
	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE</p> <p>June 1, 2018</p> <hr/> <p align="right">Page 15 of 127</p>
---	---	--	---	---

LIST OF FRONTLINE SERVICES

DEPARTMENT: EMERGENCY DEPARTMENT

PROCESS 1: ADMISSION AND MANAGEMENT OF EMERGENCY CASES

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

ER Patient



Requirements Needed:

General Triage Slip Form
Patient's Information Slip
Blotter Sheet
Patients Medical Chart
Laboratory Request Forms
Radiologic Request Forms



Duration:

3 – 4 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit for initial assessment at General Triage Area	General Triage Slip Form	None	2-3 mins.	Patient
2	Submit General Triage slip at the ER for registration	General Triage Slip	None	3-5 mins.	Patient/Relative
3	Emergency Care (if necessary)	Patient's Information Slip/Blotter Sheet	None	20-25 mins.	ER ROD/ER Nurse

	<div>Department of Health</div> <div>SAN LAZARO HOSPITAL</div> <div>CITIZEN'S CHARTER</div> <div>MANUAL</div>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 16 of 127

4	Fill out patient information slip	Patient's Information Slip	None	5-7 mins.	Relative
5	Pay at the Cashier	Patients Hospital ID	50.00	10-15 mins.	Relative
6	Take Medical History and Vital Signs of patient	Blotter sheet	None	20-25 mins.	Clinical Clerks
7	Emergency Care (if necessary)	Blotter Sheet	None	20-25 mins.	ER ROD/ER Nurse
8	Admission of patients	Blotter sheet/ Medical Chart	None	20-25 mins.	ER ROD
9	Carry Out ER Doctor Orders (including informing ward nurse on admission)	Medical Chart	None	20-25 mins.	ER Nurse
10	Proceed to Information for Top Sheet	Blotter sheet	None	10-15 mins.	Relative
11	Proceed to Medical Social Service for MSS Classification	Blotter sheet/ Top Sheet	None	25-30 mins.	Relative
12	Proceed to Central Supply and Sterilization Unit for Requisition of Supplies	ED Requisition Slip	None	10-15 mins.	Relative
13	Transport and endorsement of patient to designated ward	Medical Chart	None	15-20 mins.	ER Nurse/Nursing Attendant
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 17 of 127
---	--	---	---

DEPARTMENT: EMERGENCY DEPARTMENT

PROCESS 2: MEDICAL CONSULTATION ONLY

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

Patient



Requirements Needed:

General Triage Slip Form
Patient Information Slip
Blotter Sheet
Laboratory Request Forms
Radiologic Request Forms



Duration:

1 – 2 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit for initial assessment at the General Triage Area	Gen Triage Slip form	None	2-3 mins.	Patient
2	Submit Gen Triage slip at the ED for registration	Triage slip	None	2-5 mins.	Patient
3	Fill out patients information slip	Patients Information slip	None	5-10 mins.	Patient/Relative
4	Pay at Cashier	Patients Information slip	50.00	10-15 mins.	Relative
5	Take Medical History and Vital signs of patient	Blotter sheet	None	20-25 mins.	Clinical Clerks

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 18 of 127</p>
---	---	--	---	--

6	Medical Management	Blotter Sheet	None	20-25 mins.	ER ROD
7	Requisition of Diagnostic Tests	Laboratory Request Forms/ Radiologic Request Forms	None	5-10 mins.	ER ROD
8	Back to ER ROD for interpretation of lab results	Laboratory Results	None	5-10 mins.	ER ROD
9	Medical Advice and take-home prescription of medicines	Blotter Sheet/ Prescription pad	None	5-10 mins.	ER ROD
10	Sent home	Blotter sheet/ Clearance Slip	None	2-3 mins.	ER ROD/ ER Nurse
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 19 of 127

DEPARTMENT: EMERGENCY DEPARTMENT

PROCESS 3: TRANSFER TO OTHER HEALTH FACILITY

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

Patient



Requirements Needed:

General Triage Slip Form
Patient Information Slip
Blotter Sheet
Referral/Transfer Slip



Duration:

1 – 2 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit for initial assessment at the General Triage Area	Gen Triage Slip form	None	2-3 mins.	Patient
2	Submit Gen Triage slip at the ED for registration	General Triage slip	None	2-5 mins.	Patient
3	Fill out patients information slip	Patient's Information slip	None	5-10 mins.	Patient/Relative
4	Pay at Cashier	Patients Information slip	50.00	10-15 mins.	Relative
5	Take Medical History and Vital signs of patient	Blotter sheet	None	20-25 mins.	Clinical Clerks
6	Further completion of medical history and physical examination	Blotter sheet	None	20-25 mins.	ER ROD

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 20 of 127</p>
---	---	--	---	--

7	Explain reason for transfer to other health facility	Referral/Transfer Slip	None	5-10 mins.	ER ROD
8	Preparation of transfer to other health facility	Referral/Transfer Slip	None	5-10 mins.	ER ROD/ ER Nurse
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 21 of 127</p>
---	---	--	---	--

DEPARTMENT: OUT PATIENT DEPARTMENT

PROCESS 1: ANTI-RABIES VACCINATION FOR NEW PATIENT

Schedule of Services:

Monday to Friday: 6:00am – 6:00pm (3pm cut-off time)

Saturday: 6:00am – 3:00pm (11am cut-off time)

Services Provided to:

Out-patient



Requirements Needed:

General Triage Slip



Duration:

1 – 1.5 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Fill out registration form	Registration form	None	3-5 mins.	Patient/Relative
2	Pays registration fee and return to the registration Area for queuing	Registration form	50.00	3-5 mins.	Patient/Relative
3	Wait for your number/name to be called	Pre- exposure Prophylaxis Card/Blotter sheet	None	20-30 mins.	Medical Record staff
4	Consultation	Pre- exposure Prophylaxis Card/Blotter sheet/Medical Prescription	None	5-10 mins.	Resident on Duty
5	Get the vaccines at the pharmacy	Pre- exposure Prophylaxis Card/Blotter	None	5-10 mins.	Pharmacist

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 22 of 127

		sheet/Medical prescription			
6	Proceed to the injection area (Including skin testing)	Pre- exposure Prophylaxis Card/Blotter sheet	None	10-30 mins.	Nurse on duty
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 23 of 127
---	--	---	---

DEPARTMENT: OUT PATIENT DEPARTMENT

PROCESS 2: ANTI-RABIES VACCINATION FOR FOLLOW-UP PATIENT

Schedule of Services:

Monday to Friday: 6:00am – 6:00pm (3pm cut-off time)

Saturday: 6:00am – 3:00pm (11am cut-off time)

Services Provided to:

Out-patient



Requirements Needed:

Pre- exposure Prophylaxis Card

Duration:

15 – 30 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Secure blotter form from the record section	Pre- exposure Prophylaxis Card/Blotter sheet	None	3-5 mins.	Patient/Relative
2	Consultation	Blotter sheet/ Medical prescription	None	5-10 mins.	Resident on duty
3	Proceed to assessment area	Pre-exposure Card/ Blotter sheet/ Medical Prescription	None	3-5 mins.	Nursing Attendant on duty
4	Proceed at the injection area	Pre- exposure Prophylaxis Card/Blotter sheet	None	5-10 mins.	Nurse on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 24 of 127

DEPARTMENT: OUT PATIENT DEPARTMENT

PROCESS 3: MEDICAL CONSULTATION FOR NEW PATIENT

Schedule of Services:

Monday to Friday: 6:00am – 6:00pm (3pm cut-off time)

Services Provided to:

Out-patient



Requirements Needed:

General Triage Slip

Duration:

20 – 35 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Fill out registration form	Registration form	None	3-5 mins.	Patient/Relative
2	Pays registration fee	Registration form	50.00	3-5 mins.	Patient/Relative
3	Wait for your number/names to be called	Blotter sheet	None	5-10 mins.	Medical Record staff
4	Consultation	Blotter sheet/Medical prescription	None	5-10 mins.	Resident on Duty
5	Check-up with laboratory result	Blotter Sheet, Laboratory Result/Chest X-ray result, etc.	None	3-5 mins.	Resident on Duty
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 25 of 127
---	--	---	---

DEPARTMENT: OUT PATIENT DEPARTMENT

PROCESS 4: MEDICAL CONSULTATION FOR FOLLOW-UP PATIENT

Schedule of Services:

Monday to Friday: 6:00am – 6:00pm (3pm cut-off time)

Services Provided to:

Out-patient



Requirements Needed:

General Triage Slip

Duration:

15 – 20 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Pays at the Cashier	Charge slip	20.00	3-5 mins.	Patient/Relative
2	Present I.D and OR at Medical Record	I.D/OR	None	1-2 mins.	Patient/Relative
3	Retrieve Medical Record	Blotter sheet	None	3-5 mins.	Medical Records staff
4	Consultation	Blotter sheet/Medical prescription	None	5-10 mins.	Resident on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 26 of 127

DEPARTMENT: AIDTM - TB DOTS

PROCESS 1: CONSULTATION OF OUT-PATIENT AT TB DOTS

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm

Services Provided to:

TB Patient

Requirements Needed:



Assessment tool

Blotter Sheet, Patient Information Slip, External Document Form

Duration:

1 - 4 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Fill-out Registration Form	Personal Information Sheet	None	5-15 mins.	TB Dots Patient/ Relative
2	Consultation	Blotter Sheet	None	10-20 mins.	Doctor on duty
3	Submit as per TB Diagnostic test (DSSM, Expert, CXR)	Form 2A NTP laboratory request and result Form	None	5-10 mins.	TB Dots Patient/ Relative
4	Assess by TB DOTS committee	TBDC Form	None	30 mins. – 3 hrs. (2x a month)	Doctor/Nurse/Nursing Attendant on duty
5	Evaluation	Blotter Sheet/External Referral Forms	None	10-15 mins.	Doctor on duty
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 27 of 127
---	--	---	---

DEPARTMENT: AIDTM-TB DOTS

PROCESS 2: PMDT REFERRAL

Schedule of Services:

Monday to Friday: 8:00am – 11:00am

Services Provided to:

TB Patient

Requirements Needed:



Assessment tool

Blotter Sheet, Patient Information Slip, External Document Form

Duration:

30 mins. – 1.5 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit laboratory result	Form 2A NTP laboratory request and result form	None	1-5 mins.	Nurse/Nursing Attendant
2	Evaluate the result	Form 2A NTP laboratory request and result form	None	30 mins-1 hour	Doctor on duty
3	Refer/Endorse to PMDT staff	Form 7 NTP referral form	None	4-10 mins.	Doctor/Nurse on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 28 of 127

DEPARTMENT: H4 OUT-PATIENT DEPARTMENT

PROCESS 1: H4 SCREENING AND TESTING

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (No noon break)
(except holidays)

Services Provided to:

Out-patient



Requirements Needed:

ER/Out patient record (Blotter Sheet)



Duration:

1 – 1.5 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Fill out the registration form	Registration forms	None	5-10 mins.	Patient/Relative
2	Pay registration fee To the Cashier	ER/Out-patient Record (Blotter Sheet)	50.00	3-5 mins.	Patient/Relative
3	Return to the H4 OPD Registration Area for queuing and vital signs	H4 OPD Consultation Attendance Form, Blotter Sheet	None	15-20 mins.	Nurse on duty and Nursing Attendant on duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 29 of 127</p>
---	---	--	---	--

4	Pre-test Counselling	ER/Out-patient Record (Blotter Sheet), DOH- NASPCP/EB FORMS,	None	20-30 mins.	Trained Counsellors
5	Consultation	Patient File Record	None	10-15 mins.	Doctor on Duty
6	Proceed to Main Laboratory for blood extraction and follow-up with lab result	Laboratory Request	None	2-5 mins. *releasing time-it varies	Med-tech on duty
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 30 of 127
---	--	---	---

DEPARTMENT: H4 OUT-PATIENT DEPARTMENT

PROCESS 2: ENROLLMENT OF NEW PATIENT

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (No noon break)
(except holidays)
Registration time: 8:00am – 12:00 noon

Services Provided to:

Out-patient



Requirements Needed:

Blotter Sheet
Sealed H4 Confirmatory Result



Duration:

1 – 1.5 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Fill out the registration form	Registration forms	None	2-10 mins.	Patient/ Relative
2	Pay registration fee To the Cashier	Blotter Sheet	50.00	3-5 mins.	Patient/ Relative
3	Return to the H4 OPD Registration Area for queuing and vital signs	H4 OPD Consultation Attendance Form, Blotter Sheet	None	10-20 mins.	Nurse on duty and Nursing Attendant on duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 31 of 127</p>
---	---	--	---	--

4	Post-test Counseling	Blotter Sheet, DOH- NASPCP/EB FORMS,	None	20-30 mins.	Trained Counselors
5	Provision of H4 Code	Patient's Logbook and Patient File Record	None	5-10 mins.	Nurse on duty and Nursing Attendant on duty
6	Consultation and Evaluation of patient	Patient File Record	None	20-25 mins.	Doctor on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 32 of 127</p>
---	---	--	---	--

DEPARTMENT: H4 OUT-PATIENT DEPARTMENT

**PROCESS 3: ANTI-RETROVIRAL THERAPY COUNSELLING FOR
NEW PATIENT (3 sessions)**

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (No noon break)
(except holidays)
Registration time: 8:00am – 12:00 Noon

Services Provided to:

Out-patient/ In-patient



Requirements Needed:

Blotter Sheet



Duration:

1 – 2 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Secure Blotter Sheet	Blotter Sheet	None	5-10 mins.	Patient/Relative
2	Pay registration fee to the Cashier	Blotter Sheet	20.00	3-5 mins.	Patient/Relative
3	Return to the H4 OPD Registration Area for queuing and vital signs	H4 OPD Consultation Attendance Form, Blotter Sheet	None	15-20 mins.	Nurse on duty and Nursing Attendant on duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 33 of 127</p>
---	---	--	---	--

4	Anti-retroviral Therapy Counselling (1 st & 2 nd Counselling)	Patient's File Record, Anti-retroviral Pamphlet, Consent Form	None	20-40 mins.	Doctor on duty
5	Enrolment /Anti-Retroviral Initiation (3 rd ARV Counselling)	Patient's File Record, ARV Regimen Booklet, Consent Form	None	20-30 mins.	Doctor on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 34 of 127

DEPARTMENT: H4 OUT-PATIENT DEPARTMENT

PROCESS 4: ANTI-RETROVIRAL REFILL FOR OLD PATIENT

Schedule of Services:

Tuesday: 1:00pm – 4:00pm
 Wednesday to Thursday: 8:00am – 4:00pm
 Friday: 8:00am – 4:00pm (for Pediatric patient only)

} No noon break

Registration time: 8:00am – 12:00noon

Services Provided to:

Out-patient/ In-patient



Requirements Needed:

Blotter Sheet



Duration:

1 – 2 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Secure Blotter Sheet	Blotter Sheet	None	5-10 mins.	Patient/Relative
2	Pay registration fee to the Cashier	Blotter Sheet	20.00	5-10 mins.	Patient/Relative
3	Return to the H4 OPD Registration Area for queuing and vital signs	H4 OPD Consultation Attendance Form, Blotter Sheet	None	15-20 mins.	Nurse on duty and Nursing Attendant on duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 35 of 127</p>
---	---	--	---	--

4	Wait for your number to be called	Blotter Sheet	None	20-30 mins.	Nurse on duty/ Nursing Attendant on duty/ Patient
5	Consultation	Patient File Record, laboratory result, ARV Booklet, DOH-NASPCP/EB Forms	None	20-25 mins.	Doctor on duty
6	Dispensing of Anti-retroviral Drugs	DOH-NASPCP/EB FORMS with prescription, ARV Regimen Booklet	None	5-10 mins.	Pharmacist on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 36 of 127</p>
---	---	---	--

DEPARTMENT: H4 OUT-PATIENT DEPARTMENT

PROCESS 5: ADMISSION

Schedule of Services:

Monday to Friday: 8:00am – 3:30pm

(except holidays)

Services Provided to:

Out-patient

Requirements Needed:



ER/OUT PATIENT RECORD (Blotter Sheet)/

Referral Form from other Institution/Treatment hub



Duration:

1 – 2 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Secure Blotter Sheet	Blotter Sheet	None	10-15 mins.	Patient/Relative/ watcher
2	Pay registration fee to the Cashier	Blotter Sheet	20.00	2-5 mins.	Patient/Relative/ watcher
3	Return to the H4 OPD Registration Area for queuing and vital signs	H4 OPD Consultation Attendance Form, Blotter Sheet	None	10-15 mins.	Nurse on duty and Nursing Attendant on duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 37 of 127</p>
---	---	--	---	--

4	Consultation	Patient File Record, Laboratory results	None	15-20 mins.	Doctor on duty
5	Review and Check Clinical Case Record	Patient Chart	None	10-15 mins.	Nurse on duty
6	Inform ward staff and Physician on duty regarding the admission	None	None	3-5 mins.	Nurse on duty
7	Endorse patient to the H4 ward	Patient Chart	None	5-10 mins.	Nurse on Duty, Nursing Attendant on duty, Ambulance Driver on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 38 of 127

DEPARTMENT: H4 OUT-PATIENT DEPARTMENT

PROCESS 6: REQUISITION OF CLINICAL ABSTRACT AND MEDICAL CERTIFICATE

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (No noon break)
Registration time: 8:00am – 12:00noon
(except holidays)

Services Provided to:

Out-patient



Requirements Needed:

Blotter Sheet



Duration:

1 – 2 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Secure Blotter Sheet	Blotter Sheet	None	10-15 mins.	Patient/Relative
2	Pay registration fee To the Cashier	Blotter Sheet	Reg. fee 20.00 Med. Cert 130.00 Clinical Abstract 150.00	3-5 mins.	Patient/Relative
3	Return to the H4 OPD Registration Area for queuing and vital signs	H4 OPD Consultation Attendance Form, Blotter Sheet	None	10-15 mins.	Nurse on duty and Nursing Attendant on duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 39 of 127</p>
---	---	--	---	--

4	Wait for your number to be called	Blotter Sheet	None	15-20 mins.	Nurse on duty and Nursing Attendant on duty
5	Consultation -Secure Consent	Patient File Record; Consent Form	None	10-15 mins.	Doctor on duty
6	<p>Release of: Medical Certificate within 24 hours</p> <p>b) Clinical Abstract-3 working days</p>	Patient File Record; Blotter Sheet Official Receipt	None	<p>10-15 mins. release Medical Certificate within 24 hrs.</p> <p>Clinical Abstract after 3 working days</p>	Doctor on duty and Nursing Attendant on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 40 of 127</p>
---	---	---	--

DEPARTMENT: HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES

PROCESS 1: CHANNELING COMPLAINTS

Schedule of Services:

Monday to Friday: 8:00am – 5:00pm
(except holidays)

Services Provided to:

All clients, patients, employees

Requirements Needed:



Written/email Report

Duration:



3 days to 15 days

*Depending on the Nature of Complaints

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Accept complaints from 8888, CSC, DOH, PCC, Clients, etc.	None	None	Within 72 hours from receipt as per CSC	MCC II Staff
2	Prepare action note/forward the email to Legal or CAO Office	None	None		MCC II/MCC II Staff
3	Provide initial feedback to the complaint sender cc: MCC II and Division Chief concerned	None	None		Legal Officer/CAO

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 41 of 127</p>
---	---	--	---	--

4	Forwarded the complaint to the concerned person/department for explanation and corrective measure If complaint is forwarded to legal service their procedure in handling complaints shall apply	None	None		CAO
5	Answer the complaints received	Written Report	None	3-5 days	Person/Office Concerned
6	Receive answer to the complaints from person/office concerned	None	None	3-5 mins.	CAO
7	Endorse the answer with the corrective action to the complaints to the originating office cc: MCC II and Division Chief concerned	None	None	3-5 mins.	CAO
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 42 of 127</p>
---	---	---	--

DEPARTMENT: MAIN LABORATORY

**PROCESS 1: REQUISITION OF LABORATORY EXAMINATIONS
FOR IN-PATIENT**

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

In-patient

Requirements Needed:



In-patient Laboratory Request Form

Duration:



25 – 40 minutes

(Release of results may vary from 1 hour – 8 days depending on the lab test requested)

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit lab request form	In-patient lab request form	None	3-5 mins.	Nursing Attendant/Nurse on Duty
2	Check data on lab request form	-same-	None	5-10 mins.	RR Staff on duty
3	Sign ward receiving logbook	-same-	None	2-5 mins.	RR staff on duty
4	Encode lab request form to iHOMIS	In-patient Lab request form	Refer to pricelist	15-20 mins.	RR staff on duty
5	Collect specimen	In-patient Lab request form	None	Refer to warding schedule	MT staff on duty
6	Process specimen	In-patient Lab request form	None	Refer to SOP	MT staff on duty

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 43 of 127

7	Release results	Releasing logbook	None	Refer to schedules	RR staff on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 44 of 127

DEPARTMENT: MAIN LABORATORY

**PROCESS 2: REQUISITION OF LABORATORY EXAMINATIONS
FOR OUT-PATIENT/ER**

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

Out-patient/ER patient

Requirements Needed:



Out-patient Laboratory Request Form

Duration:



1 – 2 hours

(Release of results may vary from 1 hour – 8 days depending on the lab test requested)

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit lab request form	Out-patient lab request form	None	3-5 mins.	Patient, Nursing Attendant, SLH Employee
2	Check data on lab request form	-same-	None	5-10 mins.	RR Staff on duty
3	Fill-out patient information on back of lab request form	-same-	None	5-10 mins.	Patient
4	Issue charge slip	Charge slip	Refer to pricelist	5- 10 mins.	RR staff on duty
5	Pay to Cashier	Charge slip	Refer to pricelist	10-15 mins.	Cashier on duty
6	Encode lab request form to iHOMIS	Out-patient Lab request form	None	15-20 mins.	RR staff on duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 45 of 127</p>
---	---	--	---	--

7	Collect specimen	Official Receipt, Out-patient Lab request form	None	5-10 mins.	MT staff on duty
8	Issue claim stub	Claim stub form (FM-MS- LAB-044)	None	2-5 mins.	RR staff on duty
9	Claim laboratory results	Claim stub Releasing logbook	None	Refer to releasing schedules	RR staff on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 46 of 127</p>
---	---	--	---	--

DEPARTMENT: National Reference Laboratory-San Lazaro Hospital/STD/AIDS Cooperative Central Laboratory (NRL-SLH/SACCL)

PROCESS 1: REQUISITION OF HIV CONFIRMATORY TEST

Schedule of Services:

Monday to Friday: 8:00am – 3:00pm
(except holidays)

Services Provided to:

Referring Laboratories



Requirements Needed:

NRL-SLH/SACCL confirmatory request form
DOH-EB FORM A
Airway bill (for courier only)



Duration:

15-30 minutes
(Result: after 10 working days)

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Get queue card (not applicable for courier)	None	None	1 min.	Client
2	Review completeness of the request form and check sample if accepted or rejected (acceptance criteria)	NRL-SLH/SACCL confirmatory request form	None	2-5 mins.	Staff on Duty
3	Advise client to complete data or requirements(if applicable)	NRL-SLH/SACCL confirmatory request form	None	2 mins.	Staff on Duty
4	Encode the rejected sample on the Rejected Sample Log	Rejected Sample Log Sheet	None	3-5 mins.	Staff on Duty



	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 47 of 127
---	--	---	---

	Sheet -walk-In (if applicable)				
5	Issue Notice of Specimen Rejection to client (if applicable)	NRL-SLH/SACCL Notice of Specimen Rejection form	None	3 mins.	Staff on Duty
6	Record the time and date sample was received including name and signature of receiving staff in the confirmatory request form	NRL-SLH/SACCL confirmatory request form	None	2-5 mins.	Staff on Duty
7	Extract Blood (if applicable)	None	None	3-5 mins.	Med Tech on Duty
8	Advise client on the Turn-Around-Time of the laboratory test requested	None	None	None	Staff on Duty
9	Record the name of patient and referring lab on the Receiving Logbook	NRL-SLH/SACCL confirmatory request form	None	2-5 mins.	Client
10	Issue claim stub to client	NRL-SLH/SACCL claim stub	None	2-5 mins.	Staff on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 48 of 127</p>
---	---	--	---	--

For Courier Service

STEP	ACTIVITY	FORMS	FEES	RESPONSE TIME	RESPONSIBLE PERSON
1	Endorse package to the receiving staff (for courier only)	None	None	2-5 mins.	Courier
2	Enter the name of sender and tracking number in the log sheet (for courier only)	Airway bill	None	2-5 mins.	Courier
3	Endorse the airway bill to receiving staff for signing (for courier only)	Airway bill	None	2-5 mins.	Courier
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 49 of 127

DEPARTMENT: National Reference Laboratory-San Lazaro Hospital/STD/AIDS Cooperative Central Laboratory (NRL-SLH/SACCL)

PROCESS 2: REQUISITION OF IMMUNOPHENOTYPING TEST (CD4)

Schedule of Services:

Tuesday, Wednesday and Thursday 10 AM (warding cut-off time)
(except holidays)

Services Provided to:

In-Patient



Requirements Needed:

NRL-SLH/SACCL request form
San Lazaro Hospital's charge slip (in-patient)



Duration:

30 minutes - 1 hour
(Result: the following day after testing)

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Present request form	NRL-SLH/SACCL request form	None	1 min.	Attendant
2	Review completeness of request form	NRL-SLH/SACCL request form	None	2-5 mins.	Staff on Duty
3	Check LIS for previous test of patient	None	None	2-5 mins.	Staff on Duty
4	Advise attendant for incomplete data or requirements	None	None	2-5 mins.	Staff on Duty
5	Inform attendant on warding schedule and cut-off time	None	None	2 mins.	Staff on Duty

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 50 of 127

6	Endorse the request form forwarding in the Main Laboratory if there is HIV screening test	NRL-SLH/SACCL request form	None	2-5 mins.	Staff on Duty
7	Prepare charge slip	San Lazaro Hospital's charge slip (in-patient)	Immunop henotypin g (CD4) - Php 2000	3-5 mins.	Staff on Duty
8	Endorse request form forwarding to assigned Med Tech	NRL-SLH/SACCL request form and San Lazaro Hospital's charge slip	None	2 mins.	Staff on Duty
9	Extract blood at the ward	None	None	5-15 mins.	Med Tech on Duty
10	Advise the patient regarding the Turn-Around-Time of the laboratory test	None	None	None	Med Tech on Duty
11	Record the name of the patient and corresponding test request in the log book at the Nurse's Station	NRL-SLH/SACCL request form	None	2-5 mins.	Med Tech on Duty
12	Issue blue charge slip at the Nurse's Station	San Lazaro Hospital's charge slip	None	2 mins.	Med Tech on Duty
13	Sign pink charge slip issued by the Med Tech	San Lazaro Hospital's charge slip	None	1 min.	Nurse on-duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 51 of 127

DEPARTMENT: National Reference Laboratory-San Lazaro Hospital/STD/AIDS Cooperative Central Laboratory (NRL-SLH/SACCL)

PROCESS 3: REQUISITION OF HEPATITIS B SCREENING (HBsAg) & CONFIRMATORY TEST, HEPATITIS B PROFILE(AHBe/HBeAg, AHBs and AHBc), HEPATITIS C SCREENING (AHCv) & CONFIRMATORY TEST, SYPHILIS SCREENING AND CONFIRMATORY TEST (RPR/TPPA/TPHA), HIV,HEPATITIS B AND HEPATITIS C VIRAL LOAD TEST, GRAM STAIN, CULTURE & SENSITIVITY (for STI only), KOH EXAM, WET MOUNT TEST

Schedule of Services:

Monday to Friday: 10:00am (warding cut-off time)
(except holidays)

Services Provided to:

In-Patient



Requirements Needed:

NRL-SLH/SACCL request form
San Lazaro Hospital's charge slip (in-patient)



Duration:

30 minutes - 1 hour
(Release of result may vary from 1-15 working days depending on the laboratory test requested)



Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Present request form	NRL-SLH/SACCL request form	None	1 min.	Attendant

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 52 of 127



2	Review completeness of request form	NRL-SLH/SACCL request form	None	2-5 mins.	Staff on Duty
3	Check LIS for previous test of patient	None	None	2-5 mins.	Staff on Duty
4	Advise attendant for incomplete data or requirements	None	None	2-5mins.	Staff on Duty
5	Inform attendant on warding schedule and cut-off time	None	None	2 mins.	Attendant
6	Endorse the request form forwarding in the Main Laboratory if there is HIV screening test	NRL-SLH/SACCL request form	None	2-5 mins.	Staff on Duty
7	Prepare charge slip	San Lazaro Hospital's charge slip (in-patient)	HbsAg Screening -300.00 HbsAg Confirmatory -1500.00 RPR - 250.00 TPPA/TPHA -270.00 AHBe/HBe Ag - 850.00 AHBs - 350.00	3-5 mins.	Staff on Duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 53 of 127</p>
---	---	--	---	--

			AHBc (IgM) - 400.00 AHBc(total) - 400.00 Hepatitis C Confirmatory - 6000.00 Gram Stain -120.00 Culture & Sensitivity - 1000.00 KOH -120.00 Wet Mount -120.00 HIV Viral Load Test -5000.00 HBV Viral Load Test -3800.00 HCV Viral Load Test -7000.00		
8	Endorse request form forwarding to assigned Med Tech	NRL-SLH/SACCL request form and	None	2 mins.	Staff on Duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 54 of 127

		San Lazaro Hospital's charge slip (in-patient)			
9	Extract blood at the ward/Collect specimen (discharge)	None	None	5-15 mins.	Med Tech on Duty
10	Advise the patient regarding the Turn-Around-Time of the laboratory test	None	None	None	Med Tech on Duty
11	Record the name of the patient and corresponding test request in the log book at the Nurse's Station	NRL-SLH/SACCL request form	None	2-5 mins.	Med Tech on Duty
12	Issue blue charge slip at the Nurse's Station	San Lazaro Hospital's charge slip	None	2 mins.	Med Tech on Duty
13	Sign pink charge slip issued by the Med Tech	San Lazaro Hospital's charge slip	None	1 min.	Nurse on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 55 of 127

DEPARTMENT: National Reference Laboratory-San Lazaro Hospital/STD/AIDS Cooperative Central Laboratory (NRL-SLH/SACCL)

PROCESS 4: REQUISITION OF IMMUNOPHENOTYPING TEST (CD4)

Schedule of Services:

Tuesday, Wednesday and Thursday: 8:00am – 11:00am
(except holidays)

Services Provided to:

Out-Patient



Requirements Needed:

NRL-SLH/SACCL request form
Physician's request form
Valid ID
Charge Slip with MAP validation



Duration:

30 minutes - 1 hour
(Result: the following day after testing)



Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Get queue card	None	None	1 min.	Patient
2	Review completeness of request form and validate ID	NRL-SLH/SACCL request form or Physician's request form	None	2-5 mins.	Staff on Duty
3	Advise patient to complete data or		None	2 mins.	Staff on Duty

	<div><div>Department of Health</div><div>SAN LAZARO HOSPITAL</div><div>CITIZEN'S CHARTER</div><div>MANUAL</div></div>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 56 of 127

	requirements (if applicable)	NRL-SLH/SACCL request form			
4	Issue 2 Charge slip for Indigent patient	SLH Charge Slip	None	2-5 mins.	Staff on Duty
5	Proceed to Medical Social Service (for indigent patient only)	Charge Slip with MAP validation	None	10-20 mins.	Patient
6	Fill-out NRL-SLH/SACCL request form (if Physician's request is presented)	NRL-SLH/SACCL request form	None	3-5 mins.	Patient
7	Inform patient regarding TAT	None	None	2 mins.	Staff on Duty
8	Inform patient regarding the price of test (if applicable) and answer queries	None	None	2 mins.	Staff on Duty
9	Issue Charge slip and inform patient to get charge slip for SLH Main Laboratory's test request(If applicable)	None	None	2-5 mins.	Staff on Duty
10	Pay at the cashier (if applicable)	NRL-SLH/SACCL's charge slip	Immunophenotyping (CD4) 2000.00	10-15 mins.	Patient
11	Record the OR # and other details needed in the request form and prepare claim stub	Official Receipt , NRL-SLH/SACCL request form and claim stub	None	2-5 mins.	Staff on Duty
12	Take photo of the patient (if applicable)	None	None	2 mins.	Staff on Duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 57 of 127</p>
---	---	--	---	--

13	Extract blood	None	None	3-5 mins.	Med Tech on Duty
14	Issue claim stub and OR(if applicable) to patient (remind TAT and answer other queries)	Official Receipt , NRL-SLH/SACCL request form and claim stub	None	2-5 mins.	Med Tech on Duty
END OF TRANSACTION					

	<p style="text-align: center;">Department of Health SAN LAZARO HOSPITAL</p> <p style="text-align: center;">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p style="text-align: center;">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p style="text-align: right;">Page 58 of 127</p>
---	---	--	---	--

DEPARTMENT: National Reference Laboratory-San Lazaro Hospital/STD/AIDS Cooperative Central Laboratory (NRL-SLH/SACCL)

PROCESS 5: REQUISITION OF HEPATITIS B SCREENING (HBsAg) & CONFIRMATORY TEST, HEPATITIS B PROFILE(AHBe/HBeAg, AHBs and AHBc), HEPATITIS C SCREENING (AHCv) & CONFIRMATORY TEST, SYPHILIS SCREENING AND CONFIRMATORY TEST (RPR/TPPA/TPHA), HIV,HEPATITIS B AND HEPATITIS C VIRAL LOAD TEST, GRAM STAIN, CULTURE & SENSITIVITY (for STI only), KOH EXAM, WET MOUNT TEST

Schedule of Services:

Monday to Friday: 8:00am – 3:00pm

(except holidays)

Services Provided to:

Out-Patient

Requirements Needed:



NRL-SLH/SACCL request form
Physician's request form
HFSRB Endorsement Letter
Valid ID
Charge Slip with MAP validation

Duration:



30 minutes - 1 hour

(Release of result may vary from 1-15 working days depending on the laboratory test requested)



Step	Activities	Forms	Fees	Response Time	Person Responsible
------	------------	-------	------	---------------	--------------------

	<div><div>Department of Health</div><div>SAN LAZARO HOSPITAL</div><div>CITIZEN'S CHARTER</div><div>MANUAL</div></div>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 59 of 127



1	Get queue card	None	None	1 min.	Patient
2	Review completeness of request form and validate ID	NRL-SLH/SACCL request form / Physician's request form/ HFSRB Endorsement Letter	None	2-5 mins.	Staff on Duty
3	Advise patient to complete data or requirements (if applicable)	NRL-SLH/SACCL request form	None	2 mins.	Staff on Duty
4	Issue 2 Charge slip for Indigent patient	SLH Charge Slip	None	2-5 mins.	Staff on Duty
5	Proceed to Medical Social Service (for indigent patient only)	Charge Slip with MAP validation	None	10-20 mins.	Patient
6	Fill-out NRL-SLH/SACCL request form (if Physician's request is presented)	NRL-SLH/SACCL request form	None	3-5 mins.	Patient
7	Inform patient regarding TAT	None	None	2 mins.	Staff on Duty
8	Inform patient regarding the price of test (if applicable) and answer queries	None	None	2 mins.	Staff on Duty
9	Issue Charge slip and inform patient to get charge slip for SLH Main Laboratory's test	None		2-5 mins	Staff on Duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 60 of 127</p>
---	---	--	---	--

	request(If applicable)				
10	Pay at the cashier (if applicable)	San Lazaro Hospital's charge slip	<p>HbsAg Screening -300</p> <p>HbsAg Confirmatory -1500</p> <p>RPR - 250</p> <p>TPPA/TPHA-270</p> <p>AHBe/HBeAg - 850.00</p> <p>AHBs - 350.00</p> <p>AHBc (IgM) - 400.00</p> <p>AHBc(total) - 400</p> <p>Hepatitis C Confirmatory - 6000.00</p> <p>Gram Stain -120.00</p> <p>Culture & Sensitivity - 1000.00</p> <p>KOH -120.00</p>	10-15 mins	Patient

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 61 of 127

			Wet Mount -120.00 HIV Viral Load Test -5000.00 HBV Viral Load Test -3800.00 HCV Viral Load Test -7000.00		
11	Record the OR # and other details needed in the request form and prepare claim stub	Official Receipt , NRL-SLH/SACCL request form and claim stub	None	2-5 mins.	Staff on Duty
12	Take photo of the patient (if applicable)	None	None	2 mins.	Staff on Duty
13	Extract blood	None	None	3-5 mins.	Med Tech on Duty
14	Issue claim stub and OR(if applicable) to patient (remind TAT and answer other queries)	Official Receipt , NRL-SLH/SACCL request form and claim stub	None	2-5 mins.	Med Tech on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 62 of 127

DEPARTMENT: RADIOLOGY DEPARTMENT

**PROCESS 1: REQUISITION OF RADIOLOGIC/ULTRASOUND
PROCEDURE FOR OUT-PATIENT**

Schedule of Services:

For Radiologic procedure: Monday to Sunday 24/7

For Ultrasound procedure: Monday to Friday 8:00am – 4:00pm

Services Provided to:

Out-patient

Requirements Needed:

Request Form



Duration:

For Ultrasound procedure 30-60 minutes



For Radiologic procedure 19-37 minutes

(Release of result for both procedures is after 48 hrs.)

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive request form	Request form	None	1-3 mins.	Rad. Tech. on duty
2	Issue charge slip	Charge slip	None	2-3 mins.	Rad. Tech. on duty
3	Pay at the cashier	Official request with charge slip	For Ultrasound: 500.00-1200.00 For X-ray: 200.00- 600.00	10-15 mins.	Patient / Relative
4	Schedule the procedure for Ultrasound only	Official request and receipt	None	1-3 mins.	Rad. Tech. on duty
5	Perform the procedure	Official request and receipt	None	For Ultrasound	Sonologist on duty

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 63 of 127

				15-30 mins. For X-ray 5-10 mins.	Rad. Tech. on duty
6	Release the official result	Official receipt	None	1-6 mins. (result after 48 hrs.)	Rad. Tech. on duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 64 of 127

DEPARTMENT: RADIOLOGY DEPARTMENT

PROCESS 2: REQUISITION OF RADIOLOGIC/ ULTRASOUND PROCEDURE FOR IN-PATIENT

Schedule of Services:

For Radiologic procedure: Monday to Sunday 24/7

For Ultrasound procedure: Monday to Friday 8:00am – 4:00pm

Services Provided to:

In-Patient

Requirements Needed:

Request Form



Duration:

For Ultrasound procedure 19 - 45 minutes



For Radiologic procedure 14 - 27 minutes

(Release of result for both procedures is after 24 hrs.)

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive request form	Request form	None	2-3 mins.	Rad. Tech. on duty
2	Schedule the procedure for Ultrasound only	Request form	None	1-3 mins.	Rad. Tech. on duty
3	Perform the procedure	Official request	None	For Ultrasound 15-30mins. For X-ray 10-15mins.	Sonologist on duty Rad. Tech. on duty
4	Release the official result	Admission number, date of examination	None	1-6 mins. (result)	Rad. Tech. on duty

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 65 of 127

				after 24 hrs.)	
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 66 of 127
---	--	---	---

DEPARTMENT: HIMD-RECORDS MAINTENANCE & CERTIFICATION UNIT

PROCESS 1: ISSUANCE OF MEDICAL / CONFINEMENT CERTIFICATE AND OTHER ANCILLARY DOCUMENTS

Schedule of Services:

Monday to Friday: 8:00am – 5:00pm (No noon break)

Services Provided to:

All Patients and Hospital Employees



Requirements Needed:

Request Form and Charge Slip



DURATION:

20 – 40 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit properly filled out request form	Request Form	None	None	Patient/Relative
2	Check availability of patient information	None	None	5-10 mins.	HIMD Staff
3	Issue charge slip for payment	Charge Slip form	None	1-4 mins.	HIMD Staff
4	Pay at the Cashier	Charge Slip Form	130.00 (Med and Confinement Cert) 150.00 (per copy of Clinical Abstract)	5-10 mins.	Patient/ Relative

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 67 of 127</p>
---	---	--	---	--

			100.00 (per set of laboratory results)		
5	Prepare and print requested certificate Photocopy certified true copy of the original documents	Med Cert/Cert of Confinement and other Ancillary documents	None	5-10 mins.	HIMD staff
6	Release the signed requested certificate and other ancillary documents with official dry seal	None	None	4-6 mins.	HIMD Staff, HIMD Head or Unit Head
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 68 of 127

DEPARTMENT: HIMD- RECORDS MAINTENANCE & CERTIFICATION UNIT

PROCESS 2: ISSUANCE OF DEATH CERTIFICATE

Schedule of Services:

Monday to Friday: 8:00am – 5:00pm (No noon break)

Services Provided to:

Next of kin/ Authorized representative



Requirements Needed:

Discharge Slip, Death Certificate pre-form & Death Certificate official form



Duration:

30 – 45 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Request for clearance from billing department and verify identity of next of kin/ relative of patient	Discharge Slip	None	10-12 mins.	Next of kin/Relative of Patient HIMD Staff
2	Receive Preform and Official Death Certificate	Death certificate preform and DC official form	None	1-2 mins.	Relative/ Next of kin
3	Validate and transcribe the data	Death Certificate preform and official form	None	15-25 mins.	HIMD staff

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 69 of 127</p>
---	---	--	---	--

4	Issue the Official Death Certificate	Death Certificate official form	None	2-3 mins.	Relative/ HIMD staff/ Next of kin
5	Instruct the Next of kin/ Relative to register the DC to the Local Civil Registrar's Office, City of Manila	Death Certificate official form	None	2-3mins.	HIMD Staff
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 70 of 127</p>
---	---	---	--

DEPARTMENT: HIMD -RECORDS MAINTENANCE & CERTIFICATION UNIT

PROCESS 3: ISSUANCE OF BIRTH CERTIFICATE

Schedule of Services:

Monday to Friday: 8:00am – 5:00pm (No noon break)

Services Provided to:

Parent/ Relative of the child



Requirements Needed:

Discharge Slip, Charge Slip, Birth Certificate preform & Birth Certificate official form



Duration:

30 – 60 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Issue charge slip form	Charge Slip	None	1-2 mins.	Parent/ Relative of the child
2	Pay at the Cashier	Charge Slip	150.00	8-25 mins.	Parent/ Relative of the child
3	Receive Preform and Official Birth Certificate	Birth certificate preform and BC official form	None	1-2 mins.	Parent/ Relative of the child
4	Validate and transcribe the data	Birth Certificate preform and official form	None	15-25 mins.	HIMD staff

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 71 of 127</p>
---	---	--	---	--

5	Issue the Official Birth Certificate	Birth Certificate official form	None	2-3 mins.	Parent of the child/ HIMD staff
6	Instruct the Parent/ Relative to register the BC to the Local Civil Registrar's Office, City of Manila	Birth Certificate official form	None	2-3mins.	HIMD Staff
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 72 of 127</p>
---	---	--	---	--

DEPARTMENT: HIMD - OPD

PROCESS 1: ISSUANCE OF PATIENT'S HOSPITAL NUMBER FOR NEW PATIENTS

Schedule of Services:

Monday to Friday: 6:00am – 3:00pm (No noon break)

Saturday: 6:00am – 11:00am

Services Provided to:

New Patients (Animal Bite and Medical Patients)



Requirements Needed:

Rabies Post Exposure Prophylaxis Card; Patient's Information Slip; Patient's Hospital ID



Duration:

5 – 10 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit properly filled out - Rabies Post Exposure Prophylaxis Card for <i>Animal Bite Patients</i> - Patient's Information Slip for <i>Medical Patients</i>	Rabies Post Exposure Prophylaxis Card / Patient's Information Slip	50.00 (<i>Animal Bite Patients</i>) 20.00 (<i>Medical Patients</i>)	None	Patient/Relative
2	Encode patient's data and other related information	Animal & Human Bite Data Sheet / ER/Out Patient	None	3 - 5 mins.	OPD / HIMD Staff on Duty

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p>Page 73 of 127</p>
---	---	--	---	--

		Record/ Patient's Hospital ID			
3	Release of Animal and Human Bite Data Sheet	Animal & Human Bite Data Sheet / ER/Out Patient Record/ Patient's Hospital ID	None	1-5 mins.	OPD / HIMD Staff on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 74 of 127</p>
---	---	--	---	--

DEPARTMENT: HIMD / OPD

PROCESS 2: RETRIEVAL OF ANIMAL & HUMAN BITE DATA SHEET AND ER/OUT PATIENT RECORD FOR FOLLOW-UP PATIENT

Schedule of Services:

Monday to Friday: 6:00am – 3:00pm (No noon break)

Saturday: 6:00am – 11:00am

Services Provided to:

Follow-up Patient



Requirements Needed:

Rabies Post Exposure Prophylaxis Card; Patient's Hospital ID



Duration:

3 – 5 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit properly filled out - Rabies Post Exposure Prophylaxis Card for <i>Animal Bite Patients</i> - Patient's Information Slip for <i>Medical Patients</i>	Rabies Post Exposure Prophylaxis Card / Patient's Information Slip	20.00 (<i>Medical Patients</i>)	1-2 mins.	OPD / HIMD Staff on Duty
2	Retrieve and Release of: - animal & human bite data sheet	Animal & Human Bite Data Sheet / ER/Out	None	2 - 3 mins.	OPD / HIMD Staff on Duty

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 75 of 127

	(animal bite patients) / - ER/out patient record (medical patients)	Patient Record			
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 76 of 127
---	--	---	---

DEPARTMENT: HIMD / OPD

PROCESS 3: REQUISITION OF OPD MEDICAL CERTIFICATE

Schedule of Services:

Monday to Friday: 6:00am- 3:00 pm (No noon break)

Saturday: 6:00 am – 11:00 am

Services Provided to:

New and Follow-up OPD Patient

Requirements Needed:



Rabies Post Exposure Prophylaxis Card; Patient's Hospital ID; Charge Slip

Duration:

3 – 5 minutes

(Release of Medical Certificates 24 hrs. after it was requested)

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Interview, verify and issue charge slip to patient or relative	Rabies Post Exposure Prophylaxis Card / Patient's Hospital ID/ Charge Slip	100.00 + 20.00 (Documentary Stamp)	3 – 5 mins.	OPD / HIMD Staff on Duty
2	Prepare and print requested certificate	OPD Medical Certificate	None	Release of Medical Certificate is day after it was requested	OPD / HIMD Staff on Duty
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 77 of 127
---	--	---	---

DEPARTMENT: HIMD / ADMITTING / INFORMATION UNIT

PROCESS 1: REQUISITION OF ER/OUT PATIENT RECORD

Schedule of Services:

Monday to Sunday – 24/7 (No noon break)

Services Provided to:

ER/ Out Patient



Requirements Needed:

Patient's Information Sheet

Duration:

10 - 15 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit properly fill-out Patient's Information Sheet	Patient Information Sheet	None	None	Patient / Relative
2	Pay at the Cashier	Charge Slip	20.00	3-5 mins.	
3	Update patient's records	None	None	3-5 mins.	Admitting / Information Staff on Duty
4	Issue print-out of ER/Out Patient Record	ER/Out Patient Record	None	3-5 mins.	Admitting / Information Staff on Duty
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 78 of 127
---	--	---	---

DEPARTMENT: HIMD / ADMITTING / INFORMATION UNIT

PROCESS 2: REQUISITION OF ANIMAL AND HUMAN BITE DATA SHEET & POST EXPOSURE PROPHYLAXIS CARD

Schedule of Services:

Monday to Friday: After 3:00pm cut-off of OPD Animal Bite Center
Saturday: After 11:00am cut-off of OPD Animal Bite Center
Sunday and Holidays: 24/7 (No noon break)

Services Provided to:

All Animal Bite Patients



Requirements Needed:

Patient's Information Sheet



Duration:

10 – 20 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit properly filled-out Patient's Information Sheet	Patient Information Sheet	None	None	Patient / Relative
2	Pay at the Cashier	Charge Slip	50.00	3-5 mins.	Patient / Relative
3	Encode patient's information	None	None	5-10 mins.	Admitting / Information Staff on Duty
4	Issue print-out of Animal and Human Bite Data Sheet and Post	Animal and Human Bite Data Sheet; Post Exposure	None	3-5 mins.	Admitting / Information Staff on Duty

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 79 of 127

	Exposure Prophylaxis Card	Prophylaxis Card			
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 80 of 127
---	--	---	---

DEPARTMENT: HIMD / ADMITTING / INFORMATION UNIT

PROCESS 3: ISSUANCE OF CLINICAL COVER SHEET AND WATCHER'S ID

Schedule of Services:

Monday to Sunday: 24/7 (No noon break)

Services Provided to:

All patient to be admitted



Requirements Needed:

ER/Out Patient Record

Duration:

10 – 20 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit properly filled-out ER/Out Patient Record	ER/Out Patient Record	None	None	Relative / Watcher
2	Encode the Admitting information	None	None	5-10 mins.	Admitting / Information Staff on Duty
3	Issue print-out of Clinical Cover Sheet and Watcher's ID	Clinical Cover Sheet / Watcher's ID	None	3-5 mins.	Admitting / Information Staff on Duty
4	Advise Pay Patient about Room Rates and Charges	None	None	3-5 mins.	Admitting / Information Staff on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 81 of 127

DEPARTMENT: HIMD / ADMITTING / INFORMATION UNIT

PROCESS 4: ISSUANCE OF ER/OUT PATIENT RECORD & HOSPITAL ID FOR NEW PATIENT

Schedule of Services:

Monday to Sunday: 24/7 (No noon break)

Services Provided to:

All New Patients



Requirements Needed:

Patient's Information Sheet

Duration:

10 – 20 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit properly filled-out Patient's Information Sheet	Patient Information Sheet	None	None	Patient / Relative
2	Pay at the Cashier	Charge Slip	50.00	3-5 mins.	Patient / Relative
3	Encode patient's information	None	None	5-10 mins.	Admitting / Information Staff on Duty
4	Issue print-out of ER/Out Patient Record and Hospital ID	ER/Out Patient Record / Patient's Hospital ID Card	None	3-5 mins.	Admitting / Information Staff on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 82 of 127

DEPARTMENT: PUBLIC ASSISTANCE UNIT

PROCESS 1: PROVISION OF ASSISTANCE

Schedule of Services:

Monday to Friday: 8:00am – 5:00pm

Services Provided to:

Patients, Clients and Stakeholders



Requirements Needed:

Public Assistance Form



Duration:

1.5 – 3.5 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Proceed to public assistance office	None	None	None	Patients, Clients and Stakeholders
2	Interview the person seeking assistance	Public Assistance Form	None	15-30 mins.	Public Assistance Personnel
3	Provide assistance needed	Public Assistance Form	None	10-60 mins.	Public Assistance Personnel
4	Refer to designated officer of the day for further assistance needed	Public Assistance Form	None	5-10 mins.	Public Assistance Personnel
5	Validate/Act on the assistance needed	Public Assistance Form	None	30-60 mins.	Officer of the day

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 83 of 127

6	Prepare official report	Report Form	None	30-60 mins.	Officer of the day
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 84 of 127
---	--	---	---

DEPARTMENT: SOCIAL SERVICE DEPARTMENT

PROCESS 1: PATIENT CATEGORIZATION

Schedule of Services:

Monday to Sunday: 24/7 (No noon break)

Services Provided to:

Patient at Emergency Room



Requirements Needed:

Clinical Cover Sheet

Duration:

15 – 30 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Interview and assessment	Clinical Cover Sheet; Assessment Tool	None	10-25 mins.	Social Worker On-Duty
2	Issue the Social Service Card	Social Service Card	None	1-3 mins.	Social Worker On-Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 85 of 127

DEPARTMENT: SOCIAL SERVICE DEPARTMENT

PROCESS 2: AVAILMENT OF POINT OF SERVICE

Schedule of Services:

Monday to Sunday: 8:00am – 5:00pm

Services Provided to:

Categorized Indigent In-Patient without Phil health

Requirements Needed:

Patient's Hospital I.D



Social Service Card

Verification Slip from Phil health Cares

Duration:

30 minutes – 1 hour

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Interview qualified indigent patient	On-Site Rapid Enrolment Form; Phil Health Member Registration Form (PMRF)	None	15-30 mins.	Social Worker On-Duty
2	Fill out Social Worker Certification	Social Worker Certification	None	1-3 mins.	Social Worker On-Duty
3	Issue the POS Approval Slip	POS Approval Slip	None	1-3 mins.	Social Worker On-Duty
4	Print and issue the Registration Slip with approved Phil health number	None	None	10-15 mins.	Head/Social Worker
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 86 of 127
---	--	---	---

DEPARTMENT: SOCIAL SERVICE DEPARTMENT

PROCESS 3: AVAILMENT OF MEDICAL ASSISTANCE

Schedule of Services:

Monday to Sunday: 8:00am – 5:00pm

Services Provided to:

In-patient

Out-patient

Requirements Needed:

Patient's Hospital I.D

Social Service Card

Referral Slip

Endorsement letter

Barangay Indigency



Clinical Abstract /Medical Certificate

Request



Duration:

15 – 25 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Check requirements	Referral Slip Barangay Indigency Clinical Abstract Request	None	3-5 mins.	Social Service Staff
2	Process Acknowledgement Receipt	Acknowledgement Receipt	None	10-15 mins.	Social Service Staff

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 87 of 127

3	Endorse the approved request to designated department/patient relative	None	None	3-5 mins.	Social Service Staff
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 88 of 127</p>
---	---	---	--

DEPARTMENT: SOCIAL SERVICE DEPARTMENT

PROCESS 4: AVAILMENT OF PCSO ASAP DESK ASSISTANCE

Schedule of Services:

Monday to Friday: 8:00am – 2:00pm

Services Provided to:

In-patient

Out-patient

Requirements Needed:

Patient's Hospital I.D

Social Service Card

Referral Slip

Medical Certificate/Clinical; Abstract

Request/Hospital Bill

Valid ID (Patient/Patient Relative) Photocopy



Laboratory Result (Medicines)

Quotation (Laboratory/Diagnostic Procedure/Oxygen)

Duration:



3 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Interview and Assessment	IMAP Application Form	None	30mins. -1 hour	Social Worker On-Duty
2	Check Requirements	Referral Slip Medical Certificate/Clinical Abstract(Original) Request/hospital Bill	None	10-15 mins.	Social Worker On-Duty

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 89 of 127

		Valid ID (Patient/Patient relative) Photocopy Laboratory Result (Medicines) Quotation (Laboratory Procedure/Oxygen Refill)			
3	Scoring and Classification	IMAP Application Form	None	10-15 mins.	Social Worker On-Duty
4	Process the IMAP Assessment Form	IMAP Assessment Form	None	20-30 mins.	Social Worker On-Duty
5	Scan and Transmit	IMAP Application Form IMAP Assessment Form Requirements	None	30 mins. – 1 hour	Social Service Staff
END OF TRANSACTION					

Note: Requested Medical Assistance is subject for PCSO approval

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 90 of 127
---	--	---	---

DEPARTMENT: SOCIAL SERVICE DEPARTMENT

PROCESS 5: AVAILMENT OF LABORATORY DISCOUNT

Schedule of Services:

Monday to Sunday: 24/7 (No noon break)

Services Provided to:

Out-patient



Requirements Needed:

Patient's Hospital I.D
Social Service Card
Referral Slip
Request
Charge Slip

Duration:

15 – 20 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Interview and Assessment	OPD Intake Form OPD Social Service Card	None	10-15 mins.	Social Worker On-Duty
2	Validate Requirements	Referral Slip Request Charge Slip	None	2-3 mins.	Social Worker On-Duty
3	Provide Discount based on Patient's Category	Charge Slip Request	None	2-3 mins.	Social Worker On-Duty
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 91 of 127
---	--	---	---

DEPARTMENT: PHARMACY - MAIN

**PROCESS 1: ISSUANCE OF DRUGS AND MEDICINES FOR
IN/OUT PATIENT CHARITY/ PAY PHILHEALTH
WARD**

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

Out-patient/In-Patient



Requirements Needed:

RIS/Prescription/ARF

Duration:

40 – 60 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive prescription order	RIS/ARF	None	1-3 mins.	Pharmacist
2	Check the completeness of the prescription	RIS/ARF	None	10-15 mins.	Pharmacist
3	Check the availability of stock	RIS	None	10-15 mins.	Pharmacist
4	Prepare the Drugs/Medicine	RIS	None	15-20 mins.	Pharmacist
5	Fill-out the prescription	RIS	None	5-7 mins.	Pharmacist
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 92 of 127

DEPARTMENT: PHARMACY - MAIN

**PROCESS 2: REQUISITION OF DRUGS AND MEDICINES IN
CASE NOT AVAILABLE**

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

Out-patient/In-Patient



Requirements Needed:

RIS/Prescription

Duration:

40 – 60 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive Prescription order	Prescription RIS	None	3-5 mins.	Pharmacist
2	Indicate OUT OF STOCK per prescription and check PNDF listing	Prescription RIS	None	5-10 mins.	Pharmacist
3	Consolidate prescription to be purchase under petty-cash	Prescription RIS	None	30-40 mins.	Pharmacist
4	Release drugs and medicines purchased	Prescription RIS	None	3-5 mins.	Pharmacist
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 93 of 127</p>
---	---	--	---	--

DEPARTMENT: PHARMACY - MAIN

PROCESS 3: REQUISITION OF DRUGS AND MEDICINE FOR RETURN

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

Out-patient/In-Patient



Requirements Needed:

RIS, Charge slip, Receipt

Duration:

20 – 30 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive charge-slip with receipt (Out-Patient/RIS In-Patient)	RIS/Charge-slip/Receipt	None	2-3 mins.	Pharmacist
2	Receive return items -Return within 24 hours/Discontinue or Before dischargement	RIS/Charge-slip	None	5-10 mins.	Pharmacist
3	Check the condition of packaging/Lot number and Expiry Date	NONE	None	3-5 mins.	Pharmacist
4	Process and release for refund form or cancellation	RIS/Charge-slip/Refund form	None	3-5 mins.	Pharmacist
5.	Proceed to cashier office for claiming the refund	Receipt	None	4-7 mins.	Out-patient/In-Patient
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 94 of 127
---	--	---	---

DEPARTMENT: PHARMACY-OPD

PROCESS 1: ISSUANCE OF DRUGS/MEDICINES FOR ANIMAL BITES

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (No noon break)
Saturday: 8:00am – 12:00noon

Services Provided to:

Out-Patient



Requirements Needed:

Patient's Hospital ID
Rabies Post Exposure Prophylaxis Card
Prescription

Duration:

10 – 15 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive prescriptions	Prescription	None	1-2 mins.	Pharmacist
2	Check and verify prescription	Prescription and Patient Prophylaxis Card	None	1-2 mins.	Pharmacist
3	Prepare charge-slip form	Charge-slip	None	2-4 mins.	Pharmacist
4	Proceed to cashier for payment	Charge-slip	None	2-3 mins.	Pharmacist
5	Check receipt	Receipt charge-slip	None	1-2 mins.	Pharmacist
6	Dispense drugs and medicines	charge-slip	None	1-2 mins.	Pharmacist
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 95 of 127

DEPARTMENT: PHARMACY – H4 OPD

PROCESS 2: DISPENSING ARV DRUGS FOR HIV/AIDS PATIENT

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (No noon break)

Services Provided to:

Out-Patient



Requirements Needed:

Prescription/Follow-up form or Enrolment form
Health Regimen booklet

Duration:

5 – 10 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Check prescription/ Enrolee booklet and follow-up form	Prescription/Follow-up form or Enrolment form	None	1-3 mins.	Pharmacist
2	Transcribe prescription to their booklet	Health Regimen booklet	None	3-5 mins.	Pharmacist
3	Fill-Out prescription	Prescription/ Prescription/Follow-up form or Enrolment form	None	1-2 mins.	Pharmacist
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 96 of 127</p>
---	---	--	---	--

DEPARTMENT: CASH MANAGEMENT DEPARTMENT

PROCESS 1: COLLECTION OF PAYMENT

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

Patients, suppliers and nearest kin

Requirements Needed:

Assessment Form

Charged Slip

Billing Statement

Order of Payment

Official Receipt



Valid ID of nearest kin of patient

Authorization Letter

DURATION:

30 – 50 minutes

Step	Activity	Forms	Fees	Response Time	Person Responsible
1	Receive cash/cheque	Assessment Form Charged Slip Billing Statement Order of Payment	None	20-30 mins.	Cash Clerk on-duty
2	Issue Official Receipt	Official Receipt	None	10-20 mins.	Cash Clerk on-duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE</p> <p align="center">June 1, 2018</p> <hr/> <p align="right">Page 97 of 127</p>
---	---	--	---	--

DEPARTMENT: CASH MANAGEMENT DEPARTMENT

PROCESS 2: CHEQUE DISBURSEMENT

Schedule of Services:

Monday to Sunday: 24/7

Services Provided to:

Suppliers, Employees and Patients

Requirements Needed:

ID & Authorization Letter

Disbursement Voucher



Official Receipt

Cheque

DURATION:

10 - 20 minutes

Step	Activity	Forms	Fees	Response Time	Person Responsible
1	Present ID & authorization letter	ID & Authorization Letter	None	1-3 mins.	ADAS 1
2	Verify ID & authorization submitted	ID & Authorization Letter	None	1-2 mins.	ADAS 1
3	Retrieve filed disbursement voucher	Disbursement Voucher	None	5-10 mins.	ADAS 1
4	Issue official receipt	Official Receipt	None	2-3 mins.	ADAS 1
5	Release cheque	Cheque	None	1-2 mins.	ADAS 1
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 98 of 127

DEPARTMENT: BILLING AND CLAIMS DEPARTMENT

PROCESS 1: REQUISITION OF PHILHEALTH ELIGIBILITY

(Must be done upon Admission)

Schedule of Services:

Monday to Sunday: 8:00am – 5:00pm

Services Provided to:

PhilHealth Member/ Out-patient/In-Patient

Watcher/ Authorized Representative

Requirements Needed:

PhilHealth Identification Card/ Number

Other PhilHealth Documentary Requirements Needed



If Undeclared Dependent: Birth/ Baptismal/ Marriage Certificate

If Not Compliant to 3/6 Rule: Proof of Payment of Premium Contribution



Duration:

10 – 15 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Verify patient's eligibility	None	None	3-5 mins.	Claims Counter on Duty
2	Issue PhilHealth forms	PhilHealth Member Registration Form (PMRF), Client Signature Form (CSF), Undertaking Form	None	1-2 mins.	Claims Counter on Duty
3	Check PhilHealth requirements submitted	PhilHealth Documentary Requirements	None	3-5 mins.	Claims Counter on Duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 99 of 127</p>
---	---	--	---	--

4	Generate PhilHealth Benefit Eligibility Form	PhilHealth Benefit Eligibility Form	None	1-2 mins.	Claims Counter on Duty
5	Issue PhilHealth slip form once approved	Approved PhilHealth Slip Form	None	1-2 mins.	Claims Counter on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 100 of 127

DEPARTMENT: BILLING AND CLAIMS DEPARTMENT

PROCESS 2: REQUISITION OF PATIENT'S STATEMENT OF ACCOUNT

(Must be done upon Discharge)

Schedule of Services:

Monday to Sunday: 8:00am – 8:00pm

Saturday to Sunday: 8:00am – 5:00pm

Services Provided to:

PhilHealth Member/ Out-patient/In-Patient

Watcher/ Authorized Representative

Requirements Needed:

Patient's Chart

Patient's Statement of Account if Admitted to Other Hospital

Other PhilHealth Documentary Requirements Needed



If Point of Service (POS) Registered: PhilHealth Member Registration Form (PMRF),

MSWD Certification/ POS Registration Slip



Duration:

15 – 30 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive patient's chart from ward	Patient Health Record	None	2-3 mins.	Billing Counter on Duty
2	Encode patient's details in the system	Patient Health Record	None	5-10 mins.	Billing Staff on Duty
3	Generate patient's statement of account	None	None	1-3 mins.	Billing Staff on Duty

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 101 of 127</p>
---	---	---	---

4	Inform the ward that patient's bill is ready for pick-up	None	None	1-3 mins.	Billing Counter on Duty
5	Release patient's statement of account	Patient's Statement of Account	None	1-3 mins.	Billing Counter on Duty
6	Check completeness of patient's statement of account and claim signature form once signed	Patient's Statement of Account, Claim Signature Form	None	3-5 mins.	Billing Counter on Duty
7	Issue discharge slip form	Discharge Slip Form	None	2-3 mins.	Billing Counter on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 102 of 127

DEPARTMENT: BILLING AND CLAIMS DEPARTMENT

PROCESS 3: REQUEST FOR REIMBURSEMENT

(Must be done upon Receipt of Benefit Payment Notice from PhilHealth)

Schedule of Services:

Monday to Friday: 8:00am – 5:00am

Services Provided to:

PhilHealth Member

Authorized Representative

Requirements Needed:

PhilHealth Identification Card or any Valid ID



Official Receipt of Claim

Benefit Payment Notice from Philhealth (BPN)



Duration:

15 – 30 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Check requirements submitted	None	None	1-2 mins.	Billing Counter on Duty
2	Validate member's claim in the system	None	None	5-10 mins.	Billing Staff on Duty
3	Generate Petty Cash Voucher	Petty Cash Voucher (PCV)	None	1-2 mins.	Billing Staff on Duty
4	Route for signature	Petty Cash Voucher (PCV)	None	5-10 mins.	Billing Staff on Duty

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p>Page 103 of 127</p>
---	---	---	---

5	Issue Approved Petty Cash Voucher and advice to proceed to Cashier located at the 2 nd Floor of Admin. Building	Petty Cash Voucher (PCV)	None	1-2 mins.	Billing Counter on Duty
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 104 of 127

DEPARTMENT: HUMAN RESOURCE MANAGEMENT DEPARTMENT

PROCESS 1: RECRUITMENT AND PROMOTION PROCESS

Schedule of Services:

Monday to Friday: 8:00 am – 5:00 pm

Services Provided to:

Interested Applicants

Requirements Needed:



1. Fully accomplished Personal Data Sheet (PDS) with Work Experience Sheet and attached recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at www.csc.gov.ph;
2. Performance rating in the present position for one (1) year (if applicable);
3. Photocopy of certificate of eligibility/rating/license;
4. Photocopy of Training Certificates from seminars/conventions attended;
5. Photocopy of Transcript of Records and Diploma;
6. Photocopy of Residency Training Certificate/Fellow/Diplomate Certificate;
7. Photocopy of Certificate of Employment from previous Employer; and
8. Photocopy of NBI Clearance

Duration:



1 – 2 months

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Post the CSC-Approved Publication of Vacant Positions	None	None	15 days	HRMD Staff
2	Accept the Application Documents	Fully accomplished Personal Data Sheet (PDS) (CS Form No. 212, Revised 2017)	None	5 mins.	RR Staff on duty

		Accomplished Checklist of Requirements (FM-HOPSS-HRM-023)			
3	Submit the Applicants' Documents to MCC II Office	Logbook	None	5 mins.	Applicant
4	Document Review of the Application	None	None	1 day	Recruitment Unit Staff
5	Initial Screening: Initial Interview and Psychometric Examination	None	None	1 day	Recruitment Unit Staff
6	Schedule the On the Job Testing of the Applicant (Assessment of an Applicant)	On the Job Testing Evaluation Form (FM-HOPSS-HRM-033)	None	7 days – 14 days	Applicant, Department Head
7	Interview the qualified candidates to Human Resource Merit Promotion and Selection Board (HRMPSB)	None	None	1 day	HRMPSB Secretariat, Committee Members
8	Submit the Comparative Assessment of the Candidates	Comparative Assessment Form, Recommendation Transmittal form	None	3 – 5 days	HRMPSB Secretariat/Recruitment Unit Staff
9	Sign the Recommendation of Qualified Candidates	Recommendation Transmittal Form	None	5 – 10 days	HRMPSB Committee Members and Chairman

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 106 of 127</p>
---	---	--	---	---

10	Submit the Recommendation to Medical Center Chief II	Signed Recommendation of Qualified Candidates	None	None	HRMPSB Secretariat/Recruitment Unit Staff
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 107 of 127
---	--	---	--

DEPARTMENT: DENTAL DEPARTMENT

PROCESS 1: REGISTRATION AND TREATMENT (FOR NEW PATIENTS)

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (No noon break)

Cut off time for extraction – 11:30am

Cut off time for other services – 2:30pm

Services Provided to:

Out-patient/ In-patient



Requirements Needed:

Patient Information Slip
 Individual Treatment Record
 Patient's Hospital ID
 Dental Department Charge Slip
 San Lazaro Hospital Charge Slip
 Inter-Pavilion Referral Slip
 Official Receipt



Duration:

1.5 – 6.5 hours



Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Fill-out Patient's Information Slip	Patient's Information Slip	None	2-3 mins.	Patient
2	Encode and print Individual Treatment Record (ITR) and fill up Patient's Hospital ID and advice patient to wait for	Individual Treatment Record, Patient's Hospital ID	None	30 mins.-1 hour	Dental Aide on duty/ Patient

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 108 of 127

	their name to be called.				
3	Examine, evaluate and assess patient then instruct Dental Aide to prepare Charge Slip.	Individual Treatment Record, Dental Department Charge Slip	None	10-15 mins.	Dentist on duty/ Dental Aide
4	Pay registration fee and dental procedure/s fee at the collecting unit (cashier)	San Lazaro Hospital Charge Slip, Dental Department Charge Slip	-Registration Fee 50.00 - Oral Prophylaxis 250.00 - Tooth Extraction 100.00 - Permanent Filling (Glass Ionomer) 200.00 - Permanent Filling (Light Cure) 325.00 - additional surface 50.00 - Temporary Filling 150.00 - Pit and Fissure Sealant 300.00 - Fluoride Varnish 300.00	10-30 mins.	Collection Officer on duty/ Patient
5	If applicable: Refer for skin testing/ medically compromised patients for medical evaluation, treatment and clearance if applicable prior to	Inter-pavilion Referral Slip	None	15-35 mins.	Medical Officer on duty/ Patient

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 109 of 127</p>
---	---	--	---	---

	indicated dental procedure/s				
6	Present Official Receipt for recording	Official Receipt	None	1-3 mins.	Dental Aide on duty/ Patient
7	Perform the treatment required	None	None	30mins. – 4hours (depending on the treatment required)	Dentist on duty/ Dental Aide on duty/ Patient
END OF TRANSACTION					

	<p style="text-align: center;">Department of Health SAN LAZARO HOSPITAL</p> <p style="text-align: center;">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p>Page 110 of 127</p>
---	---	---	---

DEPARTMENT: DENTAL DEPARTMENT

PROCESS 2: REGISTRATION AND TREATMENT (FOR OLD PATIENTS)

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (No noon break)

Cut off time for extraction – 11:30am

Cut off time for other services – 2:30pm

Services Provided to:

Out-patient/ In-patient



Requirements Needed:

Patient Information Slip
Individual Treatment Record
Patient's Hospital ID
Dental Department Charge Slip
San Lazaro Hospital Charge Slip
Inter-Pavilion Referral Slip
Official Receipt



Duration:

1.5 – 6.5 hours



Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Present Patient's Hospital ID Card and advice patient to wait for their name to be called	Patient's Hospital ID card	None	30 mins. – 1 hour (depending on the no. of patients presently being handled)	Patient

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		DOCUMENT CODE:
			REVISION NO. 1
			DATE EFFECTIVE June 1, 2018
			Page 111 of 127

2	Examine, evaluate and assess patient then instruct Dental Aide to prepare Charge Slip.	Individual Treatment Record, Dental Department Charge Slip	None	10-15 mins.	Dentist on duty/ Dental Aide on duty
3	Pay dental procedure/s fee at the collecting unit (cashier)	Dental Department Charge Slip	<ul style="list-style-type: none"> - Oral Prophylaxis 250.00 - Tooth Extraction 100.00 - Permanent Filling (Glass Ionomer) 200.00 - Permanent Filling (Light Cure) 325.00 - additional surface 50.00 - Temporary Filling 150.00 - Pit and Fissure Sealant 300.00 - Fluoride Varnish 300.00 	10-30 mins.	Collection Officer on duty/ Patient
4	If applicable: Refer for skin testing/ medically compromised patients for medical evaluation, treatment and clearance prior to indicated dental procedure/s	Inter-pavilion Referral Slip	None	15-35 mins.	Medical Officer on duty/ Patient
5	Present Official Receipt for recording	Official Receipt	None	1-3 mins.	Dental Aide on duty/Patient

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p>Page 112 of 127</p>
---	---	---	---

6	Perform the treatment required	None	None	30mins. – 4hours (depending on the treatment required)	Dentist on duty/ Dental Aide on duty/ Patient
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE</p> <p>June 1, 2018</p> <hr/> <p align="right">Page 113 of 127</p>
---	---	---	--

**DEPARTMENT: EDUCATION TRAINING RESEARCH AND HUMAN
RESOURCE DEVELOPMENT**

**PROCESS 1: REQUISITION OF ATTENDANCE TO EXTERNAL
LEARNING AND DEVELOPMENT INTERVENTION**

Schedule of Services:

Monday to Friday: 8:00 am – 5:00 pm

Services Provided to:

Participants, Resource Speaker/Facilitator



Requirements Needed:

1. Duly accomplished Request for Attendance to External Learning and Development Intervention(LDI) Form (in triplicate copies)
2. Invitation or Program of Activities
3. Department Personnel Order (DPO) with corresponding explanation letter for replacement participants
4. Duties and Responsibilities

Duration:

2 – 3 days

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Accept the request for external LDI form	LDI Form	None	5 mins.	ETRHRD Staff METRD- Medical, Allied and Ancillary NETRD- Nursing NMTD- Administrative, Finance and Support
2	Initial Assessment	LDI Form	None	1 day	Designated Training Officer
3	Approve or Disapprove the request	LDI Form	None	1-2 days	Hospital Chief Training Officer
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 114 of 127</p>
---	---	---	---

**DEPARTMENT: EDUCATION TRAINING RESEARCH AND HUMAN
RESOURCE DEVELOPMENT**

PROCESS 2: ISSUANCE OF HOSPITAL TRAINING ORDER (HTO)

Schedule of Services:

Monday to Friday: 8:00 am – 5:00 pm

Services Provided to:

Participants, Program Manager, Resource Speaker/Facilitator



Requirements Needed:

1. Approved Request for LDI with complete documentary requirements (for external LDI only)
2. Request Letter from Program Managers (for LDI conducted by ETRHRD and other Learning Provider within the Hospital) including list of participants.



Duration:

9 days

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Accept the request	LDI Form/Request Letter	None	5 mins.	ETRHRD Staff
2	Prepare the HTO	LDI Form/Request Letter	None	1 day	ETRHRD Staff
3	Recommend approval of HTO	HTO	None	1 day	Hospital Chief Training Officer
4	Route the HTO to Division Head for Initial	HTO	None	1-3 days	Division Head Concerned
5	Approve the HTO	HTO	None	1-3 days	MCC II

	<p>Department of Health SAN LAZARO HOSPITAL</p> <p>CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p>1</p> <p>DATE EFFECTIVE</p> <p>June 1, 2018</p> <hr/> <p>Page 115 of 127</p>
---	---	---	---

6	Transmit the approved HTO through e-mail	HTO	None	1 day	ETRHRD Staff
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 116 of 127
---	--	---	--

DEPARTMENT: NURSING AFFILIATION PROGRAM

PROCESS 1: OPENING/RENEWAL OF HOSPITAL AFFILIATION CONTRACT

Schedule of Services:

Monday to Friday: 7:00am – 4:00 pm

Services Provided to:

Nursing Affiliates

Requirements Needed:



Letter of intent/Communication letter

Requirements for Opening and Renewal of Contract (FM-ETRHRD-NETRD-A-008)



Duration:

5.50 – 13 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit the letter of intent all requirements for opening/renewal of contract	School communication letter	None	1-3 mins.	Nursing school representative
2	Check and review completeness of the submitted requirements	List of Requirements for Opening/Renewal of Contract (FM-ETRHRD-NETRD-A-008)	None	3-5 mins.	Nursing Affiliation Officer
3	Process the Memorandum of Agreement (MOA)	Memorandum of Agreement (FM-ETRHRD-A-012) and all requirements. Certificate of Compliance on the Criteria as Basis	None	15-30 mins.	Nursing Affiliation Officer

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 117 of 127
---	--	---	--

		for Opening/Renewal of Contract (FM-ETRHRD-NETRD-A-013)			
4	Review and validate the MOA and all requirements	Memorandum of Agreement (FM-ETRHRD-A-012) and all requirements	None	15-30 mins.	Legal Officer
5	Attend the Ceremonial Contract Signing	Memorandum of Agreement (FM-ETRHRD-A-012)	None	1-4 hours	All Signatories of both parties
6	Notarize the contract and furnish the perfected copy to CHED & DOH-HHRDB for monitoring purposes	Completely signed Memorandum of Agreement (FM-ETRHRD-A-012)	None	4-8 hours	Nursing school representative
7	Submit the completely processed MOA to nursing affiliation office for filing	Perfected copy of MOA (FM-ETRHRD-A-012)	None	3-5 mins.	Nursing school representative
END OF TRANSACTION					

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>		<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO.</p> <p align="center">1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 118 of 127</p>
---	---	---	---

DEPARTMENT: NURSING AFFILIATION PROGRAM

PROCESS 2: PAYMENT OF AFFILIATION FEES

Schedule of Services:

Monday to Friday: 7:00am – 4:00 pm

Services Provided to:

Nursing Affiliates

Requirements Needed:



Letter of intent/Communication letter

Charge slip for nursing school (FM-ETRHRD-NETRD-A-001)



Duration:

20 – 45 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Submit the letter of intent to affiliate	School communication letter	None	1-3 mins.	Nursing school representative
2	Validate and review the availability of the requested dates and time of the clinical exposure	School communication letter	None	3-5 mins.	Nursing Affiliation Officer
3	Prepare and issue charge slip payable by the nursing school	Charge slip for nursing school (FM-ETRHRD-NETRD-A-001)	None	3-5 mins.	Nursing Affiliation Officer
4	Settle the amount due at the billing and cashier section and submit a copy of the official	Charge slip for nursing school (FM-ETRHRD-NETRD-A-001)	Fees pursuant to Hospital Memorandum	15-30 mins.	Nursing school representative

	<p align="center">Department of Health SAN LAZARO HOSPITAL</p> <p align="center">CITIZEN'S CHARTER MANUAL</p>			<p>DOCUMENT CODE:</p> <hr/> <p>REVISION NO. 1</p> <p>DATE EFFECTIVE June 1, 2018</p> <hr/> <p align="right">Page 119 of 127</p>
---	---	--	---	---

	payment receipt to the nursing affiliation office		No.12 S., 2004 dated: January 12, 2004 <i>"Implementation of New Hospital Fees"</i>		
5	File and record for monitoring purposes	Official payment receipt	None	1-3 mins.	Nursing Affiliation Officer
END OF TRANSACTION					

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE: REVISION NO. 1 DATE EFFECTIVE June 1, 2018 Page 120 of 127
---	--	---	--

DEPARTMENT: NURSING AFFILIATION PROGRAM

PROCESS 3: CLINICAL INSTRUCTOR PRECEPTORSHIP AND POST-GRADUATE PRACTICUM TRAINING PROGRAM

Schedule of Services:

Monday to Friday: 7:00am – 4:00 pm

Services Provided to:

Nursing Affiliates



Requirements Needed:

Letter of intent/Communication letter

Duration:

41 – 42 hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive the letter of intent and discuss the requirements	School communication letter.	None	1-3 mins.	Nursing Affiliation Officer
2	Assess and evaluate for the completeness of the submitted requirements.	Requirements for the clinical instructor preceptorship and post-graduate practicum training program. (FM-ETRHRD-NETRD-A-009)	None	3-5 mins.	Nursing Affiliation Officer

	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE:
			REVISION NO.
			1
			DATE EFFECTIVE June 1, 2018
			Page 121 of 127

3	Settle the amount due at the billing and cashier section and submit a copy of the official payment receipt to the nursing affiliation office.	Charge slip for nursing school (FM-ETRHRD-NETRD-A-001)	Fees pursuant to Hospital Memorandum No.12 S., 2004 dated: January 12, 2004 <i>"Implementation of New Hospital Fees"</i>	15-30 mins.	Nursing Affiliate
4	Facilitate the preceptor ship/ Practicum training program.	Orientation Program.	None	40 hours	Nursing Affiliation Officer
5	Issue the certificate of training completion.	Preceptor ship/ Practicum Program Satisfaction Survey (FM-ETRHRD-NETRD-A-011) Training Certificate.	None	5-10 mins.	Nursing Affiliation Officer
END OF TRANSACTION					