

MUNICIPAL HEALTH OFFICE

Service Category

MHO-001 MEDICAL CONSULTATIONS

Service Category

| Office or Division: | Municipal Health Office | | | | |
|--|---|---|---|-----------------------------|--|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| 1. Patient approaches the admitting clerk and register for consultation; Interview whether PHILHEALTH or Non- PHILHEALTH | Interviews the client; Record his/her medical data; Recording of vital signs: Adult=BP, Wt, Tempt. Pedia=Tempt; weight, length | AWAITING FOR SB EVALUATION AND APPROVAL | Anna Marie Macapulay | 5 minutes | Patient's data/form |
| 2. Patient proceeds to the Doctor's room for consultation | Examines patient; writes Diagnosis and/or Diagnostic procedures and provides prescription with instruction | | Medical Officer: Dr. Olga Estepa/ Dr. Erwill Nunan | 10 minutes | Patient's Record General Data and VS -Chief complaint |
| 3. Proceed to the Medicine Room For PHILHEALTH Patients: | Reads; Checks the prescription; Records and give the available medications with instructions Provision of complete medicines with instructions | | Medicine dispenser Shalimar De Guzman, Anna Marie Macapulay) | 3-5 minutes 3 minute | Prescription form PHILHEALTH ID and Prescription form |
| 4. Recording and may go home or for referral | Recording of patient's Diagnosis at the daily service record/ logbook , advised as per instruction from the Medical Officer. | | Records section: Cecilia Federico | 2 minutes | Prescription order or Referral Slip |

MHO-002 BASIC LABORATORY EXAMINATION SERVICES

Service Category

| Office or Division: | | Municipal Health Office | | | |
|---|----------------|--------------------------------|--------------------|-----------------|--------------|
| Classification: | | Complex | | | |
| Type of Transaction: | | G2C | | | |
| Who May Avail: | | Any | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| <p>FEES: Supported by Municipal Ordinance No. 6 Series of 2001/ Article 44 Ordinance No. 20 Series of 2008</p> <p>Complete Blood Count: P100.00 Fasting Blood Sugar: P 100.00 Hepatitis B Antigen: P 150.00 Rapid Plasma Reagin (RPR): P150.00 HIV Test: P 200.00 Alcohol Test: P150.00 Drug Test: P 250.00 Urinalysis: P15.00 Focalizes: P15.00 Pregnancy Test: P75.00 Sputum Exam: P50.00 Gram Stain: P 50.00 Blood Chemistry: P 700.00 Special Hematology: = Platelet Count: P 40.00 = Blood Typing: P40.00</p> | | | | | |

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| =Clotting Time: P40.00 =Bleeding Time: P 40.00 | | | | | |
| HOW TO AVAIL OF THE SERVICES: | | | | | |
| 1.Patient presents laboratory request to the Laboratory room | The Medical Technologist reviews the request and instructs the patient . | | Medical Technologist -Stefanie Gatchallian | Variable time | Laboratory request form |
| 2.Payment of Fees to the Treasurer's Office IF: A.WITH PHILHEALT H ID, proceed to the Laboratory for the laboratory request B.NO PHILHEALT H ID, proceed to the Treasurer's Office for payment and obtain a receipt prior to laboratory test. | The Medical Technologist does the laboratory work and instructs the client whether to wait for the result or TCB for the result. | | Medical Technologist -Stefanie Gatchallian Treasurer's Office -Claire Mangaoang | 10 – 15 minutes 10 -15 minutes | PHILHEALTH ID Official receipt |
| 3.Release of Laboratory results. | A.Medical Technologist | | Medical Technologist | 1 minute | Official Receipt Laboratory |

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| <p>A. Patients who are instructed to wait for the result</p> <p>B. Patients instructed to come back may proceed to the laboratory on the scheduled date.</p> | <p>releases the Laboratory result and instruct patient to return to the physician for result evaluation and analysis.</p> <p>B. Release of laboratory result will be evaluated by the physician</p> | | <p>-Stefanie Gatchallian</p> | <p>1 minute</p> | <p>request</p> |
| <p>4. Patient goes to the Consultation room for interpretation of laboratory result</p> | <p>Attending physician interprets the laboratory result and give corresponding instructions and or prescription.</p> | | <p>Medical Officer</p> <p>-Dr. Olga Estepa</p> <p>-Dr. Erwill Nunan</p> | <p>5 minutes</p> | <p>Laboratory result</p> |
| <p>5. Availment of medicines and may go home</p> | <p>Medicines given with proper instructions and written in logbook</p> | | <p>Medicine dispenser</p> <p>-Shalimar De Guzman</p> <p>Ann Cortez</p> | <p>2 minutes</p> | <p>Prescription form</p> |

MHO-003 PROVISION OF DENTAL CHECK-UP AND TOOTH EXTRACTION

Service Category

| Office or Division: | Municipal Health Office | | | | |
|---|---|-----------------|--|-----------------|-------------------|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| 1. Patient proceeds to the Municipal Health Office for Dental Check Up and fill up admitting form | Admit patient for Dental care Ask patient for purpose of consultation, record data, and vital signs. | | Dental Assistant Jesus Antonio Flor | 3 minutes | Admitting form |
| 2. Proceed to the Dental room | Dental assessment and recommendation of management by the Dentist | | Dentist -Dr. Rubymar Estabillo | variable | Patient's Chart |
| 3. Recording | Recording done with instructions and corresponding prescription | | Dentist -Dr. Rubymar Estabillo | 3 minutes | Patient's Chart |
| 4. Issuance of Medicines and other instructions | Provision of medicines at the Medicine room | | Medicine dispenser -Shalimar De Guzman; Anna Marie Macapulay | 2 minutes | Prescription form |

MHO-004 ISSUANCE OF SANITARY PERMITS AND HEALTH CERTIFICATES

Service Category

| Office or Division: | Municipal Health Office | | | | |
|--|---|-----------------|--|-----------------------------|--|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| HOW TO AVAIL OF THE SERVICE: | | | | | |
| A.SANITARY PERMIT | | | | | |
| 1. Approach Sanitary Inspector for transaction | Sanitary Inspector checks and review the necessary requirements brought by the client for application of sanitary permit. | | RSI Adelfa Fontz, Mark Alvin Garcia,Winnard Lopez, Madeline Costales | 3-5 minutes | Application forms and Clearances |
| 2A) Client with complete requirements go to the Treasurer's office for payment of dues. B)Client with incomplete requirements (Sanitation report) set an appointment for inspection schedule. | A. Treasurer's Office collect payments and release official receipt. B.Sanitary Inspector schedules the date for inspection and subsequent release of inspection report. | | Treasurer's office (Claire Mangaoang) RSI Adelfa Fontz, Mark Alvin Garcia, Winnard Lopez, Madeline Costales | 3-5 minutes variable | Official Receipt of payment Supporting papers and |
| 3.Client goes back to the Sanitary Inspector and present the official | Sanitary Inspector release /issue the permit and log in the Sanitation Record Book | | RSI Adelfa Fontz, Mark Alvin Garcia, Winnard Lopez, Madeline | 2-3 minutes | Sanitary Permit issued |

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| 3. Client returns to the Municipal Health Office for issuance of Health Card | Sanitary inspector issues the health certificate | | RSI Adelfa Fontz, Mark Alvin Garcia, Winnard lopez, madeline Costales | 2-3 minutes | Issued Health Card/ Health Certificate |
| 4.Proceed to the Consultation Room for signing | Health Certificate signed | | Medical Officer Dr. Olga Estepa/ Dr. Erwill Nunan | 2 minutes | Health Card |
| C.ISSUANCE OF MEDICAL CERTIFICATES | | | | | |
| 1.Client register at the admitting area | Interview the patient, get data, vital signs; pay fee at the treasurer's office | | Admitting Section Shalimar De Guzman, Clerose Sabado | 3 minutes | Patient's record |
| 2. Pay at the Treasurer's Office | Issue Official Receipt | | Treasurer's Office Claire Mangaoang | 5 minutes | Official Receipt |
| 3.Proceed to the Consultation Room | Perform Medical assessment / advise | | Medical Officer Dr. Olga Estepa/ Dr. Erwill Nunan | 10 minutes | Medical Record |
| 4.. Issuance of Medical Certificate and may go home | Signing of Medical Certificate | | Medical Officer Dr. Olga Estepa/ Dr. Erwill Nunan | 2 minutes | Duly signed Medical Certificate |
| D.ISSUANCE OF MEDICO-LEGAL CERTIFICATES | | | | | |
| 1.Client approach the admitting clerk | Interview the patient, take vital signs, do Triage | | Admitting Nurse | 5 minutes | Admitting Nurse |
| 2. Evaluation of extent of Injury a) Less Serious Physical Injuries- | Wound cleaning, dressing or suturing; Pay fee at the | | Admitting Nurse/ Medical Officer | 10 minutes | Patient's record |

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| b) Serious Physical Injuries | Treasurer's Office Refer to a Tertiary Hospital and conduct transfer for further management | | Admitting Nurse / Medical Officer | 5- 10 minutes | Complete Referral Form and duly signed by the referring doctor |
| 3. Payment at the Treasurer's Office (Less physical injuries) | Doctor performs PE and fills up a Medico- legal Certificate with provision of medical prescription | | Medical Officer Dr. Olga Estepa / Dr. Erwill Nunan | 10 minutes | Complete, duly signed Medico – legal Certificate |
| 3.Provision of Medicines and may go home | Medicine dispenser provides medicine and writes on the logbook | | Medicine Dispenser | 3 minutes | Medical Prescription |

MHO-005 RESOLVING ENVIRONMENTAL SANITATION COMPLAINTS

Service Category

| Office or Division: | Municipal Health Office | | | | |
|---|--|-----------------|---|----------------------|---|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| 1. Approach the Sanitary Inspector | (a.)The Sanitary Inspector asks the client about the history of the complaint and coordinate with the Barangay Chairman concerned. | | RSI Adelfa Fontz, Mark Alvin Garcia , winnard lopez, Edith Fortes, madeline Costales | 15- 20 minutes | Letter of complaint |
| 2. Complainant together with the sanitary inspector, further verify the source of the complaint. | The sanitary inspector validates the filed complaint by inquiry and conduct of proper investigation of both parties regarding the problem presented. | | RSI | 30 minutes to 1 hour | Complaint Letter, Investigation Report |
| 3. Complainant follows –up the result of the complaint. | The sanitary inspector make a report and recommendation to solve the filed complaint submitted to the Office of the Mayor, furnish copy to the Sangguniang Bayan Member-Committee on Health. | | RSI | 2-3 days | Resolution Letter |

MHO-006 EXPANDED PROGRAM OF IMMUNIZATION

Service Category

| Office or Division: | Municipal Health Office | | | | |
|--|--|-----------------|---|-----------------|----------------------|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| SCHEDULE: | | | | | |
| HOW TO AVAIL OF THE SERVICES: | | | | | |
| 1.Barangay Health Station or Municipal Health Office Registration; Scheduled day of immunization ,Vital signs recorded (wt., tempt, length) | BHW will collect all the patients ECCD cards scheduled for immunization and update | | BHW Mrs. Shirley Gapsin and co. | 3 minutes | ECCD Card |
| 2.Provision of vaccine | Midwife administers vaccination | | Midwife Mrs. Marilou Beninsig , Mrs Cathy Garcia , Mrs. Cristeta Calica, Mrs. Jocelyn Garcia, Mrs. Nedy macaburas, Miss Orlene Dela Rosa,Mrs. Loida Rullepa and others | 3 minutes | Vaccine as scheduled |
| 3.Recording | Midwife records immunization of child in the ECCD card | | Midwife | 1 minute | ECCD card |
| 4.May go home | Advise mother/ guardian for a return schedule of vaccination written on the ECCD card, client education and instructions . | | Midwife/ BHW | 2 minutes | Midwife / BHW |

MHO-007 IDOTS PROGRAM

Service Category

| Office or Division: | | Municipal Health Office | | | |
|--|--|--------------------------------|---|---|---|
| Classification: | | Complex | | | |
| Type of Transaction: | | G2C | | | |
| Who May Avail: | | Any | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| <p>a. Proceed to the TB Room for Sputum Exam (no fee collected)</p> <ol style="list-style-type: none"> 1. Walk –in patients 2. Case Findings 3. Referrals from other facilities <p>b. Vulnerable Groups</p> | <p>a. registration and interview of patients in the TB Logbook</p> <p>b. All are referred to the PMDT for evaluation and management</p> | | <p>TB Nurse Mrs. Maria Teresa Manalo, Mrs. Elsa Soriano</p> | <p>2 minutes</p> <p>2 minutes</p> | <p>Sputum exam result</p> <p>Duly signed and accomplished Referral Slip</p> |
| <p>c. Sputum Exam Result</p> <ol style="list-style-type: none"> 1. Positive Sputum 2. Negative Sputum = advise for Chest X Ray <ol style="list-style-type: none"> a. Positive CXR b. Negative CXR | <p>Start TB DOTS Treatment and advise follow-ups</p> <p>a.Refer to Gene Expert for further management</p> <p>b.Record in the logbook, advise patient</p> | | <p>TB Nurse</p> <p>TB Nurse</p> <p>TB Nurse</p> | <p>10 minutes</p> <p>5 minutes</p> <p>2 minutes</p> | <p>Sputum Exam result</p> <p>a.Sputum exam and Chest X ray result</p> <p>Duly signed and accomplished referral slip</p> |
| <p>d. Issuance of Certificate of Treatment Completion</p> | <p>Anti TB drug treatment completed</p> | | <p>TB Nurse/ Medical Officer</p> | <p>3 minutes</p> | <p>Sputum exam results</p> |

MHO-008 SOCIAL HYGIENE SERVICES

Service Category

| Office or Division: | Municipal Health Office | | | | |
|--|---|-----------------|--|-----------------|-------------------------------|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| 1. Register at the Social Hygiene Room and issuance of Pink Card -Walk – in clients | - Register and interview client | | Social Hygiene Nurse Mrs. Elsa Soriano | 5 minutes | Pink Card |
| 2. Pay fee at the Treasurer's Office | Issue Official Receipt | | Collecting Clerk Claire Mangaoang | 5 minutes | Official receipt |
| 3. Return to the Health Center for gram staining exam | Physical exam and smear with marker | | Social Hygiene Nurse Mrs Elsa Soriano | 10 minutes | Smear slide |
| 4. Social Hygiene Nurse collects all the marked slides for laboratory exam | Med Tech performs the smear examination | | Medical technologist Stefanie Gatchallian | 10 minutes | Marked slides |
| 5. Advise client to come back when result is done or call mobile for result (within 2-3 days) | Release of laboratory result | | Medical Technologist Stefanie gatchallian | 1 minute | Pink card Official receipt |
| 6. Provision of Medicine and instructions /advise ff-up | The Social Hygiene Nurse interprets the result and give medications | | Social Hygiene Nurse | 5 minutes | Laboratory result |

MHO-009 FAMILY PLANNING

Service Category

| Office or Division: | | Municipal Health Office | | | |
|--|--|--------------------------------|---------------------------|-----------------|------------------|
| Classification: | | Complex | | | |
| Type of Transaction: | | G2C | | | |
| Who May Avail: | | Any | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| 1. Proceed to the admitting section (Lying –In or Barangay Health Station) | Interview and get vital data | | Barangay Nurse or Midwife | 5 minutes | Patient's Record |
| 2. Note whether Current User or New acceptor a. Current user | a. ask for the card and update; take vital signs and record, ask and note patient's condition | | Barangay Nurse / Midwife | 5 minutes | Card |
| b. New Acceptor | b. Fill up Form 1 , interview and write vital signs in the form, log in the record book and issue a card | | Barangay Nurse / Midwife | 10 minutes | Form 1 |
| 3. Provision of selected Family Planning method | Instruct the client on the chosen FP method | | Barangay Nurse / Midwife | 10 minutes | IEC |
| 4. Return Schedule | Advise client to return for follow up or for any untoward circumstances | | Barangay Nurse/ Midwife | 5 minutes | Card |

MHO-010 MATERNAL CARE

Service Category

| Office or Division: | | Municipal Health Office | | | |
|--|--|-------------------------|---|-----------------------------------|--|
| Classification: | | Complex | | | |
| Type of Transaction: | | G2C | | | |
| Who May Avail: | | Any | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| <p>FEES based on Article 44 Section1 (4) Ordinance No. 20 Series of 2008</p> <p>A.Non PHIC 1. Bauang Residents: (P1800) Breakdown: Service Fee= P800</p> <p>Facilities, supplies and medicines= P1000</p> <p>2. Non- residents of Bauang(P2000) Breakdown: Service Fee= P800</p> <p>Facilities, supplies and medicines= P1200</p> <p>B. PHIC Patients = package delivery Uniform rate = P 2000</p> <p>Routine Laboratory Requests: CBC< Blood Typing, Urinalysis, RPR, Hepatitis B, Ultrasound</p> | | | | | |
| <p>HOW TO AVAIL OF THE SERVICES: LYING IN CLINIC</p> <p>A.Prenatal Care</p> <p>1.Walk- in Clients</p> | <p>1.fill up admitting form, interview, vital signs, OB history, advise laboratory work up</p> <p>2. All are advised and referred to a Tertiary Hospital</p> | | <p>Nurse/ Midwife</p> <p>Mr. Alfred Bambao, Mrs. Marilou Beninsig, Mrs Cathy Garcia, Mrs. Jocelyn Garcia, Mrs. Cristeta Calica,</p> | <p>5 minutes</p> <p>3 minutes</p> | <p>Patient's Record Laboratory requests</p> <p>Patient's</p> |

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| 2. All High Risk Patients | | | Mrs. Nedy Macaburas, Miss Orlene Dela Rosa , Mrs. Loida Rullepa and others | 5 minutes | complete data and vital signs in the referral slip |
| 3. Follow ups | 3. Retrieve and review record, vital signs, update OB history, add'l. laboratory work ups, as needed | | | | |
| 4. Proceed to the Consultation room | 4. Assessment of patient and evaluation of laboratory result | | Medical officer Dr. Olga Estepa/ Dr. Erwill Nunan | 10 minutes | Patient,s Record and laboratory requests |
| 5. Provision of Medicines and may go home | 5. Folic Acid Ferrous Sulfate, Tetanus toxoid, Vitamin A, advise ff up | | Medicine Dispenser , Shalimar De Guzman, Ann Cortez | 3 minutes | Patient's record and laboratory result |
| 6. Recording | 6. Entry of patient's data in the iClinicsys computer system | | IT Nurse / Midwife Mr Alfred Bambao and others | | Prescription slip/ Return slip (MDR) Medical Data Record |
| B. Natal Care (Facility – based) 1. Lying –in 2. Hospital referral | Retrieve Record, Update OB History, Assessment and review | | Nurse/ Midwife | 10 minutes | OB Record and assessment |
| C. Postnatal Care | | | | | |
| 1. Clinic/ Home visit | Record vital signs interview and assess patient | | Nurse/ Midwife | 10 minutes | Patient's OB Record |
| 2. Provision of Medicines | Vitamin A, Ferrous sulfate/ Folic acid | | Nurse /Midwife | 2 minutes | OB Record |
| 3. Counseling | Advise for exclusive breastfeeding x 6 months and Family Planning | | Nurse/ Midwife | 10 minutes | OB Record |

MHO-011 CHILD HEALTH CARE

Service Category

| Office or Division: | Municipal Health Office | | | | |
|--|--|-----------------|--------------------|-----------------|----------------|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| UNDER FIVE CLINIC (UFC) | | | | | |
| A.Growth Promotion and Monitoring – done at the Health Center or in the Barangay Health Stations | Recording of weight, length/ height, tempt | | Nurse / Midwife | 5 minutes | ECCD Cards |
| B.Promotion of Breastfeeding | Advise mothers for exclusive breastfeeding on the 1st 6 months and mix feeding onwards | | Nurse/ Midwife | 5 minutes | ECCD Cards |
| C.Provision of Vaccination- done in Barangay Health Stations | According to scheduled vaccination | | Midwife | 2 minutes | ECCD Cards |
| D.Integrated Management of Childhood Illnesses (IMCI) 1.Acute Respiratory Infections 2.Diarrhea 3.Dengue 4.Measles 5.Malnutrition 6.Ear Infections | Registration at the admitting section, take vital signs (weight, height, Tempt.), Chief complaints, recorded in the iClinicsys computer system | | Nurse | 10 minutes | Admitting form |

MHO-012 BAUANG LIGTAS COVID-19 CENTER

Service Category

| Office or Division: | Municipal Health Office | | | | |
|---|--|-----------------|--|--|---|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| Admission and Initial assessment of Covid suspect patient | 1.Interview, Filling up of admission and consent forms 2.Recording of data / P.E., vital signs. 3.Orientation/ Policies/ Procedures and health hygiene kits given | | Nurse on Duty Physician on Duty | 10 – 20 minutes 5- 10 minutes 5-10 minutes | Admitting and consent forms Hygiene kits |
| Isolation and Monitoring | 1.Daily assessment and recording in the patient’s chart. 2.Food is served (breakfast, lunch, dinner) 3.Scheduling of RT PCR test | | Nurse on duty Physician on duty | 5-10 minutes | Patient’s chart Daily meal Swabbing media |
| Discharge | 1.Daily assessment and recording of findings in the chart. 2.Issuance of RT PCR result (if negative and patient improved, advised discharge and 3. Certificate of Completion is provided) 4.Discharge with advise on Minimum Health Protocol | | Nurse on duty Physician on duty | 20 -30 minutes | Patient’s chart Quarantine Certificate, RT PCR test result |
| Referral | 1.During daily rounds, no improvement of patient’s condition, 2.RT PCR test result is positive. 3.Coordination /conduct of transfer to the Hospital | | Nurse on duty Physician on duty Ambulance driver | 1-2 hours | Referral slip Ambulance |

MHO-013 BALAY SILANGAN REFORMATION CENTER

Service Category

| Office or Division: | | Municipal Health Office | | | |
|--|---|--------------------------------|---|---|---|
| Classification: | | Complex | | | |
| Type of Transaction: | | G2C | | | |
| Who May Avail: | | Any | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| 1. Registration Requirements: Court Order from the Judge and voluntary submission of PDL (Person deprived of Liberty) | 1.Assist PDL in filling up data in the logbook. 2. Collects original copy of Court Order. 3.Medical work ups 4. Routine Drug test 5.Do ASSIST – assessment tool for PDL 6. Assess if : - Outpatient or In patient 7. Signed consent form | | Balay Silangan Staff | 30 minutes | Logbook Documents ASSIST form Admission forms / charts |
| 2. Admission / Intervention | 1. Counseling 2. Activities on various Interventions (Phase I, II, III) 30 days- 6 months / OPD 3. Random Drug Testing 4. Recording and Reporting | | All sectors in the government giving interventions for PDLs | Schedule of activities to be posted within the area | Logbook, Forms, Documents, Drug test results Records |
| 3. Discharge | 1. Re assessment of PDL 2. Drug test negative result | | Balay Silangan Staff | 30 minutes | Drug test result Certificate of Discharge Prescriptions/ Instructions prior to |

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| | 3. Issuance of Certificate of Discharge 4. Advise / Instructions imparted prior to discharge | | | | discharge |
| <i>4. Referral</i> | <i>1.If patient develops Covid symptoms</i> <i>2.Positive Covid</i> <i>3.Presence of comorbidities.</i> | | <i>Balay Silangan Staff Ambulance driver</i> | <i>20-30 minutes</i> | <i>Referral slip Laboratories if any, Logbook</i> |

| AT BIRTH | SIX (6) WEEKS OF LIFE | TEN (10) WEEKS OF LIFE | FOURTEEN (14) WEEKS OF LIFE | NINE (9) MONTHS OF LIFE | 1 YEAR OLD |
|----------------------|------------------------------|-------------------------------|------------------------------------|--------------------------------|-------------------|
| BCG | PENTA 1 | P[ENTA 2 | PENTA 3 | Measles | MMR |
| | OPV 1 | OPV 2 | OPV 3/IPV | Vitamin A | Vitamin A |
| Hepatitis B 1 | Hepatitis B 2 | Hepatitis B 3 | | | |
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RADIOLOGY DEPARTMENT

MHO-003 RADIOLOGY SERVICES

Service Category

| Office or Division: | Municipal Health Office | | | | |
|--|---|-----------------------------|------------------------|-----------------|------------------------------------|
| Classification: | Complex | | | | |
| Type of Transaction: | G2C | | | | |
| Who May Avail: | Any | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON RESPONSIBLE | PROCESSING TIME | REQUIREMENTS |
| 1. Client approach the Radiologic Technologist on duty at the x-ray/ultrasound room. | Interviews the client, reviews the request and writes data in the logbook and issues charge slip. | None | 1-2 minutes | | Radiologic Technologist |
| 2. Pay the required fee at the MTO. | Receives payment and Issues official receipt | Refer to Radiology services | 5 minutes | | Treasury Personnel |
| 3. Proceed to the x-ray/ultrasound room for examination with official receipt. | Radiologic Technologist performs the X-ray examination Sonologist performs the Ultrasound | None | 10-15 minutes/variable | | Radiologic Technologist/Sonologist |
| 4. Inform client for the issuance of the x-ray/ultrasound result. | Radiologic Technologist informs client as of the scheduled release of results. | None | 2-3 working days | | Radiologic Technologist |
| 5. Client receives result. | Radiologic Technologist checks result and release | None | 1-2 minutes | | Radiologic Technologist |