



**Office of The Medical Center Chief  
(OMCC)  
External Service**



## 1.Receiving of Medical Assistance /Guarantee Letters

The Office of the Medical Center Chief receives the Medical Assistance / Guarantee Letter from Indigent Patients to avail Medical Services, Diagnostics and to purchase medications and medical supplies.

<b>Office or Division:</b>	Office of the Medical Center Chief			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Transacting Public			
<b>Who may avail:</b>	Admitted patient for discharge and patient who underwent treatment availing of Financial Assistance through MAIP			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Original and Photocopy of the Guarantee Letter or Medical Assistance		Office of the City Social Welfare and Development Office, Mayor's Office, Office of Congressman Go, Office of Hon. Eric Yap, etc.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presents both the Original Copy and Photocopy of the Medical Assistance / Guarantee Letter.	1.Receives the Original Copy and Photocopy of the Medical Assistance / Guarantee Letter and puts a stamp indicating the date and time of receipt.	None	30 seconds	<i>Administrative Assistant I/ Administrative Officer IV</i>
2. Gets back the stamped Photocopy of the Medical Assistance / Guarantee Letter and brings to the Malasakit Center located at the 1 <sup>st</sup> floor OPD Building for evaluation.	2. 1 Returns the stamped photocopy of the Medical Assistance / Guarantee Letter to the Patient/ watcher. 2.2. Forwards the Original copy of the Medical Assistance / Guarantee Letter to the Medical Social Service after the MCC affixes his signature.	None	1 Minute	<i>Administrative Assistant I/ Administrative Officer IV</i>
<b>TOTAL:</b>		None	1Minute 30 Seconds	
<b>END OF TRANSACTION</b>				



**HIV/AIDS Core Team  
(HACT)  
External Service**



## 1. Counselling and Testing

This service caters clients who will undergo HIV counseling and testing. Monday to Friday 8am-5pm (except Holidays).

<b>Office or Division:</b>	<b>HIV/AIDS CORE TEAM - MEDICAL</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Original Identification Card		1. Corresponding government office agency		
2. One (1) original Request for HIV Counselling and Testing		2. Requesting Physician		
3. One (1) copy of Inter-Departmental or Inter-Agency Referral		3. Referring agency or department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>HIV Counseling and Testing</b>				
1. Voluntarily goes to the unit for HIV counselling and testing brings request from a physician	receives patient	None	1 minute	<i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC  <i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC  <i>Marites T. Lardizabal</i> HACT Office, BGHMC
2. Undergoes Pre-test counselling	Provide pre-test counseling	None	20 minutes	<i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC  <i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC  <i>Marites T. Lardizabal</i> HACT Office, BGHMC



<p>3. Secures and accomplishes consent form</p>	<p>3.1 Provides/issues consent form</p> <p>3.2 Check the completeness of the filled-out form</p> <p>3.3 Prepares Laboratory Request for HIV Testing</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC</p> <p><i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC</p> <p><i>Marites T. Lardizabal</i> HACT Office, BGHMC</p>
<p>4. Submits self for specimen collection</p>	<p>Withdraws/collects blood sample from patient</p>	<p>None</p>	<p>1 minute</p>	<p><i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC</p> <p><i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC</p>
<p>5. Processing HIV Test in the Laboratory</p>	<p>5.1 Brings specimen and Laboratory Request to the laboratory</p> <p>5.2 Laboratory performs Test/s</p>	<p>None</p>	<p>10 minutes</p> <p>5 hours and 25 minutes</p>	<p><i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC</p> <p><i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC</p> <p><i>Marites T. Lardizabal</i> HACT Office, BGHMC</p> <p><i>Medical Technologist-on Duty</i> Serology Section, Clinical Pathology, BGHMC</p>
<p>6. Claims result Note: Present ID for verification</p>	<p>Validates ID and issues results</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC</p> <p><i>Jorene Faith N. Cuntig, RMT</i></p>



				HACT Office, BGHMC  <i>Marites T. Lardizabal</i> HACT Office, BGHMC
7. Undergoes Post-test counseling	Post-test counseling and explains test results	None	20 minutes	<i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC  <i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC  <i>Marites T. Lardizabal</i> HACT Office, BGHMC
<b>TOTAL:</b>		None	3 Hours 21 minutes	
<b>END OF TRANSACTION</b>				



## 2. Clinical Management

Covers medical, nursing, laboratory and administrative staff involved in the counselling, treatment, care and support for PLHIVs. Monday to Friday 8am-5pm (except Holidays).

<b>Office or Division:</b>	HIV/AIDS Core Team - Medical			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Original Identification Card		1. Any government issuing office or school		
2. HACT-issued Health Regimen Booklet		2. HACT office		
3. Physician's request for HIV Counseling and Testing		3. Requesting physician		
4. Inter-Departmental or Inter-Agency Referral		4. Referring agency or department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>Medical Management</b>				
1. Presents follow-up slip	Collection of follow-up slip	None	1 minute	<i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC  <i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC  <i>Marites T. Lardizabal</i> HACT Office, BGHMC
2. Wait for chart	Verifies px code and pulls out chart	None	1 minute	<i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC  <i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC  <i>Marites T. Lardizabal</i> HACT Office, BGHMC



<p>3. Complete ff up slip 3.1 Discusses ART adherence</p>	<p>Identifies purpose of visit</p> <p>Does ART adherence counseling</p>	<p>None</p>	<p>1 minute</p>	<p><i>Marylou Faye L. Alabanza, RN</i> HACT Office, BGHMC</p>
<p>3.2. Consults for any medical concern</p>	<p>Identifies client's chief complaints and coordinates client's referral, as needed</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Jorene Faith N. Cuntig, RMT</i> HACT Office, BGHMC</p> <p><i>Marites T. Lardizabal</i> HACT Office, BGHMC</p>
<p>3.3. ARV refill</p>	<p>3.3.1. Identifies ART regimen of client based on records;</p> <p>a. dispensing of ARV;</p> <p>b. dispensing via courier service for patients living outside Baguio City</p>	<p>None</p>	<p>30 minutes</p>	
		<p>None</p>	<p>5 minutes</p>	
		<p>Courier Fee (PHP 200) shouldered by the patient</p>	<p>3 hours (HACT to Courier Service, vice versa)</p>	
<p>3.4 Present/submits Philhealth proof of payment</p>	<p>Collects/asks Philhealth proof of payment;</p> <p>Assist client in filling out Philhealth forms when necessary.</p>	<p>None</p>	<p>5 minutes</p>	
<p>3.5. Asks for a new follow-up slip for next visit</p>	<p>Fills out and issues follow up slip for the client's next visit</p>	<p>None</p>	<p>1 minute</p>	
<b>TOTAL:</b>		<p>PHP 200.00</p>	<p>4 hours and 14 Minutes</p>	
<b>END OF TRANSACTION</b>				





# **Legal Department**

## **External Service**



## 1. Preparation and Review of Legal Documents

The Legal Office caters to all legal matters brought before it. These legal matters refer to the preparation and/or review of documents which may consist of Affidavits, Contracts, Memorandum of Agreement and the like which documents are needed in official transactions and other legal purposes.

<b>Office</b>		Legal Office		
<b>Classification</b>		Simple		
<b>Type of Transaction</b>		G2C, G2B, G2G		
<b>Who may avail</b>		All persons having official transactions with BGHMC		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Valid Government issued Identification Card of Affiant or contracting parties as proof of their identity.		BIR, DFA, LTO, Postal Office, SSS, GSIS, PAGIBIG		
2. Personal Appearance at the legal office				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Personal appearance by the client at the Legal Office.	Office assistant interviews the client as to what is needed.	None	2 minutes	<i>Administrative Assistant / Legal Assistant</i>
2. Presentation of proof of identity	Preparation and / or review of legal document/s.	None	10 minutes	<i>Legal Assistant / Attorney IV</i>
3. Receipt of the legal document reviewed / prepared.	Release of the legal documents reviewed	None	2 minutes	<i>Administrative Assistant / Legal Assistant</i>
4. Fill out the monitoring logbook.	Final disposition given	None	2 minutes	<i>Administrative Assistant / Legal Assistant</i>
<b>TOTAL:</b>		None	16 minutes	
<b>END OF TRANSACTION</b>				



**Professional Education  
Training and Research Office  
(PETRO)  
Internal Service**



## 1. Request for Outside Training on Official Time (Local)

This service is intended for all internal clients who would like to attend trainings outside the hospital on official time using government time at no cost to the government except salaries (DOH Department Order 2007-0053). Request for this service is available during office hours from 8:00 am to 5:00 pm, Mondays through Fridays at the PETRO Office, located near Secretary's Cottage.

<b>Office or Division:</b>	Professional Education, Training and Research Office (PETRO)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	All plantilla personnel.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of request.				
Training Needs Analysis (TNA) Form.		<a href="http://bghmc.doh.gov.ph/petro/">http://bghmc.doh.gov.ph/petro/</a>		
Attachments Any of the following: Invitation from organizing agency, Programme, Course Design/Outline, Copy of Individual Development Plan (IDP), Copy of Individual Performance Commitment Review (IPCR), or all of the above.				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare letter of request with recommendation of immediate supervisor, duly signed TNA, and attachments.		None.		<i>Applicant</i>
2. Submit complete documents to PETRO.	2.1 Receive complete documents.	None.	3 minutes	<i>Training Assistant/ Administrative Officer IV/ Other PETRO staff</i>
	2.2 Record document in the Incoming Letters logbook and forward to Chief Training Officer	None.	3 minutes	<i>Training Assistant/ Administrative Officer IV/ Other PETRO staff</i>
	2.3 Assess training request.	None.	1 day	<i>Chief Training Officer/ Division Training Specialist</i>



	2.3.1 Recommend approval/ disapproval to attend.	None.		Chief Training Officer/ Division Training Specialist
	2.5 Record document in the LDI Main Database.	None.	10 minutes	Training Assistant
	2.5.1 Assign TNA #, Scan TNA form & save in TNA folder.	None.	5 minutes	Training Assistant
	2.6.1 Forward documents to Chief Medical Professional Staff (CMPS), if request is from Medical Division.	None.	4 hours	Training Assistant
	2.6.2 Forward documents to Chief Nursing Service Office, if request is from Nursing Service.	None.		Training Assistant
	2.6.3 Forward documents to Medical Center, if request is from Hospital Operations and Patient Support Service (HOPSS) or Finance Service.	None.		Training Assistant
	<b>TOTAL:</b>	None.	1 day, 4 hours and 21 minutes.	
<b>END OF TRANSACTION</b>				



## 2. Request for Outside Training on Official Business (Local)

This service is intended for all internal clients who would like to attend trainings outside the hospital on official business using government time and funds (DOH Department Order 2007-0053). Request for this service is available during office hours from 8:00 am to 5:00 pm, Mondays through Fridays at the PETRO Office, located near Secretary's Cottage.

<b>Office or Division:</b>	Professional Education, Training and Research Office (PETRO)			
<b>Classification:</b>	Highly technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	All plantilla personnel.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of request.				
Training Needs Analysis (TNA) Form		<a href="http://bghmc.doh.gov.ph/petro/">http://bghmc.doh.gov.ph/petro/</a>		
Attachments Any of the following: Invitation from organizing agency, Programme, Course Design/Outline, Copy of Individual Development Plan (IDP), Copy of Individual Performance Commitment Review (IPCR), or all of the above.				
Training Agreement (2 original)		<a href="http://bghmc.doh.gov.ph/petro/">http://bghmc.doh.gov.ph/petro/</a>		
Request for Attendance to Trainings/Scholarships (International/Local) form		<a href="http://bghmc.doh.gov.ph/petro/">http://bghmc.doh.gov.ph/petro/</a>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare letter of request with recommendation of immediate supervisor, duly signed TNA, attachments, Training Agreement, and Request for Attendance to Trainings/ Scholarships form.		None.		<i>Applicant</i>
2. Submit complete	2.1 Receive complete documents.	None.	3 minutes	<i>Training Assistant/ Administrative Officer IV/ Other PETRO staff</i>



documents to PETRO.	2.2 Record document in the Incoming Letters logbook and forward to Chief Training Officer		3 minutes	<i>Training Assistant/ Administrative Officer IV/ Other PETRO staff</i>
	2.3a. Assess training request.		1 day	<i>Chief Training Officer/ Division Training Specialist</i>
	2.3b. For deliberation of Personnel Development Committee (PDC), if needed.		7 days (earliest/nearest Management Committee date available)	<i>Personnel Development Committee Members</i>
	2.4 Recommend approval/ disapproval to attend.		1 day	<i>Chief Training Officer/ Division Training Specialist</i>
	2.5.1 Record document in the LDI Main Database.		10 minutes	<i>Training Assistant</i>
	2.5.2 Assign TNA #, Scan TNA form & save in TNA folder.		5 minutes	<i>Training Assistant</i>
	2.6a. Forward to Medical Center Chief, if request is from Office of the Medical Center Chief, Hospital Operations and Patient Support Service (HOPSS) or Finance Service.		4 hours	<i>Training Assistant</i>
	2.6b. Forward to Chief Medical Professional Staff, if request is from Medical Service.			
	2.6c. Forward to Chief Nursing Service Office, if request is from Nursing Service.			
<b>TOTAL:</b>	None.		9 days, 4 hours and 21 minutes	
<b>END OF TRANSACTION.</b>				



### 3. Request for Outside Training on Official Business (International)

This service is intended for all internal clients who would like to attend trainings outside the hospital on official business using government time and funds (DOH Department Order 2007-0053). Request for this service is available during office hours from 8:00 am to 5:00 pm, Mondays through Fridays at the PETRO Office, located near Secretary's Cottage.

<b>Office or Division:</b>	Professional Education, Training and Research Office (PETRO)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	All plantilla personnel.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of request.				
Training Needs Analysis (TNA) Form.		<a href="http://bghmc.doh.gov.ph/petro/">http://bghmc.doh.gov.ph/petro/</a>		
Attachments Any of the following: Invitation from organizing agency, Programme, Course Design/Outline, Copy of Individual Development Plan (IDP), Copy of Individual Performance Commitment Review (IPCR), or all of the above.				
Training Agreement (2 original)		<a href="http://bghmc.doh.gov.ph/petro/">http://bghmc.doh.gov.ph/petro/</a>		
DOH Certificate of Clearance, <i>if on training for more than 22 working days.</i>		<a href="http://bghmc.doh.gov.ph/petro/">http://bghmc.doh.gov.ph/petro/</a>		
DOH Request for Issuance of Travel Authority.		Via HRMIS <a href="http://10.1.2.171/">http://10.1.2.171/</a> (Go to Downloadable File button -> Other Forms)		
DOH International Travel Sponsorship Declaration.		Via HRMIS <a href="http://10.1.2.171/">http://10.1.2.171/</a> (Go to Downloadable File button -> Other Forms)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare letter of request with recommendation of immediate supervisor, duly signed TNA, attachments, Training Agreement, DOH Certificate of Clearance, DOH Request for Issuance of Travel Authority, DOH International Travel Sponsorship Declaration, and Request for		None.		<i>Applicant</i>





Attendance to Trainings/ Scholarships form. (All documents should be submitted at least 30 days before the date of training)				
2. Submit complete documents to PETRO.	2.1 Receive complete documents.	None.	3 minutes	<i>Training Assistant/ Administrative Officer IV/ Other PETRO staff</i>
	2.2 Record document in the Incoming Letters logbook and forward to Chief Training Officer	None.	3 minutes	<i>Training Assistant/ Administrative Officer IV/ Other PETRO staff</i>
	2.3a. Assess training request.	None.	1 day	<i>Chief Training Officer/ Division Training Specialist</i>
	2.3b For deliberation of Personnel Development Committee (PDC), if needed.	None.	7 days (earliest/nearest Management Committee date available)	<i>Personnel Development Committee Members</i>
	2.4 Recommend approval/ disapproval to attend.	None.	1 day	<i>Chief Training Officer/ Division Training Specialist</i>
	2.5.1 Record document in the LDI Main Database.	None.	10 minutes	<i>Training Assistant</i>
	2.5.2 Assign TNA #, Scan TNA form & save in TNA folder.	None.	5 minutes	<i>Training Assistant</i>
	2.6a. Forward to Medical Center Chief, if request is from Office of the Medical	None.	4 hours	<i>Training Assistant</i>



	Center Chief, Hospital Operations and Patient Support Service (HOPSS) or Finance Service.			
	2.6b. Forward to Chief Medical Professional Staff, if request is from Medical Service.	None.		<i>Training Assistant</i>
	2.6c. Forward to Chief Nursing Service Office, if request is from Nursing Service.	None.		<i>Training Assistant</i>
	<b>TOTAL:</b>	None.	9 days, 4 hours and 21 minutes	
<b>END OF TRANSACTION.</b>				



#### 4. Acceptance of Researches for Technical Review.

This service is intended for all internal clients who shall send researches for technical review at Professional Education, Training and Research Office (PETRO). This service is available during office hours from 8:00 am to 5:00 pm, Mondays through Fridays.

<b>Office or Division:</b>	Professional Education, Training and Research Office (PETRO)			
<b>Classification:</b>	Highly technical			
<b>Type of Transaction:</b>	G2G			
<b>Who may avail:</b>	Medical residents and other BGHMC researchers.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Research protocol (Word format) with cover page duly signed by training officer/ head		Originating department/ office.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Researcher shall email research protocol and attach cover page to <a href="mailto:bghmctrb@gmail.com">bghmctrb@gmail.com</a>	<b>1. Preliminary Assessment</b> 1a. Receipt of protocol. <i>Deadline of submission of protocols shall be on the 1<sup>st</sup> Wednesday of the month.</i> 1b. Assessment for the completeness of the protocol.	-	1 day	TRB Secretariat
	<b>2. Technical Review</b> 2a. Assignment of primary reviewers based on research expertise 2b. Distribution of protocol to identified reviewers for expedited review. 2c. Discussion of reviews during TRB meeting ( <i>scheduled every 3<sup>rd</sup> Wednesday of the month</i> )	-	Ten (10) working days	TRB and Content Experts
	<b>3. Return of Review</b> 3a. Collection of review results from			Five (5) working days after TRB meeting.



	assigned primary reviewers 3b. Consolidation of technical review results 3c. Notification of review results to the principal investigator.			
<b>TOTAL:</b>		None.	16 working days	
<b>END OF TRANSACTION.</b>				



## 5. Acceptance of Protocols for Research Ethics Committee Review.

This service is intended for all internal and external clients who shall submit research protocols for ethical review at Baguio General Hospital and Medical Center (BGHMC). The Research Ethics Committee (REC) of the hospital is concerned in ensuring the safety, protecting the rights, and promoting the welfare and well-being of human participants in researches done in the hospital. This service is available during office hours from 8:00 am to 5:00 pm, Mondays through Fridays.

<b>Office or Division:</b>	Professional Education, Training and Research Office (PETRO)	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2G - Government to Government G2C – Government to Client G2B – Government to Business	
<b>Who may avail:</b>	Government and Non-Government Agencies, Sponsors, Professional Researchers, Trainees, Undergraduate and Graduate Students	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	
<ol style="list-style-type: none"> <li>1. Letter of Application for Review addressed to the Chairperson</li> <li>2. CV with 2 x 2 picture of PI and Co-Investigator/s</li> <li>3. Document Receipt Form</li> <li>4. REC Application For Protocol Review</li> <li>5. REC Protocol Summary Sheet               <ul style="list-style-type: none"> <li>- Thirteen (13) Hard Copies (Full Board)</li> <li>- Soft Copy (MsWord Format) to be sent to: bghmc.erc@gmail.com and must be retrievable at the time of submission</li> </ul> </li> <li>6. Complete Research Protocol               <ul style="list-style-type: none"> <li>- Thirteen (13) Hard Copies</li> <li>- Soft Copy (PDF Format) to be sent to: bghmc.erc@gmail.com and must be retrievable at the time of submission</li> </ul> </li> <li>7. Study Budget</li> <li>8. Technical Review Board Approval (If applicable)</li> <li>9. Informed Consent Form (English, Ilocano, Tagalog If applicable)</li> <li>10. Patient Information Form (If applicable)</li> <li>11. Advertisement (If applicable)</li> </ol>	BGHMC Research Ethics Committee Office, 1st Floor PETRO Building, Baguio General Hospital and Medical Center Governor Pack Road, Baguio City 2600  Downloadable forms can be accessed in the BGHMC Website: <a href="http://www.bgh.doh.gov.ph">www.bgh.doh.gov.ph</a> (click PETRO and go to REC)	



12. Investigatory Brochure (If applicable) 13. Case Report Form (CRF) (If applicable) 14. Research Team List (If applicable) 15. GCP Certificates (If applicable) 16. Revised Protocol* 17. Revised Consent Form* 18. Protocol Resubmission Form* 19. Amendments*				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the study documents for review and determination of the completeness of submission or resubmission	1a. Receive submitted packages whether a) Initial review application, b) Resubmission of protocol with corrections, c) Protocol amendment, d) Continuing review of approved protocols, or e) Protocol termination.  1b. Verify contents of the protocol submitted package. Check the protocol forms for completeness of information and signatures.  Check the resubmitted protocol package for a summary of corrections being	For Investigational New Drug (IND) a. Full Board Review Fee (30,000.00) b. Institution Fee (20,000.00)  For Professional Researchers a. Full Board Review Fee (10,000.00) b. Expedited Review (5,000.00)  For Undergraduate Students (1,000.00)  For Fellows, Residents, & Graduate Students of other institutions (5,000.00)	30 minutes	REC Staff



	<p>addressed, revised version of the protocol and related documents</p> <p>Issue Billing Statement to be paid at the Cashier.</p>			
2. Determination of type of Review / Action	<p>2a. Determine if the research protocol requires expedited or full board review, otherwise study documents not within the mandate of REC will be considered "Exempt from Review."</p> <p>2b. Prepare a letter of Exempt for review if applicable.</p>		<p>3 days</p> <p>2 days</p>	<p><i>REC Chairperson</i></p> <p><i>REC Secretariat/ Member Secretary</i></p>
3. Distribution and receipt of study protocol packages	<p>3a. Designate at least two REC members to be the primary reviewers of the protocol and one (1) for ICF regardless of whether the type of review is expedited or full board.</p> <p>3b. Receive a study protocol package from the REC secretariat staff.</p>		12 days	<i>REC Staff / REC Members</i>



4. Review Protocol	4a. Verify content of package upon receipt, look for the due date for the review, and type of review. Submit protocol and ICF evaluation form to the REC secretariat.		15 days	REC Members
5. Communicate Decision of the REC	<p>5a. Compile and check whether the assessment forms are complete.</p> <p>5b. Prepare a Letter (either approved, disapproved, or with minor/major revisions) to sponsor or PI.</p> <p>5c. Sign the letter of REC decision to be communicated.</p>		15 days	<p>REC Secretariat/ Member Secretary</p> <p>REC Secretariat/ Member Secretary</p> <p>REC Chairperson</p>
<b>TOTAL:</b>		1,000.00 to 50,000.00	45 days	
<b>END OF TRANSACTION.</b>				





# **Public Health Unit (PHU) External Service**



## 1. Issuance of Health Pass

Distribution of Health Pass to eligible patients at the Public Health Unit.

<b>Office or Division</b>	PUBLIC HEALTH UNIT			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2C- Government to Citizen			
<b>Who may avail</b>	Cancer Patients Requiring Chemotherapy, Dialysis Patients, High Risk Pregnant Women			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Master list of Eligible Patients for a Health Pass		Concerned Department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.All eligible patients should proceed first to the BOOM Triage before entering the hospital premises.	1.1 The Triage Officer of the Day will assist eligible patients in filling out the Health Declaration Form.  1.2 After filling out the Health Declaration Form the Triage officer will direct eligible patients to the concerned Department	None	5 minutes	<i>Triage Officer of the Day</i>
2.All eligible patients may now proceed to the Concerned Department for assessment and information gathering.	2.1 The physician on duty of that day of the concerned department will gather patient basic information and perform assessment to the patient.	None	5-7minutes	<i>Physician on Duty of the Concerned Department</i>
3.Proceed to the Public Health Unit for the Issuance of Health Pass.	3.1 The PHU Staff will verify the eligible patients based on the list forwarded by the concerned department.  3.2 The PHU Staff will encode the patient information, assign control number of the Health pass and printing of the health pass.	None	2-3 minutes	<i>PHU Staff</i>
<b>TOTAL:</b>		None	15 minutes	
<b>END OF TRANSACTION</b>				



**Public Health Unit**  
**Health Education and Program Office**  
**(HEPO)**  
**Internal Service**



## 1. Posting of Digital Information Education Communication Material in the Official Facebook Page- Promotional Materials, Health Promotion, Recognitions

Brief Description: Process in requesting of posting of IEC materials (which includes health information, videos, recognitions, health promotion) in the official Facebook Page of BGHMC.

<b>Office or Division:</b>	Public Health Unit
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	All employees from other offices
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Digital Communication Request Form	PHU Office/ MMO

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Step 1. The client shall fill-up the Digital Communication Request Form and submit it to Public Health Unit with the conceptualized IEC material including the content, graphics and design of the material.	Step 1. The HEPO in charge receives the request.	None	2 minutes	HEPO
Step 2. The client shall wait for the review of the material by HEPO in charge.	Step 2. The HEPO in charge will review the material and shall comment/recommend for the material.	None	3 hours (weekday office hours), 48 hrs (weekend)	HEPO
Step 3. The client shall receive comments and recommendations for	Step 3. The HEPO shall communicate with the sender with regards to the	None	30 minutes	HEPO



improvement of the materials.	comments and recommendations			
Step 4. The client shall finalize the IEC material with HEPO in charge.	Step 4. The HEPO shall finalize the digital IEC.	None	3 hours (weekday office hours)	HEPO
Step 5: The client shall wait for the approval of the digital IEC.	Step 5. The HEPO in charge shall submit the digital IEC to PHU Head for approval.	None	30 minutes	HEPO/ PHU Head
Step 6. The client shall wait for the digital IEC to be posted.	Step 6. The HEPO in charge shall post the digital IEC in the official BGHMC Facebook Page.	None	2 minutes	HEPO
<b>TOTAL:</b>		None	7 hrs and 4 minutes (Weekdays) 52 hrs and 4 minutes (Weekends)	
<b>END OF TRANSACTION</b>				



## 2. Request for Posting of Advisories and Announcements in the Official Facebook Page

Brief Description: Process in requesting of posting of advisories and announcements in the official Facebook Page of BGHMC.

<b>Office or Division:</b>	Public Health Unit
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	All employees from other offices
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Digital Communication Request Form	PHU Office/ MMO

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Step 1. The client shall fill-up the Digital Communication Request Form and submit it to Public Health Unit with the conceptualized IEC material including the content, graphics and design of the material.	Step 1. The HEPO in charge receives the request.	None	2 minutes	HEPO
Step 2. The client shall wait for the review of the material by HEPO in charge.	Step 2. The HEPO in charge will review the material and shall comment/ recommend for the material.	None	2 hours (weekday office hours), 24 hrs (weekend)	HEPO
Step 3. The client shall receive comments and recommendations for improvement of the materials.	Step 3. The HEPO shall communicate with the sender with regards to the comments and recommendations	None	30 minutes	HEPO
Step 4. The client shall finalize the IEC	Step 4.	None	30 minutes	HEPO



material with HEPO in charge.	The HEPO shall finalize the digital IEC.			
Step 5: The client shall wait for the approval of the digital IEC.	Step 5. The HEPO in charge shall submit the digital IEC to PHU Head for approval.	None	30 minutes	HEPO/ PHU Head
Step 6. The client shall wait for the digital IEC to be posted.	Step 6. The HEPO in charge shall post the digital IEC in the official BGHMC Facebook Page.	None	2 minutes	HEPO
<b>TOTAL:</b>		None	2 hrs and 34 minutes (weekdays) to 25 hrs and 34 minutes (weekends)	
<b>END OF TRANSACTION</b>				



**Tuberculosis Directly Observe  
Treatment Short Course  
(TB DOTS)  
External Service**





## 1. TB-DOTS Drug Resistant Tuberculosis (DR-TB)

This service covers evaluation, enrollment, and treatment initiation to all patients diagnosed with Drug Resistant Tuberculosis (DR-TB). These services are available from Monday to Friday (8 AM to 4 PM) and on Saturday/Sunday and Holidays (8 AM to 11 AM).

<b>Office or Division:</b>	Tuberculosis – Directly Observed Treatment, Short-course (TB-DOTS) / Programmatic Management Drug-Resistant Tuberculosis (PMDT)
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	All patients diagnosed with Drug Resistant Tuberculosis (DR-TB)
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
<ol style="list-style-type: none"> <li>1. One (1) Referral Form</li> <li>2. One (1) Chest X-Ray Result</li> <li>3. Clinical Laboratory Results               <ol style="list-style-type: none"> <li>a) Two (2) Gene Xpert Result – 2<sup>nd</sup> result as a confirmatory test (for newly diagnosed RR-TB)</li> <li>b) One (1) Gene Xpert Result – (for retreatment/relapsed RR-TB)</li> </ol> </li> <li>4. One (1) Photocopy of Philhealth Card (if available)</li> <li>5. One (1) SSS/TIN ID/Certificate of Indigency (any of the following)</li> <li>6. At least one (1) Treatment Supporter</li> </ol>	<ol style="list-style-type: none"> <li>1. Physician or Resident-in-Charge</li> <li>2. Radiology Department</li> <li>3. Clinical Pathology Department</li> <li>4. Philhealth</li> <li>5. SSS Office/BIR Office Community Barangay Hall</li> <li>6. Family/Relative/Community Health Unit</li> </ol>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>Step 1. Submit Referral Form with or without Laboratory Results.</b>  <b>Location:</b> <b>Reception Area</b> <b>TB-DOTS / PMDT</b>	<b>1.1</b> Accepts and evaluates the referral form and attached laboratory results. <b>1.2</b> Evaluation of patients and identification of close contacts.	None	10 minutes	<i>STC Nurse and/or PMDT Physician</i>



<p><b>Step 2. Facilitate Gene Xpert Testing (Initial/Confirmatory)</b></p> <p><b>Location:</b> Reception Area TB-DOTS / PMDT</p>	<p><b>2.1</b> Provides laboratory request for Gene Xpert (first time).</p> <p><b>2.2</b> Gives Instruction for correct collection of sputum.</p>	<p>None</p>	<p>10 minutes</p>	<p>STC Nurse</p>
<p><b>Step 3. Enrollment of DRTB Patient.</b></p>	<p><b>3.1</b> Accomplish Form 4c. DR-TB Treatment Card, Form, and Patient Booklet.</p> <p><b>3.2</b> Assign case number.</p> <p><b>3.3</b> Record patient details in Form 6c. TB Register (ITIS).</p> <p><b>3.4</b> Discuss and finalize the appropriate treatment adherence mechanism with the patient.</p> <p><b>3.4.1</b> Consider the most suitable location of drug intake and treatment supporter based on patients' conditions.</p>	<p>None</p>	<p>15 minutes</p>	<p>STC Nurse</p>



	<p><b>** <u>Options include:</u></b></p> <ul style="list-style-type: none"> <li>• Location: Can be at home, community, workplace, or health facility.</li> <li>• Treatment Supporter: Can be family member, trained lay volunteer, health worker.</li> </ul> <p><b>3.4.2</b> Suppose daily intake is not in the health facility. In that case, the STC nurse can initially provide a one-week supply to the treatment supporter and adjust later to a maximum of monthly dispensing depending on the situation.</p> <p><b>3.4.3</b> Ensure that health workers or trained volunteers regularly communicate</p>			
--	--	--	--	--



<p><b>Location:</b> Reception Area TB-DOTS / PMDT</p>	<p>ate with patients at least every two weeks as part of psychosocial support.</p> <p><b>3.4.4</b> Other modes of treatment supervision such as self-administered treatment assisted by technology (e.g., Video DOT, call or SMS based DOT, AI-based therapy) may also be done.</p>			
<p><b>Step 4. Facilitate Baseline Clinical, Laboratory, and Bacteriologic Examination.</b></p>	<p><b>4.1</b> Clinical Evaluation by the PMDT Physician including weight for all and height for children.</p> <p><b>4.2</b> Sputum Collection for Baseline Mycobacterial Tests.</p> <p><b>4.2.1.</b> Instruction is given for the correct collection of sputum in</p>	<p>None</p>	<p>20 minutes</p>	<p><i>PMDT Physician and STC Nurse</i></p>



<p><b>Location:</b> a) Reception Area TB-DOTS/PMDT b) DOT Area/Examination Area</p>	<p>the patient's home</p> <p><b>4.3 Facilitates Baseline Diagnostic Tests:</b></p> <p><b>a)</b> Electrocardiogram <b>b)</b> Visual Acuity and Color Vision <b>c)</b> Brief Peripheral Neuropathy Screening (BPNS) <b>d)</b> Mental Health Screening</p>			
<p><b>Step 5. Initiation of Treatment</b></p> <p><b>Location:</b> a) Reception Area TBDOTS / PMDT b) DOT Area / Examination / Evaluation Area</p>	<p><b>5.1 Supervision of first/initial Drug Oral Treatment.</b></p>	<p>None</p>	<p>5 minutes</p>	
<p><b>TOTAL:</b></p>		<p><b>None</b></p>	<p><b>60 minutes</b></p>	
<p><b>END OF TRANSACTION</b></p>				

**Note:**

1. Allow a period of extension of 30 minutes or more depending on the number of patients, functionality of machines and computer set/printer, MIS downtime, and or power interruption.



## 2. TB-DOTS Drug Susceptible Tuberculosis (DS-TB)

This service covers patient evaluation, enrollment, and treatment initiation to all patients diagnosed with Drug Susceptible Tuberculosis (DS-TB). These services are available from Monday to Friday (8 AM to 4 PM) and on Saturday/Sunday and Holidays (8 AM to 11 AM).

<b>Office or Division:</b>	Tuberculosis – Directly Observed Treatment, Short-course (TB-DOTS) / Programmatic Management Drug-Resistant Tuberculosis (PMDT)
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	All patients diagnosed with Drug Susceptible Tuberculosis (DS-TB)
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<ol style="list-style-type: none"> <li>1. One (1) Referral Form</li> <li>2. One (1) Chest X-Ray Result</li> <li>3. Clinical Laboratory Results               <ol style="list-style-type: none"> <li>a) One (1) Acid-Fast Stain and/or Gene Xpert Result</li> <li>b) One (1) Complete Blood Count</li> <li>c) One (1) Routine Chemistry – Creatinine, AST/ALT</li> </ol> </li> <li>4. One (1) Photocopy of Philhealth Card (if available)</li> <li>5. One (1) Provider-Initiated Counseling and Testing (PICT) and HIV Result</li> </ol>	<ol style="list-style-type: none"> <li>1. Physician or Resident-in-Charge</li> <li>2. Radiology Department</li> <li>3. Clinical Pathology Department</li>   <li>4. Philhealth</li> <li>5. HIV/AIDS Core Team (HACT)</li> </ol>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>Step 1. Submit Referral Form with or without Laboratory Results.</b>  <b>Location:</b> <b>a) Reception Area TB-DOTS / PMDT</b>	<b>1.1</b> Accepts and evaluates the referral form and attached laboratory results.  <b>1.2</b> Evaluation of patients and identification of close contacts.	None	15 minutes	<i>STC Nurse and/or PMDT Physician</i>
<b>Step 2. For Provider-Initiated Counseling and Testing (PICT) and HIV Testing.</b>	Provides referral to HACT for PICT and HIV Testing.	None	5 minutes	<i>STC Nurse</i>



<b>Location:</b> <b>a) Reception Area TB-DOTS/PMDT</b>  <b>b) HACT Facility</b>				
<b>Step 3. Initiation of Treatment.</b> <b>3.1 Institutional Referral</b>  <b>3.2 Non- institutional Referral</b>  <u>Location:</u> Area <b>TB-DOTS / PMDT</b>	<b>3.1</b> Completes Form 4b. DS-TB Treatment Card and provides TB drugs.  <b>3.2</b> Provides a referral letter to the patient's community health center.	None	10 minutes	STC Nurse
<b>TOTAL:</b>		None	30 minutes	
<b>END OF TRANSACTION</b>				

**Note:**

1. Allow a period of extension of 30 minutes or more depending on the number of patients, functionality of machines and computer set/printer, MIS downtime, and or power interruption.



### 3. Mycobacterial Tests (Simple)

This service covers from receiving requests and specimens to releasing results. These services are available from Monday to Friday from 8 AM to 4 PM and on Saturday/Sunday and Holidays from 8 AM to 11 AM.

<b>Office or Division:</b>	Tuberculosis – Directly Observed Treatment, Short-course (TB-DOTS) / Programmatic Management Drug-Resistant Tuberculosis (PMDT)
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	All presumptive TB patients
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<p>1. One (1) Request or Referral Form</p> <p>2. Specimen for Microbiologic Tests:</p> <p>a) Gene Expert:</p> <p style="padding-left: 20px;">a.1) Specimen Type: One (1) Specimen – Either sputum, tracheal aspirate, endotracheal aspirate, bronchial washing, bronchioalveolar lavage fluid, or other body fluids (except urine, feces, and blood) – Specimen (1ml to 4ml) in an appropriate container (e.g., sputum cup)</p> <p style="padding-left: 20px;">a.2) Specimen Type: Tissue – Soaked in plain normal saline solution (PNSS) – One (1) Specimen placed in an appropriate container (e.g., sputum cup)</p> <p>b) Direct Sputum Microscopy</p> <p style="padding-left: 20px;">b.1) Specimen Type: One (1) Specimen – Either sputum, tracheal aspirate, endotracheal aspirate, bronchial washing, bronchioalveolar lavage fluid, or other body fluids (except urine, feces, and blood) – Specimen (1ml to 4ml) in an appropriate container (e.g., sputum cup)</p> <p style="padding-left: 20px;">b.2) Specimen Type: One (1) Tissue – Soaked in plain normal saline solution (PNSS) - One (1) Specimen placed in an appropriate container (e.g., sputum cup)</p> <p>c) TB Culture</p> <p style="padding-left: 20px;">c.1) Specimen Type: One (1) Specimen – Either sputum, tracheal aspirate, endotracheal</p>	<p>1. Nurse / Midwife / Physician or Resident-in-Charge (of referring department)</p> <p>2. Patients/Physician or Resident-in-Charge (of referring department)/Nurse Attendant</p> <p><i>Note: Sputum Cup may secure from TB-DOTS facility</i></p>





<p>aspirate, bronchial washing, bronchioalveolar lavage fluid, or other body fluids (except urine, feces, and blood) – Specimen (3ml to 5ml) in an appropriate container (e.g., sputum cup)</p> <p>c.2) Specimen Type: Tissue – Soaked in plain normal saline solution (PNSS) - One (1) Specimen placed in an appropriate container (e.g., sputum cup)</p> <p>d) Line Probe Assay (LPA)</p> <p>d.1) Specimen Type: One (1) Specimen – Either sputum, tracheal aspirate, endotracheal aspirate, bronchial washing, bronchioalveolar lavage fluid, or other body fluid (except urine, feces, and blood) – Specimen (4ml to 5ml) in an appropriate container (e.g., sputum cup)</p> <p>d.2) Specimen Type: Tissue – Soaked in plain normal saline solution (PNSS) – One (1) Specimen placed in an appropriate container (e.g., sputum cup)</p> <p>3. If the patient is unable to claim the result, representative to present:</p> <p>a) One (1) Original Authorization Letter or Special Power of Attorney</p> <p>b) One (1) Original Identification Card of the patient</p> <p>c) One (1) Original identification Card of the authorized representative</p>	<p>3. Patient and/or Lawyer</p>
---	---------------------------------

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p><b>Step 1. Submit Request / Referral Form and/or Specimen.</b></p> <p><u>Location:</u> Reception Area TBDOTS / PMDT</p>	<p><b>1.1</b> Accepts and evaluates request / referral form and specimen.</p> <p><b>1.2</b> Advise patient and/or watcher when to claim the result.</p>	<p>None</p>	<p>5 minutes</p>	<p><i>TC Nurse</i></p>
<p><b>Step 2. Leaves the facility and waits for SMS</b></p>	<p><b>2.</b> Prepares and sends specimen/s (sputum and other</p>	<p>None</p>	<p>5 minutes</p>	<p><i>TC Nurse</i></p>



<p>from the TC Nurse regarding the availability of results.</p> <p><b>Location:</b> Reception Area TB-DOTS / PMDT</p>	<p>body fluids - pleural fluid, pericardial fluid, peritoneal fluid, synovial fluid, and abscess) to the appropriate facility or person-in-charge.</p> <p><b>2.1</b> Specimen processing care of Clinical Laboratory a. Sputum and other body fluids ( )</p> <p><b>2.3</b> Secures a copy of the result/s and records the result/s.</p>		<p>3 working days</p>	<p><i>Medical Technologist</i></p>
<p><b>Step 3. Patient and/or authorized representative returns to the facility, presents and/or claim result/s.</b></p> <p><b>3.1</b> For patients personally claiming their result/s: a) Present a valid Identification Card</p> <p><b>3.2</b> In behalf of the patient – for authorized representative: a) One (1) Original Authorizat</p>	<p><b>3.1</b> Receives and evaluates the requirements for the claiming of result/s.</p> <p><b>3.2</b> Retrieves result/s from the file and secures duplicate copy for the facility.</p>	<p>None</p>	<p>5 minutes</p>	<p><i>TC Nurse</i></p>



<p>ion Letter or Special Power of Attorney  b)One (1) Original Identification Card of the patient  c)One (1) Original identification Card of the authorized representative  <i>(In compliance with the Data Privacy Act of 2012)</i></p> <p><b>Location:</b>  Reception Area  TB-DOTS / PMDT</p>	<p><b>3.3</b> Request patient/ authorized representative or physician-in-charge to write name and affix signature in the releasing logbook.</p> <p><b>3.4</b> Release result/s.</p> <p><b>3.5</b> Secures original copy of authorization letter from the patient's authorized representative.</p>			
<b>TOTAL:</b>		<b>None</b>	<b>3 working days, 15 minutes</b>	
<b>END OF TRANSACTION</b>				

**Note:**

1. Allow a period of extension of 15 minutes or more depending on the number of patients, functionality of machines and computer set/printer, MIS downtime, and or power interruption.



#### 4. Mycobacterial Tests (Highly Technical)

This service covers from receiving requests and specimens to releasing results. These services are available from Monday to Friday from 8 AM to 4 PM and on Saturday/Sunday and Holidays from 8 AM to 11 AM.

<b>Office or Division:</b>	Tuberculosis – Directly Observed Treatment, Short-course (TB-DOTS) / Programmatic Management Drug-Resistant Tuberculosis (PMDT)
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	All presumptive TB patients
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<p>1. One (1) Request or Referral Form</p> <p>2. Specimen for Microbiologic Tests:</p> <p>a) Gene Expert:</p> <p style="padding-left: 20px;">a.1) Specimen Type: One (1) Specimen – Either sputum, tracheal aspirate, endotracheal aspirate, bronchial washing, bronchioalveolar lavage fluid, or other body fluids (except urine, feces, and blood) – Specimen (1ml to 4ml) in an appropriate container (e.g., sputum cup)</p> <p style="padding-left: 20px;">a.2) Specimen Type: Tissue – Soaked in plain normal saline solution (PNSS) – One (1) Specimen placed in an appropriate container (e.g., sputum cup)</p> <p>b) Direct Sputum Microscopy</p> <p style="padding-left: 20px;">b.1) Specimen Type: One (1) Specimen – Either sputum, tracheal aspirate, endotracheal aspirate, bronchial washing, bronchioalveolar lavage fluid, or other body fluids (except urine, feces, and blood) – Specimen (1ml to 4ml) in an appropriate container (e.g., sputum cup)</p> <p style="padding-left: 20px;">b.2) Specimen Type: One (1) Tissue – Soaked in plain normal saline solution (PNSS) - One (1) Specimen placed in an appropriate container (e.g., sputum cup)</p> <p>c) TB Culture</p> <p style="padding-left: 20px;">c.1) Specimen Type: One (1) Specimen – Either sputum, tracheal aspirate, endotracheal</p>	<p>1. Nurse / Midwife / Physician or Resident-in-Charge (of referring department)</p> <p>2. Patients/Physician or Resident-in-Charge (of referring department)/Nurse Attendant</p> <p><i>Note: Sputum Cup may secure from TB-DOTS facility</i></p>



<p>aspirate, bronchial washing, bronchioalveolar lavage fluid, or other body fluids (except urine, feces, and blood) – Specimen (3ml to 5ml) in an appropriate container (e.g., sputum cup)</p> <p>c.2) Specimen Type: Tissue – Soaked in plain normal saline solution (PNSS) - One (1) Specimen placed in an appropriate container (e.g., sputum cup)</p> <p>d) Line Probe Assay (LPA)</p> <p>d.1) Specimen Type: One (1) Specimen – Either sputum, tracheal aspirate, endotracheal aspirate, bronchial washing, bronchioalveolar lavage fluid, or other body fluid (except urine, feces, and blood) – Specimen (4ml to 5ml) in an appropriate container (e.g., sputum cup)</p> <p>d.2) Specimen Type: Tissue – Soaked in plain normal saline solution (PNSS) – One (1) Specimen placed in an appropriate container (e.g., sputum cup)</p> <p>3. If the patient is unable to claim the result, representative to present:</p> <p>a) One (1) Original Authorization Letter or Special Power of Attorney</p> <p>b) One (1) Original Identification Card of the patient</p> <p>c) One (1) Original identification Card of the authorized representative</p>	<p>3. Patient and/or Lawyer</p>
---	---------------------------------

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p><b>Step 1. Submit Request / Referral Form and/or Specimen.</b></p> <p><b>Location:</b> Reception Area TBDOTS / PMDT</p>	<p><b>1.1</b> Accepts and evaluates request / referral form and specimen.</p> <p><b>1.2</b> Advise patient and/or watcher when to claim the result.</p>	<p>None</p>	<p>5 minutes</p>	<p><i>TC Nurse</i></p>



<p><b>Step 2. Leaves the facility and waits for SMS from the TC Nurse regarding the availability of results.</b></p> <p><b>Location:</b> Reception Area TB-DOTS / PMDT</p>	<p><b>2.1</b> Prepares and sends tissue sample specimen/s (bone, mass, lymph node) to the appropriate facility or person-in-charge.</p> <p><b>2.2</b> Specimen processing care of National Tuberculosis and Research Laboratory (NTRL)</p> <p><b>2.3</b> Secures a copy of the result/s and records the result/s.</p>	<p>None</p>	<p>5 minutes</p> <p>21 working days</p>	<p><i>TC Nurse</i></p> <p><i>Medical Technologist</i></p>
<p><b>Step 3. Patient and/or authorized representative returns to the facility, presents and/or claim result/s.</b></p> <p><b>3.1 For patients personally claiming their result/s:</b> b) Present a valid Identification Card</p> <p><b>3.2 In behalf of the patient – for authorized</b></p>	<p><b>3.1</b> Receives and evaluates the requirements for the claiming of result/s.</p> <p><b>3.2</b> Retrieves result/s from the file and secures</p>	<p>None</p>	<p>5 minutes</p>	<p><i>TC Nurse</i></p>



<p>representative:  d) One (1) Original Authorization Letter or Special Power of Attorney  e) One (1) Original Identification Card of the patient  f) One (1) Original Identification Card of the authorized representative  <i>(In compliance with the Data Privacy Act of 2012)</i></p> <p><b>Location:</b>  Reception Area  TB-DOTS / PMDT</p>	<p>duplicate copy for the facility.</p> <p><b>3.3</b> Request patient/ authorized representative or physician-in-charge to write name and affix signature in the releasing logbook.</p> <p><b>3.4</b> Release result/s.</p> <p><b>3.5</b> Secures original copy of authorization letter from the patient's authorized representative</p>			
---	--	--	--	--



<b>TOTAL:</b>	<b>None</b>	<b>21 working days, 15 minutes</b>	
<b>END OF TRANSACTION</b>			

**Note:**

1. Allow a period of extension of 15 minutes or more depending on the number of patients, functionality of machines and computer set/printer, MIS downtime, and or power interruption.





**Women Child Protection Unit  
(WCPU)  
External Unit**



## 1. Process on securing Psychological Evaluation

WCPU provides psychological assessment to some victims of abuse. It is done to help a psychologist better understand an individual and provide valuable insights into the individual's behavior, skills, thoughts and personality. Psychological testing commonly includes intelligence testing, personality testing, and skills testing, among other areas. Scheduling of patient, testing and releasing of psychological report is during weekdays except holidays and when psychologist is on leave.

<b>Office or Division:</b>	Medical			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizen/ Transacting Public			
<b>Who may avail:</b>	<p>Adult victims of abuse as per            RA 9262- An act defining violence against women and their children by husband, live-in male partner, boyfriend or former male partner providing for protective measures for victims, prescribing penalties therefore, and for other purposes            RA 8353- An act expanding the definition of the crime of rape, reclassifying the same as a crime against persons by any person amending for the purpose Act No. 3815, as amended otherwise known as the Revised Penal Code, and for other purposes            RA 8505- An act providing assistance and protection for rape victims, establishing for the purpose a rape crisis center in the every province and city, authorizing the appropriation of funds therefor, and for other purposes            RA 7877- An act declaring sexual harassment unlawful in the employment, education or training environment, and for other purposes            RA 9208- An act to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for its violations, and other purposes *</p>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Letter, if available		Referring Agencies		
BGHMC Referral Form, if seen by other departments		Concerned Department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Undergoes quick patient check  Reception area- WCPU	2.1 Ask the chief complaint/purpose of the visit 2.2 Identify urgency of the condition of the patient, age, type of abuse, timing of incident	None	2 minutes	<i>Ms. Janice Katrina O. Castelo</i> <i>Psychologist</i>  <i>Dr. Elizabeth J. Batino</i> <i>Physicians</i>



				<p><i>Dr. Nora Genevieve M. Recolizado</i>  <i>Dr. Leanne C. Acosta (On Training)</i>  <i>Dr. Mary Jane P. Carrido</i></p> <p><i>Social Workers</i>  <i>Ms. April Lippi A. Sudango</i>  <i>Ms. Haydee V. Yaco</i>  <i>Ms. Edith P. Madongit</i></p>
<p>2a. Answers questions for registration</p> <p>2b. Signs consent forms</p> <p>2c. Provides general data information</p>	<p>1.1 Explain consent and data privacy form, ask to sign</p> <p>1.2 Log in to HOMIS portal and get case number</p> <p>1.3 Record general data and family assessment</p>	None	10 minutes	<p><i>Ms. Janice Katrina O. Castelo</i>  <i>Psychologist</i></p> <p><i>Dr. Elizabeth J. Batino</i>  <i>Dr. Nora Genevieve M. Recolizado</i>  <i>Dr. Leanne C. Acosta (On Training)</i>  <i>Dr. Mary Jane P. Carrido</i>  <i>Physicians</i></p> <p><i>Ms. April Lippi A. Sudango</i>  <i>Ms. Haydee V. Yaco</i>  <i>Ms. Edith P. Madongit</i>  <i>Social Workers</i></p>
3. Undergoes Patient Safety and Risk Assessment	3.1 Assess for presence of further threats	None	30 minutes (May vary depending on the participation of the patient, family, relatives and other agencies involved)	<p><i>Ms. April Lippi A. Sudango</i>  <i>Ms. Haydee V. Yaco</i>  <i>Ms. Edith P. Madongit</i>  <i>Social Workers</i></p>
4a. Undergoes Psychological testing	4.1 Administer battery of	None	4.1. 8 hours depending on the participation	<p><i>Ms. Janice Katrina O. Castelo</i>  <i>Psychologist</i></p>



<p>4b. Undergoes comprehensive interview</p> <p>4c. Provides names and contact details of informant/s</p>	<p>psychological tests</p> <p>4.2 Gather relevant information from the patient</p> <p>4.3 Provide schedule for the interview</p> <p>4.4 Gather relevant information from significant individuals</p> <p>4.4.1 Interview with immediate family member (parents/siblings)</p> <p>4.4.2 Interview with friends</p> <p>4.4.3 Interview with co-workers (if applicable)</p> <p>4.4.4 Interview with other significant individuals</p> <p>Note: Psychologist may require presence of several people knowledgeable about the patient's case</p>		<p>and pace of the patient</p> <p>4.2. 3 hours per informant depending on the number of informants, their participation, availability and pace of the interview</p> <p>10 minutes</p> <p>2 hours</p> <p>2 hours</p> <p>2 hours</p> <p>2 hours</p> <p>2 hours</p>	
---	--	--	--	--



5. Waits for the result	5.1 Interpret and analyze the results of the tests based on the test manual and data collected 5.1 Prepare the comprehensive report	None	5 working days  14 working days	<i>Ms. Janice Katrina O. Castelo Psychologist</i>
6a. Receive the psychological report (Only 1 original report will be released, for representative, provide an authorization letter and identification)  6b. Receive feedback from the psychologist  6c. Understand the recommendations based from the report	6.1 Release the original report 6.2 Explain the results and recommendations to the patient  6.3 Refer patients to other professionals for further management (if needed) 6.4 Conduct counselling to patients (if needed)	None	6.1 5 minutes 6.2. 30 minutes (May vary depending on the number of queries of the patient)  6.3. 5 minutes  6.4. 1 hour, 30 minutes	<i>Ms. Janice Katrina O. Castelo Psychologist</i>
<b>TOTAL:</b>		None	20 days	
<b>END OF TRANSACTION</b>				



## 2. Securing Medico-Legal Certificate

The Women and Children Protection Unit is a specialized unit near the Emergency Room that operates 24/7. It caters to all types of abuse from within and outside of the hospital by providing medical, social and psychological services and subsequently obtains the medico-legal certificate. WCPU Staff is not on duty during Sundays and Holidays but resident physicians shall see the patients and refer cases to WCPU consultants. WCPU shall cater to abuse incidents that happen in Baguio City.

<b>Office or Division:</b>	Medical
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C- Transacting Public
<b>Who may avail:</b>	<p>All victims of abuse as per</p> <p>RA 7610- An act providing for stronger deterrence and special protection against child abuse, exploitation and discrimination, and for other purposes</p> <p>RA 9262-An act defining violence against women and their children by husband, live-in male partner, boyfriend or former male partner providing for protective measures for victims, prescribing penalties therefore, and for other purposes</p> <p>RA 8353- An act expanding the definition of the crime of rape, reclassifying the same as a crime against persons by any person amending for the purpose Act No. 3815, as amended otherwise known as the Revised Penal Code, and for other purposes</p> <p>RA 8505- An act providing assistance and protection for rape victims, establishing for the purpose a rape crisis center in every province and city, authorizing the appropriation of funds therefor, and for other purposes</p> <p>RA 7877- An act declaring sexual harassment unlawful in the employment, education or training environment, and for other purposes</p> <p>RA 9208- An act to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for its violations, and other purposes</p> <p>RA 10627- An act requiring all elementary and secondary schools to adopt policies to prevent and address the acts of bullying in their institutions</p> <p>RA 9775- An act defining the crime of child pornography, prescribing penalties therefore, and for other purposes</p>
<b>CHECKLIST OF REQUIREMENTS</b>	
Referral Letter if available	Referring Agency
BGHMC Referral Form if seen by other department	Concerned department
<b>WHERE TO SECURE</b>	



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Undergoes quick patient check</p> <p>Reception area-WCPU</p>	<p>1.1. Ask the chief complaint/purpose of the visit</p> <p>1.2. Identify urgency of the condition of the patient, age, type of abuse, timing of incident, availability of the guardian</p> <p>1.3. For child victims, call *legal guardian if not present call the **ROD</p>	None	<p>2 minutes</p> <p>5 minutes</p> <p>5 minutes</p> <p>5 minutes</p>	<p><i>Ms. Janice Katrina O. Castelo Psychologist</i></p> <p><i>Dr. Elizabeth J. Batino</i></p> <p><i>Dr. Nora Genevieve M. Recolizado</i></p> <p><i>Dr. Leanne C. Acosta (On Training)</i></p> <p><i>Dr. Mary Jane P. Carrido</i></p> <p><i>Physicians</i></p> <p><i>Ms. April Lippi A. Sudango</i></p> <p><i>Ms. Haydee V. Yaco</i></p> <p><i>Ms. Edith P. Madongit</i></p> <p><i>Social Workers</i></p>
<p>2a. Answers questions for registration</p> <p>2b. Signs consent forms</p> <p>Provides general data information</p>	<p>2.1 Log in to HOMIS portal and get case number</p> <p>2.2 Explain WCPU consent and data privacy form, ask to sign</p> <p>2.3 Record general data and family assessment to WCPU Intake Form</p>	None	10 minutes	<p><i>Ms. Janice Katrina O. Castelo Psychologist</i></p> <p><i>Dr. Elizabeth J. Batino</i></p> <p><i>Dr. Nora Genevieve M. Recolizado</i></p> <p><i>Dr. Leanne C. Acosta (On Training)</i></p> <p><i>Dr. Mary Jane P. Carrido</i></p> <p><i>Physicians</i></p> <p><i>Ms. April Lippi A. Sudango</i></p> <p><i>Ms. Haydee V. Yaco</i></p> <p><i>Ms. Edith P. Madongit</i></p> <p><i>Social Workers</i></p>



<p>3 Undergoes consultation with the physician</p>	<p>3.1 History/Forensic Interview</p> <p>3.2 Photo-documentation</p> <p>3.3 Physical examination</p> <p>3.4 Collection of specimen for diagnostic tests and DNA identification</p> <p>3.5 ROD consults WCPU consultant on duty</p> <p>3.6 Prepare, explain findings, release of medico-legal certificate</p>	<p>None</p>	<p>40 minutes (May vary according to the cooperation of the patient and the language barrier)</p> <p>3.2. 5 minutes</p> <p>3.3 30 minutes (May vary according to the cooperation of the patient)</p> <p>3.4 30 minutes (May vary according to the timing of incident)</p> <p>3.5. 15 minutes</p> <p>3.6. 20 minutes (May vary according to accuracy of data)</p>	<p>ROD</p> <p>WCPU Consultants  <i>Dr. Elizabeth J. Batino</i>  <i>Dr. Nora Genevieve M. Recolizado</i>  <i>Dr. Leanne C. Acosta (On Training)</i>  <i>Dr. Mary Jane P. Carrido</i></p>
<p>4a Understands the results of the consultation and next plans to be conducted</p> <p>4b Undergoes medical treatment if needed</p> <p>4c Undergoes further laboratory examinations***</p> <p>4d Undergoes</p>	<p>4.1. Explain the medications, if any</p> <p>4.2. Releases the prescribed medications from the pharmacy if needed</p> <p>4.3. Provide instructions for follow-up on</p>		<p>15 minutes</p>	<p>ROD</p> <p><i>Dr. Elizabeth J. Batino</i>  <i>Dr. Nora Genevieve M. Recolizado</i>  <i>Dr. Leanne C. Acosta (On Training)</i>  <i>Dr. Mary Jane P. Carrido</i>          WCPU Consultants</p>





<p>psychological evaluation, if needed</p>	<p>either of the following:</p> <p>4.3.1 Evaluate initial interventions</p> <p>4.3.2. Secure laboratory results</p> <p>4.3.3. Undergo medical treatment if needed</p> <p>4.3.4. Undergo further laboratory examinations***</p> <p>4.3.5. Undergo psychological evaluation</p> <p>4.3.6. Referral to other departments</p> <p>4.3.7. Provide customer satisfaction rating form</p> <p>4.3.8 Refer to other departments if needed</p> <p>OR</p> <ul style="list-style-type: none"> <li>• Endorsed for admission</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Endorsed to other agencies</li> </ul>			<p><i>Ms. April Lippi A. Sudango</i>  <i>Ms. Haydee V. Yaco</i>  <i>Ms. Edith P. Madongit</i>  <i>Social Workers</i></p>
--	---	--	--	--



<p>5 Go through Safety and Risk Assessment</p>	<p>5.1. Assess for presence of further threats</p> <p>5.2. Formulate safety plan (presence of threats)</p> <p>    5.2.1. Identify available relatives</p> <p>    5.2.2. If there are no relatives available, refer to residential facilities</p> <p>5.3. Refer to other agencies for further management, if needed</p>	<p>None</p>	<p>30 minutes (May vary depending on the participation of the patient, family, relatives and other agencies involved)</p>	<p><i>Ms. April Lippi A. Sudango</i> <i>Ms. Haydee V. Yaco</i> <i>Ms. Edith P. Madongit</i> <i>Social Workers</i></p>
<b>TOTAL:</b>		<p>None</p>	<p>3 hours, 30 minutes</p>	
<b>END OF TRANSACTION</b>				



### 3. Providing teleconsultation and Tele Counselling for Victims of Abuse

The Women and Children Protection Unit started to provide online- services to victims of abuse during the community quarantine to address the issues of the victims.

<b>Office or Division:</b>	Medical
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C- Transacting Public
<b>Who may avail:</b>	<p>All victims of abuse as per            RA 7610- An act providing for stronger deterrence and special protection against child abuse, exploitation and discrimination, and for other purposes            RA 9262-An act defining violence against women and their children by husband, live-in male partner, boyfriend or former male partner providing for protective measures for victims, prescribing penalties therefore, and for other purposes            RA 8353- An act expanding the definition of the crime of rape, reclassifying the same as a crime against persons by any person amending for the purpose Act No. 3815, as amended otherwise known as the Revised Penal Code, and for other purposes            RA 8505- An act providing assistance and protection for rape victims, establishing for the purpose a rape crisis center in the every province and city, authorizing the appropriation of funds therefor, and for other purposes            RA 7877- An act declaring sexual harassment unlawful in the employment, education or training environment, and for other purposes            RA 9208- An act to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for its violations, and other purposes            RA 10627- An act requiring all elementary and secondary schools to adopt policies to prevent and address the acts of bullying in their institutions            RA 9775- An act defining the crime of child pornography, prescribing penalties therefore, and for other purposes</p>
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
Referral Letter if available	Referring Agency
Referral Forms if seen by other departments	Concerned department

