwife
	1.3. Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	
2. Submit documentary requirements, chemo-	2. Receive and check submitted	None	3 Minutes	<i>Nurse on Duty</i>

therapy medicines and supplies.	requirements, chemotherapy medicines and supplies.			Oncology Unit
2.1. Proceed to the IM Consultant as instructed.	2.1. Endorse patient to IM Consultant.	None	2 Minutes	
		None	20 Minutes	<i>Nurse on Duty</i> Oncology Unit
2.2. Undergo assessment prior to chemotherapy.	2.2 Conduct patient assessment prior to chemotherapy, including drug computation, followed by a disposition with health teaching.			<i>IM Consultant</i> Oncology Unit
3. Sign informed consent form and submit self for chemotherapy.	3. If patient is qualified for chemotherapy, order chemotherapy.	None	5 Minutes	<i>IM Consultant</i> Oncology Unit
	3.1. Explain the informed consent to patient.	None	3 Minutes	<i>Nurse on Duty</i> Oncology Unit
	3.2. Obtain consent from patient or nearest of kin by signing the informed consent form.	None	2 Minutes	<i>Nurse on Duty</i> Oncology Unit

	3.3. Perform chemotherapy.		6 Hours	<i>Nurse on Duty</i> Oncology Unit
4. Get the prescription, diagnostic/laboratory exam requests and schedule for next follow-up check-up.	4. After chemotherapy administration, give instructions on home medication, prescription, diagnostic/laboratory exam requests.	None	15 Minutes	<i>Nurse on Duty</i> Oncology Unit
	4.1. Advise next follow-up check-up schedule.	None	5 Minutes	<i>Nurse on Duty</i> Oncology Unit
TOTAL:		Charged to PhilHealth	7 Hours, 20 Minutes	

Interval Intrauterine Device Insertion

Interval Intrauterine Device Insertion is advocated and done for non-postpartum reproductive women who wish to achieve birth spacing and/or limiting.

Office or Division:	Out-Patient Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Reproductive Women			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Information Slip		Out Patient Department		
Individual Treatment Record		Out Patient Department Records Section		
Philhealth Acknowledgement Receipt		Philhealth Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2 Assess patient.	None	10 minutes	Nurse/ Midwife Nurse/ Midwife
	1.3 Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	
2. Declare intent for interval IUD insertion.	2.1 Counsel client and fill up Family Planning Form 1.	None	5 minutes	Nurse/Midwife
	2.2 Secure consent for the procedure then instruct the client	None	5 Minutes	Nurse/Midwife

	to proceed to the Philhealth section for verification.			
2. Proceed to Philhealth section for Philhealth verification.	2. Verify Philhealth membership of client.	None	15 minutes	Philhealth Clerk
3. Submit Philhealth Acknowledgement Receipt.	3. Verify acknowledgement receipt.	None	15 minutes	Midwife
4.1 Submit self for interval Intrauterine Device insertion.	4.1. Prepare materials needed.	None	10 minutes	Midwife
	4.2. Insert Intrauterine Device.		10 minutes	Midwife
5. Listen to post check-up instructions.	5. Give post check up instructions.	None	5 minutes	Midwife
	TOTAL:	None	1 hour 30 minutes	

Removal of Intrauterine Device

Removal of intrauterine device for clients who wish to get pregnant again or change family planning method.

Office or Division:	Out-Patient Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Reproductive Women			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Information Slip		Out Patient Department		
Individual Treatment Record		Out Patient Department Records Section		
Philhealth Acknowledgement Receipt		Philhealth Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2 Assess patient.	None	10 minutes	Nurse/ Midwife Nurse/ Midwife
	1.3 Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	
2. Declare intent for interval IUD removal.	2.1 Counsel client and fill up Family Planning Form 1.	None	5 minutes	Nurse/Midwife
	2.2 Secure consent for the procedure then instruct the client to proceed to the	None	5 minutes	Nurse/Midwife

	Philhealth section for verification.			
2. Proceed to Philhealth section for Philhealth verification.	2. Verify Philhealth membership of client.	None	15 minutes	Philhealth Clerk
3. Submit Philhealth Acknowledgement Receipt.	3. Verify acknowledgement receipt.	None	15 minutes	Midwife
4.1 Submit self for interval Intrauterine Device Removal.	4.1. Prepare materials needed.	None	10 minutes	Midwife
	4.2. Insert Intrauterine Device.		10 minutes	Midwife
5. Listen to post check-up instructions.	5. Give post check up instructions.	None	5 minutes	Midwife
	TOTAL:	None	1 hour and 30 minutes	

Scheduling of Removal of Displaced Intrauterine Device

Removal of displaced intrauterine device is done for clients with displaced intrauterine device who wish to get pregnant again or change family planning method.

Office or Division:	Out-Patient Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Reproductive Women			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Information Slip		Out Patient Department		
Individual Treatment Record		Out Patient Department Records Section		
Philhealth Acknowledgement Receipt		Philhealth Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2 Assess patient.	None	10 minutes	Nurse/ Midwife Nurse/ Midwife
	1.3 Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	
2. Declare intent for interval IUD removal.	2.1 Counsel client and fill up Family Planning Form 1.	None	5 minutes	Nurse/Midwife
	2.2 Secure consent for the procedure then instruct the client to proceed to the	None	5 minutes	Nurse/Midwife

	Philhealth section for verification.			
2. Proceed to Philhealth section for Philhealth verification.	2. Verify Philhealth membership of client.	None	15 minutes	Philhealth Clerk
3. Submit Philhealth Acknowledgement Receipt.	3. Verify acknowledgement receipt.	None	15 minutes	Midwife
4.1 Receive schedule of the procedure and listen to instructions.	3.1 Coordinate with Operating Room Supervisor and schedule client for the procedure.	None	15 minutes	Midwife
	If client is below 40 years old:	None	2 minutes	Midwife
	3.2 Inform client of the schedule of the procedure.	None	5 minutes	Midwife
	3.3 Provide client admission slip and give instructions.	None	5 minutes	Midwife
	If client is 40 years old and above:			
	3.2 Inform and explain client that she must undergo Cardio Pulmonary Clearance prior to the scheduled procedure.	None	5 minutes	Midwife

	3.3 Provide client diagnostic requests needed for the Cardio Pulmonary Clearance.	None	5 minutes	Midwife
	3.4 Inform client of the schedule of the procedure.	None	5 minutes	Midwife
	3.5 Provide client admission slip and give instructions on.			
	TOTAL:	None	For clients below 40 years old: 1 hour and 27 minutes For clients above 40 years old: 1 hour and 40 minutes	

Dispensing of Family Planning Commodities

Family planning commodities are made available to clients to help them achieve birth spacing.

Office or Division:	Out-Patient Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Reproductive Women			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Information Slip		Out Patient Department		
Individual Treatment Record		Out Patient Department Records Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2 Assess patient.	None	10 minutes	Nurse/ Midwife Nurse/ Midwife
	1.3 Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	
2. Ask for Family Planning commodity.	2. Counsel client/patient.	None	15 Minutes	Nurse/Midwife Family Planning Clinic
	2.1 Interview client/patient and fill-up Family Planning Form 1.	None	5 minutes	Nurse/Midwife Family Planning Clinic
3. Receive Family Planning commodity.	3. Dispense Family Planning commodity.	None	10 Minutes	Nurse/Midwife Family Planning Clinic
	TOTAL:	None	55 Minutes	

Follow-Up Check-Up of Intrauterine Device (IUD)

Follow up check-up is done to ensure correct IUD placement.

Office or Division:	Family Planning Clinic			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All Reproductive Women with IUD			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Information Slip		Out Patient Department		
Individual Treatment Record		Out Patient Department Records Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2 Assess patient.	None	10 minutes	Nurse/ Midwife Nurse/ Midwife
	1.3 Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	
2. Declare intent for IUD check-up.	2. Counsel client/patient and fill-up Family Planning Form 1.	None	5 Minutes	<i>Nurse/Midwife</i> Family Planning Clinic
3. Submit self for IUD check-up.	3. Perform check-up of IUD.	None	20 Minutes	<i>Nurse/Midwife</i> Family Planning Clinic
4. Listen to post check-up instructions.	4. Give post check-up instructions.	None	5 Minutes	<i>Nurse/Midwife</i> Family Planning Clinic
TOTAL:		None	55 Minutes	

Scheduling of Interval Bilateral Tubal Ligation

Interval BTL is advocated and done to non-postpartum client who wish to limit pregnancy.

Office or Division:	Out-Patient Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Reproductive Women			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Information Slip		Out Patient Department		
Individual Treatment Record		Out Patient Department Records Section		
Philhealth Acknowledgement Receipt		Philhealth Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Submit the filled up Patient Information Slip at Table 1 and wait for your name to be called.	1. Receive and verify Patient Information Slip.	None	5 minutes	Nurse/ Midwife
	1.2 Assess patient.	None	10 minutes	Nurse/ Midwife Nurse/ Midwife
	1.3 Generate Individual Treatment Record and endorse to Family Planning Clinic. Instruct client to wait for her name to be called.	None	10 minutes	
2. Declare intent for Interval Bilateral Tubal Ligation.	2.1 Counsel client and fill up Family Planning Form 1.	None	5 minutes	Nurse/Midwife
	2.2 Secure consent for the procedure then instruct the client to proceed	None	5 Minutes	Nurse/Midwife

	to the Philhealth section for verification.			
2. Proceed to Philhealth section for Philhealth verification.	2. Verify Philhealth membership of client.	None	15 minutes	Philhealth Clerk
3. Submit Philhealth Acknowledgement Receipt.	3. Verify acknowledgement receipt.	None	2 minutes	Midwife
4.1 Receive schedule of the procedure and listen to instructions.	3.1 Coordinate with Operating Room Supervisor and schedule client for the procedure.	None	15 minutes	Midwife
	If client is below 40 years old:	None	2 minutes	Midwife
	3.2 Inform client of the schedule of the procedure.	None	5 minutes	Midwife
	3.3 Provide client admission slip and give instructions.	None	5 minutes	Midwife
	If client is 40 years old and above:			
	3.2 Inform and explain client that she must undergo Cardio Pulmonary Clearance prior to	None	5 minutes	Midwife

	<p>the scheduled procedure.</p> <p>3.3 Provide client diagnostic requests needed for the Cardio Pulmonary Clearance.</p> <p>3.4 Inform client of the schedule of the procedure.</p> <p>3.5 Provide client admission slip and give instructions.</p>	<p>None</p> <p>None</p>	<p>5 minutes</p> <p>5 minutes</p>	<p>Midwife</p> <p>Midwife</p>
	TOTAL:	None	<p>For clients below 40 years old: 1 hour and 14 minutes</p> <p>For clients above 40 years old: 1 hour and 27 minutes</p>	

Tuberculosis Case Finding For Admitted Patients

Case finding is the identification and diagnosis of TB cases among individuals with signs and symptoms presumptive of tuberculosis.

Office or Division:	D.O.T.S. Clinic – Outpatient Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All admitted suspected TB cases			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Form Direct Sputum Smear Microscopy Result (1 original, 2 photocopy) Chest X-ray Result with Film (1 original, 2 photocopy)		Nurse Station Nurse Station Nurse Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to the DOTS in-charge for initial assessment.	1.1 Check requirement for completeness and do initial assessment.	None	5 minutes	Nurse III DOTS Clinic
	1.2 Fill-out NTP Form 2a (Lab Request and Result Form).	None	15 minutes	Nurse III DOTS Clinic
	1.3 Provide specimen bottle and teach client how to collect sputum specimen for Xpert MTb/Rif test properly.	None	5 minutes	Nurse III DOTS Clinic
	1.4 Instruct client to submit specimen to	None	5 minutes	Nurse III DOTS Clinic

	the Microbiology Unit.			
2.1 Submit sputum specimen for Xpert MTb/Rif together with request form at the Microbiology Unit.	2.1 Receive specimen and verify request from DOTS/HACT patients.	None	5 minutes	Medical Technologist II Microbiology Unit
	2.2 Instruct patient when to get the result.	None	2 minutes	Medical Technologist II
	2.3 Process Xpert MTb/Rif assay.	None	12 hours	Microbiology Unit
	2.2 Perform assay.	None	4 hours	Medical Technologist II Microbiology Unit
	2.3 Record results.	None	5 minutes	Medical Technologist II Microbiology Unit
3. Get results at the Microbiology clinic.	3.1 Release results to client.	None	3 minutes	Medical Technologist II Microbiology Unit
	3.2 Let client sign the releasing logbook.	None	2 minutes	
4. Submit result at DOTS Clinic.	4.1 Explain result and give instructions to patient according to outcome of evaluation of TB DOTS Physician a. Clinically Diagnosed TB b. Other lung disease	None	30 minutes	Nurse III DOTS Clinic

	c. Inactive TB			
5. Receive treatment plan.	5. Treatment Plan	None	15 minutes	Nurse III DOTS Clinic
If for referral:	If for referral:	None	15 minutes	Nurse III DOTS Clinic
5.1 Receive instructions and referral form together with photocopy of diagnostic results.	5.1 Refer to RHU and provide completely filled out referral form together with photocopy of diagnostic results.	None	30 minutes	Nurse III DOTS Clinic
If for treatment:	If for treatment:			
5.1 Provide consent for HIV testing and TB treatment.	5.1 Do provider-initiated counseling and testing (PICT) for HIV and TB counseling.	None	30 minutes	Nurse III DOTS Clinic
5.2 Enroll for treatment.	5.3 Enroll patient and encode case at the Integrated Tuberculosis Information System (ITIS).			
	TOTAL:	None	If for referral: 2 days, 1 hour and 47 minutes If for Treatment: 3 days and 32 minutes	

Tuberculosis Case Finding For Outpatients

Case finding is the identification and diagnosis of TB cases among individuals with signs and symptoms presumptive of tuberculosis.

Office or Division:	Out-Patient Department – D.O.T.S. Clinic			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Individual Treatment Record		Out Patient Department Records Section		
If available, Referral Form Direct Sputum Smear Microscopy Result (2 original, 1 photocopy) Chest X-ray Result with Film (1 original, 2 photocopy) Other test results indicating Extra-pulmonary Tuberculosis		Referring Facility/Unit Diagnostic Centers Diagnostic Centers Diagnostic Centers		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Submit requirements to the DOTS in-charge for initial assessment.	1.1 Check requirement for completeness and do initial assessment.	None	5 minutes	Nurse III DOTS Clinic
	1.2 Fill-out NTP Form 2a (Lab Request and Result Form) and Chest X-ray request.	None	15 minutes	Nurse III DOTS Clinic
	1.3 Provide specimen bottle and teach client how to collect	None	5 minutes	Nurse III DOTS Clinic

	specimen properly. 1.4 Instruct client to submit specimen to the Microbiology Unit and then submit self for Chest X-ray at the Radiology Department.	None	5 minutes	Nurse III DOTS Clinic
2.1 Submit sputum specimen for Xpert MTb/Rif together with request form at the Microbiology Unit. If with Chest X-Ray result, proceed to Step 4 a.	2.1 Receive specimen and verify request from DOTS/HACT patients.	None	5 minutes	Medtech II Microbiology Unit
	2.2 Instruct patient when to get the result.	None	2 minutes	Medtech II Microbiology Unit
	2.3 Process Xpert MTb/Rif assay.	None	12 hours	Medtech II Microbiology Unit
	2.2 Perform assay.	None	4 hours	Medtech II Microbiology Unit
	2.3 Record results.	None	5 minutes	Medtech II Microbiology Unit
3.1 Submit for Chest X-ray procedure at the radiology department.	3.1 Receive and verify request.	None	5 minutes	Radtech Radiology Department
	3.2 Perform procedure.	None	15 minutes	Radtech Radiology Department
	3.3 Instruct patient that results will be	None	5 minutes	Radtech Radiology Department

	forwarded directly to TB DOTS Clinic.	None	10 minutes	Radtech Radiology Department
	3.4 Interpret x-ray.			
4.1 Get results on the date and time instructed at microbiology Department.	4.1 Release results to client.	None	2 minutes	Medtech II Microbiology Unit
	4.2 Let patient sign the Releasing Logbook.	None	3 minutes	Medtech II Microbiology Unit
4. Submit result at DOTS Clinic.	4.1 Explain result and give instructions to patient according to outcome of evaluation of TB DOTS Physician a. Clinically Diagnosed TB b. Other lung disease c. Inactive TB	None	30 minutes	Nurse III DOTS Clinic
5.1 Receive treatment plan.	Treatment Plan:			
If for referral:	If for referral:	None	30 minutes	Nurse III DOTS Clinic
5.1 Receive instructions and referral form together with photocopy of diagnostic results.	5.1 Refer to RHU and provide completely filled out referral form together with photocopy of diagnostic results.	None	30 minutes	Nurse III DOTS Clinic

<p>If for treatment:</p> <p>5.1 Provide consent for HIV testing and TB treatment.</p> <p>5.2 Enroll for treatment.</p>	<p>If for treatment:</p> <p>5.1 Do provider-initiated counseling and testing (PICT) for HIV and TB counseling.</p> <p>5.2 Enroll patient and encode case at the Integrated Tuberculosis Information System (ITIS).</p>	<p>None</p>	<p>30 minutes</p>	<p>Nurse III DOTS Clinic</p>
	<p>TOTAL:</p>	<p>None</p>	<p>If for referral: 2 days, 2 hours and 17 minutes If for Treatment: 2 days, 2 hours and 47 minutes</p>	

Women and Children Protection Service

Administer and attend to cases involving crimes against chastity, sexual harassment, abuses against women and children, and other similar offenses. The service is available to examine abused clients:

- a) Fresh cases or cases within 72 hours of incident are available Monday to Friday, 24/7. While on Saturdays, Sundays, and Holidays, clients are brought to the Emergency Room for examination.
- b) Old cases or more than 72 hours of incident are catered to from Monday to Friday, except Holidays, time is at 1:30-4:00pm.

Office or Division:		Women and Children Protection Unit		
Classification:		Simple		
Type of Transaction:		Government-to-Citizen and G2G		
Who may avail:		Complainant where complaints fall in violation of women and children		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral letter for Walk-in patients		Philippine National Police or Department of Social Welfare and Development or Local Government Unit		
Police request		Philippine National Police		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral letter from PNP or DSWD	1. Assess referral letter as to what kind of service/s is/are requested or needed	None	10 minutes	WCPU Coordinator and/or Social Worker on-duty
2. Fill out Patient Data Information Sheet at Admitting Section for Registration	2. Verify personal information submitted and get chart from OB ER	None	15 minutes	Admitting Clerk Social Worker on-duty
3. Give consent 3.1. Submit patient for interview and examination 3.2. Proceed to referred specialty	3. Secure informed consent, assent and/or other applicable consent for interview and examination.	None	10 minutes	WCPU Coordinator Resident in-charge Social Worker on-duty

	3.1 Conduct and intake interview	None	30 minutes	Social Worker on-duty
	3.2. Refer to Specialty concerned	None	45 min	Social Worker on-duty Resident in-charge
4. Proceed to Laboratory/Radiology, Clinic concerned	4. Carry out request.	None	1 hour	Resident in-charge Medical Technologist on-duty Radiology Technician on-duty
5. Return to WCPU for disposition – discharge	5. Explain disposition and discharge instructions	None	5 minutes	Resident in-charge Social Worker on-duty
5.1. Get advice of return	5.1. Inform return date.	none	5 minutes	Social Worker on-duty
6. Return to WCPU for issuance of medico-legal certificate and show police request for medico-legal certificate to WCPU	6. Verify Police request for medico-legal certificate issuance	None	5 minutes	Social Worker on-duty
6.1. Go to resident-in-charge	6.1 Refer to Resident in-charge	None	5 minutes	Social Worker on-duty
6.2. Wait for the medico-legal certificate	6.2. Order for issuance of medico-legal certificate	None	20 minutes	Resident in-charge Medical Records Officer
6.3. Get the medico-legal certificate	6.3. Issuance of Medico-legal Certificate	None	5 minutes	Medical Records Officer Resident in-charge
	TOTAL:	None	3 hours and 35 minutes	