



REPUBLIC OF THE PHILIPPINES
Province of Negros Occidental
City of San Carlos

OFFICE OF THE SANGGUNIANG PANLUNGSOD

EXCERPTS FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG PANLUNGSOD HELD ON THE 26TH DAY OF JANUARY, 2017 AT 4:30 P.M. AT THE SP SESSION HALL, THIS CITY

PRESENT:

Hon. CHRISTOPHER PAUL S. CARMONA,	SP Member /Presiding Officer Pro Tempore'
" BENITO Y. GUSTILO, JR.,	SP Member
" MARI-CAR O. QUISUMBING,	SP Member
" JOSE CARLOS L. VILLARANTE,	SP Member
" VICTORIANA C. CABILI,	SP Member
" MARK E. CUI,*	SP Member
" CLINT S. MANSUETO,	SP Member
" WILMER L. YAP,	SP Member
" JONIE S. UY,	SP Member
" ALEXANDER Y. ONGTIAOBOK,	SP Member

*came late

OIC, CITY MAYORS OFFICE

Hon. RENATO Y. GUSTILO, Vice Mayor

ABSENT: on official business

Hon. CARLITO S. LASTIMOSO, SP Member (ABC Representative)

ORDINANCE NO. 17-07

AN ORDINANCE ADOPTING THE MEDICAL SERVICE POLICY OF THE SAN CARLOS CITY HOSPITAL AND PROVIDING PENALTIES HERETO AND FOR OTHER PURPOSES

Introduced by: Hons. YAP, CARMONA, ONGTIAOBOK AND VILLARANTE

Be it ordained by the Sangguniang Panlungsod of the City of San Carlos, Negros Occidental, in regular session assembled, that

SECTION 1. – TITLE: This ordinance shall be known as “ Ordinance Adopting the Medical Service Policy of the San Carlos City Hospital and Providing Penalties hereto and for other Purposes.”

SECTION 2. DEFINITION OF TERMS. As used in this Ordinance, the following terms are herein defined:

a. CASE PRESENTATION – is a formal communication between health care professional (doctors, pharmacists, nurses, therapist, etc.) regarding patient’s clinical information. An oral case presentation is NOT a simple recitation but a concise, edited presentation of the most essential information for the purpose of continued medical education.

b. CF3 – Claim Form 3 issued by Philhealth and a requirement for claiming Philhealth benefit.

c. CHIEF OF CLINIC – the staff charged to assist the Chief of Hospital in the overall management and administration of the hospital. He/she shall also act as the Head of Medical Services to ensure effective provision of medical services and implementation of medical policies and procedures.

d. COMPLICATED CASE – refers to a high level of difficulty in its management with many complications which would require hard work to solve

e. EMERGENCY ROOM – section of the hospital where patients are provided initial treatment and primary care before admission

f. FOLEY BAG CATHETER – conduct to drain urine from bladder into an attached bag; sometimes referred in this ordinance as FBC.

g. GRAND ROUNDS – an important teaching tool and ritual of medical education and in patient's case consisting of presenting the medical problems and treatment of a particular patient to an audience consisting of doctors, residents and medical students.

h. INTERNAL MEDICINE – is a specialty dealing with the prevention, diagnosis, treatment of adult diseases, sometimes referred in this ordinance as IM.

i. INTRAVENOUS FLUID – a solution administered directly into the venous circulation

j. MEDICAL CHART – is a complete record of patient's key clinical data

k. MEDICAL OFFICER – are doctors who have completed education and clinical training

l. MEDICAL SPECIALIST – are doctors who have completed advanced education and clinical training in a specific area of medicine

m. MORTALITY/MORBIDITY – a state being suffered to a condition that may cause severe diseases or sometimes death.

n. NASOGASTRIC TUBE – is a narrow bore tube passed into the stomach via the nose; sometimes referred in this ordinance as NGT.

o. NURSES – are persons who have completed education and clinical training in caring for the sick or infirmed especially in a hospital

p. OBSTETRICIAN-GYNECOLOGIST - doctors who have completed advanced education and clinical training in treating diseases of female reproductive organ and newborn delivery; sometimes referred to in this ordinance as OB-Gyne.

r. OUT PATIENT DEPARTMENT – section of the hospital where patients are provided medical consultation and allied services

s. PEDIATRICIAN – doctors who have completed advanced education and clinical training specializing in children and their diseases

t. PHYSICIAN – medical practitioner who practises medicine, which is concerned with promoting, maintaining, or restoring health through the study, diagnosis and treatment of disease, injury and other physical and mental impairments.

u. SIMPLE CASE – a case that is easy to understand and manage

v. SUTURING – method of closing cutaneous wounds using sutures

w. SMOCK GOWN – a robe or smock provided by the hospital and worn in operating rooms and other parts of hospitals as a guard against contamination.

SECTION 3. GENERAL RULE

1. As a general rule, there should be a physician on duty at San Carlos City Hospital at all times, 24 hours a day, 7 days a week. Physicians are expected to be in the hospital until the next physician-in-charge arrives. Outgoing Physicians must endorse all newly admitted patients to the incoming physician on-duty.

2. Medical officers (MO) on ER duty, must perform the following, before patients are transferred to their respective wards:

a. Examine all admitted patients thoroughly

- b. Provide the following data for all admitted patients:
1. History Sheet
 2. Filling up the CF3 as to chief complaint, history, Physical examination
3. Admitted patients shall be examined at least once a day during the duration of confinement by the MO or MS on duty.
 4. Critically-ill new admission shall be assessed by the ER Medical Officer (MO) as soon as possible and should be referred to the Department Medical Specialist (MS) concerned immediately.
 5. Medical Officers (MO) on ward duty must be the **FIRST** to answer all ward calls. If not available, the Department Medical Specialist (MS) concerned shall respond accordingly.
 6. All bedside procedure such as NGT & suturing must be performed by the Medical Officer. When Medical Officers encounter any difficulty, MS concerned will be called for the said procedure and Medical Officer will assist.
 7. For FBC and IV insertions, Medical Officer (MO) shall be called for assistance when nurses encounter any difficulty and failed twice.
 8. MEDICAL SPECIALISTS (IM AND PEDIA) must do rounds on all newly admitted patients. They shall categorize the case: **simple or complicated**.
 - Simple cases shall then be under the management of the Medical Officer (MO) on ward duty until discharge. Should complications arise, these patients shall be referred back with proper verbal or written endorsement to the Medical Specialist (MS) concerned.
 - All complicated & morbid cases shall be under the care of the Medical Specialists (MS).
 - Surgical & OB-Gyne cases shall be handled by the concerned SURGICAL and/or OB-Gyne Specialists until Discharge.
 9. All physicians (MO/MS) within the hospital premises must respond to **all CODES (code RED- for ADULT / code BLUE- for PEDIA) without fail**. The Medical Officer at the Emergency Room and those handling SURGICAL procedures shall be exempted.
 10. **SKIN TEST** reading should be done by ANY Physician (MO/ MS) available to the **NEAREST NURSES' STATION**.
 11. **LATE/ABSENT** physicians should give an **EARLY NOTICE** to the **OUTGOING** physician & **CHIEF OF HOSPITAL / CHIEF OF CLINICS**.
 12. **The Chief of Clinics** has the sole prerogative regarding the schedule of all Medical Officers and Medical Specialists. No change of schedule shall be allowed except with the approval of the Chief of Clinic.
 13. All Medical Specialist are required to render on call service 1 week per month especially in the absence of the same Specialty.

SECTION 4.-Medical Chart Completion: (Violation of Reasonable Office Rules)

1. Patient's Medical Chart should be completed fully within 24 hours (Chief complaint , history, physical examination & CF3 history completion).
2. Attending Physicians should make progress notes/ side notes, fill up the course in the wards in CF3 and discharge summary after every patient visit.
3. Physicians who will discharge the patient should complete charting, sign CF3 with FINAL Diagnosis and fill up discharge summary.

4. All physicians (MO/MS) must indicate the DATE & TIME of every chart entry.

SECTION 5.-Proper Decorum for Doctors: (Violation of Reasonable Office Rules)

1. Patients and/ or relatives shall be POLITELY apprised of his/ her medical condition.
2. PROFESSIONALISM and CONFIDENTIALITY must be observed at all times. It means that all physicians are not allowed to yell or scold a patient, staff nurse or Fellow MD in public.
3. All Physicians must wear proper attire (scrub suit) and smock gown that is provided by the hospital, and must be worn within the hospital premises during duty hours. **STRICTLY NO** wearing of shorts, sando and slippers.

SECTION 6.-Proper Referral/Endorsement to the Department Medical Specialists:

1. Referrals for **CO-MANAGEMENT** of patients shall be done properly by the referring Medical Officer (MO) or Medical Specialist (MS) to the Department MS concerned. The MO/ MS concerned shall initiate the call and discuss the case with the Department Specialist. **VERBAL** instructions may be given for **NON-CRITICAL** patients, who shall be examined by the MS on his/her duty.
2. For **NON-EMERGENCY** cases from **4 PM- 8 AM**, endorsement within Department Medical Specialist (MS to MS) should be done during **ENDORSEMENT ROUNDS** only .

SECTION 7.-Phone Orders/ Verbal Orders:

1. Telephone or verbal orders written by nurse on duty must be countersigned by the physician who gave the order within the duration of his/her duty hours or the Medical Officer on duty may countersign if such orders were directly given to him/ her.
2. Medical Specialist (MS) may give **VERBAL** instructions for **NON-CRITICAL** patients to nurse on duty or in-charge but must be examined by the MS on his/her duty.

SECTION 8.-Patient Transfer-The following are the protocols to be done by the Medical Specialist before referral of patients to Tertiary Centers:

1. Check up and examine the patients
2. Fill-up completely the Referral Sheets
3. Call and coordinate with Tertiary Center for referral and transfer
4. Inform the Chief of Clinics before the transfer
5. In cases M.S. is not available, the M.O. on duty shall do the above cited requirements

SECTION 9.-Drug Prescription:

1. All physicians (MO/MS) must secure and use their own S2 License in prescribing regulated drugs.
2. All physicians shall timely renew their PRC, S2 and Philhealth Licenses. Copies all these shall be submitted of the Office of the Chief of Hospital. An administrative assistant shall monitor compliance.
3. All Physicians are required to use whatever acceptable & available drugs and/ or supplies available in the hospital pharmacy to treat the patients.

SECTION 10.- Death Certificates/ Medico-legal Cases/ Final Diagnosis/Medical Certificates:

1. The signing of death certificates and/or final diagnosis should be the responsibility of the ATTENDING PHYSICIAN who last attended the patient.
2. Medical Certificates for MEDICO-LEGAL cases should be signed the Medical Officer (MO) on ER Duty unless the patient has undergone surgical procedure or was referred to Medical Specialist, then it will be signed by the SURGEON-in-charge or Medical Specialist respectively.
3. For OB-GYNE MEDICO legal cases, the OB-GYNE Medical Specialists (MS) should examine the patient and sign the Medico-Legal Certificate and/or report. In the absence of OB- GYNE, the M.O. shall be responsible for the examination of the patient and signing the medico-legal certificate and/or report.

SECTION 11.-Endorsements/Grand Rounds/ Urgent Meetings:

1. All Physicians are required to attend Grand rounds, Case Presentations and Mortality/Morbidity cases presentations which will be scheduled by the Chief of Clinics 2 – 4 weeks before the presentation. The admitting Medical Officers shall be the presenters of their corresponding cases, Mortality/Morbidity conference, bedside rounds, Grand rounds et al.
2. Attendance to Grand rounds and Case Presentations is compulsory to all PHYSICIANS (Medical Officers/ Medical Specialists), including OFF-DUTY physicians. Those who are on OFFICIAL LEAVE (Sick Leave/ Vacation Leave /Force Leave) are excused to attend case presentations but are obliged to attend to Grand rounds. Absences are taken into significant consideration in the evaluation of performance ratings.
3. Physicians without any valid reason shall make a written explanation addressed to the CHIEF OF CLINIC.
4. All Physicians are required to attend for Urgent Meetings. A notice of written explanation of absence must be submitted within three days (3) after the physician reports back to work.
5. ALL NEW ADMISSIONS and MORBID patients in the ward should be properly endorsed by the OUTGOING Medical Specialist and Medical Officer himself/herself during endorsement hours from 8:00 am to 9:00 am and from 4:00 pm – 5:00 pm to the INCOMING Medical Specialist and Medical Officer.

SECTION 12.-Penalty for Violation- In violation of any provision of the Medical Service Policy, the Physician involved must submit a written notice of explanation within 10 days from receipt of the complaint. Failure to comply shall be ground for an administrative action for Violation of Reasonable Office Rules and Regulations with the penalty of:

1st Offense	REPRIMAND
2nd Offense	SUSPENSION OF 1 to THIRTY (30) DAYS
3RD Offense	DISMISSAL FROM THE SERVICE

And /or other administrative offenses and their corresponding penalties in accordance with the procedure as provided for under the Revised Rules on Administrative Cases in the Civil Service (RRACCS).

For any unforeseen conflicts between physicians, the chief of hospital shall have the final discretion / decision before making recommendation for action to be submitted to the Board of Trustees.

SECTION 13.-Separability Clause-If for any reason, any provision, section or part of this Ordinance is declared null and void by a Court of competent jurisdiction, the remaining provisions, sections, or parts thereof, shall remain or continue to be in full force and effect.

SECTION 14.-Repealing Clause-All ordinances, rules and regulations or part thereof, in conflict or inconsistent with any provision of this ordinance are hereby repealed or modified accordingly.

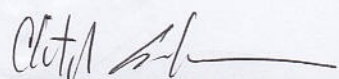
SECTION 15.-Effectivity-This ordinance shall take effect upon approval and compliance with the mandatory posting and publication requirement, prescribed under RA 7160, otherwise known as the Local Government Code of 1991.

ENACTED: JANUARY 26, 2017 by the affirmative votes of Hons. GUSTILO, QUISUMBING, VILLARANTE, CABILI, CUI, MANSUETO, YAP, UY AND ONGTIAOBOK.

I HEREBY CERTIFY to the correctness of the foregoing resolution which was duly adopted by the Sangguniang Panlungsod during its regular session held at the SP Session Hall, this city on January 26, 2017.


BARBARA A. CAMPO
Local Legislative Staff Officer V

**ATTESTED AND CERTIFIED
TO BE DULY ADOPTED:**


CHRISTOPHER PAUL S. CARMONA
SP Member/Presiding Officer Pro Tempore

APPROVED ON 06 FEB 2017, 2017:


GERARDO P. VALMAYOR, JR.

City Mayor