



OSPITAL NG PARAÑAQUE

Quirino Avenue. La Huerta, Parañaque City.
Tel -825-4902 Email - ospitalngparanaque@yahoo.com
DOH and Philhealth Accredited



OUR VISION: To be Parañaque City's best health care Provider.

OUR MISSION: To offer comprehensive healthcare services to the constituents of Parañaque City in an environment which is innovative, safe and caring, reflecting the city government's advocacy to serve its people.

WE ARE COMMITTED TO:

1. Develop our capabilities in terms of KASH (Knowledge, Attitudes, Skills, Habits) for a healthy hospital.
2. Offer quality, affordable and accessible health care services.
3. Create innovative services in keeping with other hospitals in the locality.

CORE VALUES:

1. Social Responsibility
2. Professionalism
3. Quality Service
4. Competence
5. Compassion
6. Excellence
7. Teamwork
8. Dignity
9. Safety

POSITION DESCRIPTION

1.) ADMINISTRATIVE OFFICE

➤ Administrative Head

- Directs and supervises activities and functions of all administrative units.
- Facilitates requirement for conformity with standards, policies and regulations.
- Facilitates requirements for registration, accreditation permits and insurances.
- Directs the preparation and submission of reports.
- Reviews, finalize reports submitted by the administrative units.
- Responsible to the Hospital Director.

2.) HUMAN RESOURCE OFFICE

➤ Administrative Officer IV

- Directs and supervises activities and functions of the Human Resource Office.
- Monitors, checks safekeeping, updating and filing of records of personnel.
- Monitors update personnel and movements. (COE, MEMO, Employee Verification, Schedules, Clearances, Recommendations, Employee Orientation, Seminars)
- Facilitates training and development of all employees.
- Assists (HRMO) in the processing of appointments.
- Assists (HRMO) in the processing of payrolls.
- Responsible to the Administrative Head.

➤ Administrative Officer II

- Checks, computes, application for leaves, absenteeism and tardiness.
- Safekeeps, updates, files records of personnel.
- Prepares, types, routes, submitted reports.
- Checks, sorts and files all administrative documents.
- Responsible to the immediate Head.

➤ Administrative Aide

- Receives, checks, sorts and routes all incoming documents.
- Checks, sorts, routes all out-going documents
- Types all communication, reports and others.
- Responsible to the immediate Head.

3.) ADMITTING AND DISCHARGE SECTION

➤ **Administrative Officer I**

- Directs and supervises listing of all patients.
- Safekeeps and completes records of admissions and discharges.
- Maintains records of admissions and discharges.
- Prepares and submits required reports.
- Checks, rates performance of staff.
- Responsible to the Administrative Heads.

➤ **Admitting Clerks**

- Interview, records, files all admissions and discharges.
- Prepares daily census and endorses to the next Admitting Clerk on duty.
- Updates and completes prescribed logbook for admissions and discharges.

4.) GENERAL SERVICES OFFICE

➤ **Telephone Operator**

- Receives, relays messages by telephone or two-way radios.
- Assists the general public on queries.
- Maintains records of messages received and relayed.
- Responsible to the immediate Head.

➤ **Drivers**

- Conducts all trips by ambulance and service vehicles.
- Maintains cleanliness, checks engine, oil, water, etc.
- Facilitates troubleshooting, repairs of vehicles.
- Maintains a record of conducted trips supported by Trip Tickets.
- Responsible to the immediate Head.

➤ **Civilian Watchmen**

- Maintains peace and order.
- Ensures safety of patients, personnel, properties and other hospital facilities.
- Enforces hospital rules and regulations on visitations and parking.
- Responsible to the immediate Head.

5.) LINEN AND LAUNDRY

➤ **Laundry Worker III**

- Directs and supervises laundering, storage and issuance of linens.
- Prepares annual purchase program to ensure adequate supply of linens.
- Maintains records of issuances and retrievals.

- Prepares and submits required reports.
- Checks and rates performance of staff.
- Responsible to the immediate Administrative Head.

➤ **Laundry Worker**

- Retrieves and sorts soiled linens daily.
- Washes, dries and stores.
- Issues clean linens to various areas.
- Repairs and sews.
- Records issuances and retrievals of linens.
- Responsible to the immediate Head.

6.) MAINTENANCE SECTION

➤ **Construction Foreman**

- Directs and supervises installations, operations and repairs of mechanical and electrical facilities.
- Supervises periodic cleaning and checking.
- Conducts inspection of the hospital building and premises.
- Prepares and submits required reports.
- Checks and rates performance of staff.
- Responsible to the immediate Head.

➤ **Electrician II**

- Checks, installs and repairs electrical facilities.
- Checks and monitors electrical facilities such as aircon units, blowers, fans and save health care equipments.
- Conduct periodic inspection.
- Maintains records of inspection conducted.
- Responsible to the Construction Foreman.

➤ **Plumber**

- Checks leaks, clogged drums and sewers.
- Replaces, installs and repairs pipes when needed.
- Help in other maintenance works.
- Responsible to the Construction Foreman.

➤ **Carpenter**

- Attends to various carpentry works.
- Repairs furniture, fixtures and shelves.
- Replaces and installs worn-out knocks and locks.
- Help in other maintenance works.
- Responsible to the Construction Foreman.

7.) MEDICAL RECORDS SECTION

➤ Medical Records Officer II

- Directs and supervises creation, compilation, care and storage of all medical records.
- Supervises and facilitates disposition of records.
- Prepares and submits required reports.
- Checks and rates performance of staff.
- Responsible to the Administrative Head.

➤ Statistician I

- Collects daily, monthly data from the Admitting Section, Ward, OR/DR, EENT, ER, Out-patient, Ancillary Services and Philhealth.
- Finalizes periodical data.
- Prepares and submits required reports.
- Responsible to the Medical Records Officer.

➤ Medical Records Clerk

- Interviews, prepares and submits Birth Certificates to the Local Civil Registrar for registration.
- Interviews, prepares, issues and submits Death Certificate to the City Health Office.
- Prepares and issues Medical Certificates, Clinical Abstracts, Records of Operations and others.
- Maintains, retrieves and re-files records.
- Responsible to the Medical Records Officer.

8.) PROPERTY SECTION

➤ Administrative Officer V

- Directs and supervises procurement, storage, inventory and distribution of materials, supplies and equipment.
- Prepares annual program of purchase.
- Facilitates disposition and condemnation of equipments.
- Maintains records of procured and issued supplies, materials and equipments.
- Prepares and submits required reports.
- Responsible to the Administrative Head.

➤ Administrative Officer I

- Prepares, types, purchase request orders and other related documents.
- Facilitates procurement process and documents.
- Conducts periodic inventories and prepares reports.
- Requires and checks deliveries.

- Prepares records of deliveries and issuances.
- Responsible to the immediate Head.

➤ **Administrative Aide I**

- Receives, checks, records deliveries and issuances.
- Issues stocks and records issuances in the prescribed logbook.
- Print various hospital forms.
- Maintains cleanliness and orderliness of the Stock Room
- Responsible to the immediate Head.

Administrative Division

ADMIN – HUMAN RESOURCE SECTION POLICY ON LEAVE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 001	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Review: July 2018	

OBJECTIVES: This policy aims to develop personnel's awareness on the kinds of leave; how to avail it as a right and a privilege as well as a responsibility.

COVERAGE: This policy covers all personnel of OSPAR.

RESPONSIBILITIES:

1. It shall be the responsibility of this office to screen and check all applications for leave; forwards all screened and checked applications to the Chief of Hospital for approval.
2. It shall be the responsibility of each Section Head to initial application for leave forms of their staff and to orient/inform them of the policy on leave.
3. It shall be the responsibility of the employee to specify clearly the number of days of filed leave.

POLICY: This policy when implemented shall ensure a smooth process of filing leaves resulting to a well informed personnel on the Civil Service rules on leaves and attendance. Implemented since 1978 up to present adopting amendments of E.O. 292 Rule XVI.

Policy on Leave

- A. Vacation Leave refers to leave of absence granted to officials and employees for personal reasons, the approval of which is contingent upon the necessities of the service.**

Entitlement to Leave Privileges – Appointive Officials and employees of the government whether permanent temporary or casual who render during the prescribed office hours, shall be entitled to 15days vacation leave and 15days sick leave annually with full pay exclusive of Saturdays, Sundays and Public Holidays without limitation as to the number of days of vacation and sick leave that they may accommodate.

Procedures:

1. Leave Forms – are available at HRO; prepared in duplicate.
2. All applications for leave shall first countersigned by the Section Head concerned.
3. It shall be the responsibility of HRO to forward all screened and checked applications for leave to the Hospital Director for approval.
4. No Forced Leave/Vacation Leave is allowed in December.
5. If vacation will be spent abroad:
 - a. Request Leave to the Hospital Director.
 - b. Authority to Travel approved by the Mayor; to be attached to Application for Leave Form.
 - c. Letter of recommendation of the Hospital Director for the approval of the Mayor.
6. Clearance is required for one (1) month or more leave of absence.
7. Any changes in the filed/approved leave shall be initiated by a letter request approved by the Hospital Director.
8. If the Leave Form is submitted already to the HRMO City Hall and the employee will cancel the planned leave, submit a request letter and address it to the OIC-HRMO and state the reason for cancelling.

Tardiness and under time are deducted against vacation leave credits, and shall not be charged against sick leave credits.

- A. Sick Leave refers to leave of absence granted only on account of sickness or disability on the part of the employee concerned or any member of his immediate family.**

- **Immediate Family:**

- Married - spouse, unmarried children, parents
- Single - unmarried siblings and parents
- household members

Procedures :

1. Forms available at HRO; prepared in duplicate.
2. One (1) day sick leave or more shall be filed upon resumption to duty.
3. Two (2) days sick leave or more shall require a medical certificate and to be presented upon his/her resumption to duty.
4. All personnel shall inform/notify their immediate supervisor or any responsible supervisor of their emergency leave or sick leave thru a phone call; however, notifications made thru telephone operator will not be accepted.
5. Notified sick leave on weekends and holidays shall be accompanied by a Medical Certificate from a licensed Physician.
6. HRO shall be responsible on forwarding approved leave forms in duplicate copies to City Hall HRMO.

B. Maternity leave refers to leave of absence granted to female government employees legally entitled in addition to vacation leave and sick leave.

Section 11. **Condition for the grant of Maternity Leave** – Women in the government service who have rendered an aggregate of two (2) or more years of service, shall be entitled to maternity leave of sixty (60) calendar days with full pay in addition to the vacation leave and sick leave.

Section 13. A woman may be granted maternity leave more than once a year. Maternity leave shall be granted to female employee in very instance of pregnancy irrespective of its frequency.

Section 14. A woman may go on maternity leave for less than sixty (60) days.

1. Medical Certificate that she is physically fit to assume the duties.
2. She may receive both the benefits granted under the maternity leave law and the salary for actual services rendered effective on the day she reports for work.

Section 15. Maternity Leave with pay may be granted even if delivery occurs just a few days after the termination of employee's service.

- **Not more than 15 calendar days**

- Section 16. Maternity Leave of employee on extended leave of absence without pay.** A woman employee can still avail of sixty (60) days maternity leave with even she is on extended leave of absence without pay.
- Section 17. Maternity Leave of employee with pending administrative case** – A woman employee is entitled to maternity leave of absence with pay even if she has a pending administrative case.
- Section 18. Maternity Leave of Contractual Employees** – Contractual employees whether or not receiving 20% premium on their salary shall be entitled to maternity leave benefits like regular employees in accordance with the provision of Section 11 hereof.
- C. Paternity Leave refers to the privilege granted to a married male employee allowing him not to report for work for seven (7) days while continuing to earn the compensation therefore on the condition that his legitimate spouse has delivered a child or suffer miscarriage.**
- Section 19. Conditions for the grant of Paternity Leave** – every male employee is entitled to paternity leave of seven (7) working days for the first four (4) deliveries of his legitimate spouse with whom he is cohabiting.
- Section 20. Paternity Leave (Non-Cumulative/Non-Commutative)** – Paternity of seven (7) days shall be non-cumulative and strictly non-convertible to cash.
- D. Special Privilege Leave refers to leave of absence which officials and employees may avail of for a maximum of three (3) days annually over and above the vacation, sick, maternity and paternity leaves to mark personal milestones and/or attend to filial and domestic responsibilities.**
- Section 21. Special Leave Privileges** – in addition to the vacation, sick, maternity and paternity leave, officials and employees with or without existing or approved **Collective Negotiation Agreement (CNA)**, except teachers and those covered by special leave laws, are granted the following special leave privileges subject to the conditions hereunder stated:
- a) Funeral/Mourning Leave
 - b) Graduation Leave

- c) Enrollment Leave
- d) Relocation Leave
- e) Wedding Anniversary
- f) Government Transaction Leave
- g) Birthday Leave
- h) Calamity Leave
- i) Hospitalization Leave
- j) Accident Leave

- 1) That the official/employee may be granted a maximum of three (3) days within a calendar year of any or combination of special leave privileges of his choice which he would opt to avail;
- 2) That such privileges shall be non-cumulative and commutative;
- 3) That the official/employee shall submit the application for the said special leave privileges for at least five (5) working days prior to its availment.
- 4) Special leave privileges may be availed of by the official/employee when the occasion is personal to him and that of his immediate family.
- 5) That during the month of December only permanent occasion such as Birthdays and Anniversaries are allowed. When the occasion falls on a Saturday, Sunday and Holiday, this can be filed either before or after the exact date. Likewise, no vacation leave is allowed during this month.

Section 25.

Five (5) days Force Leave/Mandatory Leave – All officials and employees with 10 days or more vacation leave credits shall be required to go on vacation leave whether continuous or intermittent for a minimum of five (5) working days annually under the following conditions:

- a) The head of agency shall, upon prior consultation with the employees, prepare a staggered schedule of the mandatory five – day vacation leave of officials and employees, provided that he may, in the exigency of the services, cancel any previously schedule leave.
- b) The mandatory annual five-day vacation leave shall be forfeited if not taken during the year. However, in cases where the scheduled leave has been cancelled in the exigency of the service by the head of the agency. The scheduled leave not enjoyed shall no longer be deducted from the total accumulated vacation leave.

- c) So as not to hamper services, filing of vacation leave especially in the month of November is pre-arranged. An advance schedule for vacation leave is required; for submission in the 1st quarter.
- d) Retirement and resignation from the service in a particular year without completing the calendar year do not warrant forfeiture of the corresponding leave credits if concerned employees opted not to avail of the required five-day mandatory vacation leave.
- e) Those with accumulated vacation leave of less than ten (10) days shall have the option to go on forced leave or not. However, officials and employees with accumulated vacation leave of 15days who have availed of monetization for 10days, under Section 22 hereof, shall still be required to go on forced leave.
 - Schedule of Forced Leave in advance.
 - No forced leave in December.

Section 49. Period within which to act on leave application. Whenever the application for leave of absence, including terminal leave, is not acted upon by the head of agency or his duly authorized representative within five (5) working days after receipt thereof, the application for leave of absence shall be deemed approved.

Section 50. Effect of Unauthorized Leave - An official/employee who is absent without approved leave shall not be entitled to receive his salary corresponding to the period of his unauthorized leave of absence. It is understood, however, that his absence shall no longer be deducted from his accumulated leave credits.

Date of Implementation:

This policy is being implemented since 1978 by virtue of E.O. 292 of 1987, and amended as per M.C. issued in 1998.

Date of Review:

Reviewed every two (2) years or as deemed necessary.

ADMIN – HUMAN RESOURCE SECTION

POLICY ON ABSENTEEISM, TARDINESS AND ABSENCES WITHOUT NOTIFICATION

ADMINISTRATIVE DIVISION APPROVAL MATRIX	
POLICY NO. ADM – HRO – 002	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C., MD, MHA Hospital Orteza Director
Date of Review: July 2018	

OBJECTIVES: The policy aims to establish total awareness on the effects of habitual absences and tardiness and or the sanctions to be imposed consistent to the Civil Service rule and regulations.

COVERAGE: This policy covers all personnel of OSPAR.

RESPONSIBILITIES:

- I. It shall be the responsibility of Section Heads to orient their staff as regards to this policy and to monitor their absences and tardiness. "NO CALL, NO SHOW" absences shall be reported to this office by each Division.
- II. It shall be the responsibility of each employee to notify his/her immediate Supervisor at least 6 hours prior the scheduled shift either by phone or letter.
- III. In case of absences, it shall be the responsibility of the Section Heads or Supervisors to Pull-Out a staff from other areas to be functional.
- IV. It shall be the responsibility of HRO to monitor the number of absences and tardiness, to check Daily Time Records, to prepare a summary report of absences and tardiness to be noted by the Hospital Director and forwards the same to City Hall HRMO. HRO shall issue of Information or Memorandum to personnel who is habitually absent and tardy.

- V. It shall be the responsibility of the Hospital Director to make recommendations for disciplinary actions to the City Hall HRMO.

POLICY: This policy is being implemented by virtue of E.O. 292 of 1987 and amended as per Memorandum Circular issued in 1998.

POLICY ON ABSENTEEISM AND TARDINESS (M.C. 04,S. 1991)

I. Habitual Absenteeism

- i. An officer or employee in the Civil Service shall be considered habitually absent if he incurs unauthorized absences exceeding the allowable 2.5 days monthly leave credit under the Leave Law for at least three (3) consecutive months during the year;
- ii. In case of claim of all health, heads of department or agencies are encouraged to verify the validity of such claim, and, if not satisfied with reason given, shall disapprove the application for sick leave. On the other hand, cases of employees who absent themselves from work before approval of their application shall be disapproved outright; and,
- iii. In the discretion of the Head of any department, agency or office, any government physician may be authorized to do a spot check on employees who are supposed to be on sick leave. Those found violating the leave laws, rules and regulations shall be dealt with accordingly by filing appropriate administrative case against them.

II. Habitual Tardiness

Any employee shall be considered habitually tardy if he incurs tardiness, regardless of the number of minutes, ten (10) times a month for at least two (2) consecutive months during the year.

III. Sanctions

The following sanctions shall be imposed for violation of the above guidelines:

1. For the violation, the employee, after due proceedings, shall be meted the penalty of six (6) months and one (1) day to one (1) year suspension without pay;
2. For the second violation, and after due proceedings, he shall be dismissed from the service.
3. For failure to bundle out in the prescribed Daily Time Record. The following sanctions shall be implemented:

1 st Offense	Notice
2 nd Offense	Warning
3 rd Offense	Half-day absent

4. Absences without Notification (No Call, No Show), specially in shifting schedule is considered Absence without Pay and shall have a corresponding salary deductions.

Reports on punctuality and attendance of all employees shall be submitted to the HRMO not later than two (2) weeks after the end of each month.

Heads of departments or agencies shall oversee the strict implementation of this Circular and may prescribed their own internal rules and regulations in the use of bundy clock, logbook, slip out and for application for leave of absence.

Date of Implementation:

This policy is being implemented since 1978 by virtue of E.O. 292 of 1987, and amended as per M.C. issued in 1998.

Date of Review:

Reviewed in 2003, 2007, 2018

ADMIN – HUMAN RESOURCE SECTION POLICY ON EMERGENCY LEAVE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 003	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Review: July 2018	

OBJECTIVES: The policy aims to define what is an emergency leave and its scope.

COVERAGE: This policy covers all personnel of OSPAR.

RESPONSIBILITIES:

- a. It shall be the responsibility of the staff to notify their immediate heads; who shall in turn notify this office for the necessary adjustments or changes in schedules.
- b. It shall be the responsibility of this office to check and facilitate adjustments or changes made and to process and coordinate the same to concerned offices.

POLICY: This policy when implemented shall minimize incidents of necessary understaffing especially on shifting schedules.

PROCEDURES:

- I. **Emergency Leave can be availed in the following situations and conditions only:**
 1. In case of urgent situation such as calamities like fire, floods, earthquakes and other unexpected unforeseen events.
 2. The staff has to undertake an important family commitment.

3. In a situation or condition that necessitates prompt attention; failure of which spells serious results.
- II. Emergency Leave can be availed for a maximum of three (3) days in a year and be filed immediately or upon resumption to duty. Emergency Leave filed in December, on those applications beyond the 3 days allowable is subject for verification by this office and approval of the Hospital Director.

Emergency Leave that may be approved are:
 - Death of immediate family member/household
 - Unforeseen Events
 - Hospitalization
- III. Emergency Leave is filed and deducted from vacation leave.
- IV. All Emergency leave shall be approved by the Hospital Director.

Date of Implementation:

This policy is being implemented in 2004 upto present.

Date of Last Review:

Reviewed in 2008, 2018

ADMIN – HUMAN RESOURCE SECTION POLICY ON SLIP OUT

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 004	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: The policy aims to establish a written policy that set as well as monitor personnel seeking approval to leave office premises on official time.

COVERAGE: This policy covers all personnel of OSPAR.

RESPONSIBILITIES:

- a. It shall be the responsibility of Admin/HRO to check and monitor compliance to this policy.
- b. It shall be the responsibility of the Administrative Division Head or in his/her absence the OIC for Human Resource to approve request.

POLICY: This policy when implemented shall control as well as monitor unnecessary and unofficial slip-out of personnel during working hours.

PROCEDURES:

- I. Personnel shall accomplish Slip-Out Form to indicate place and purpose.
- II. Slip-Out Form must first be countersigned by the Section Head for approval of the Administrative Division Head.

- III. The Senior House Officer (SHO) on duty shall be in charge during Saturdays, Sundays, Holidays and night.
- IV. Slip-Out Form must be shown to the CSU on duty at the information counter. CSU will indicate the time of departure as well as having the employee sign at the Slip-Out Logbook.
- V. Upon return, employee must show the form to the CSU to log in the time of arrival as well as to have the employee sign in the Slip-Out Logbook. Employee must return the Slip-Out Form to HRO.
- VI. Maximum of two (2) hours is allowed on personal pass-out and shall be considered as half day in excess of two (2) hours. Time departure and time of arrival must be reflected in the Daily Time Record (space for overtime in/out).
- VII. None shall be allowed two (2) hours before dismissal time.
- VIII. Certificate of Attendance or proof of appearance is being required for Official Slip-Out.
- IX. Slip Out for personal reasons is limited to two (2) times in a month; otherwise it shall be noted as tardiness. Reports of excess shall be made to Hospital Director.

Appendix:

Slip-Out Form

Date of Implementation:

This policy was implemented in 2004

Date of Review:

2008, 2018

ADMIN – HUMAN RESOURCE SECTION POLICY ON SCHEDULE AND EXTRA - OFF

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 005	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To come up with an approved schedule five (5) working days prior to actual date.

COVERAGE: This policy covers all Sections of each Division.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Section Head to prepare schedule.
- II. It shall be the responsibility of the Administrative Division Head to check and recommend the check the schedule.

POLICY: This policy when implemented will minimize problems on staffing and conflict in schedules; which enhances efficiency and effectiveness of personnel.

PROCEDURES:

1. Schedule Forms are available at HRO.
2. All schedules shall be prepared in duplicate copies by each Section and shall be submitted to HRO five (5) working days prior to actual date for checking. (Original copy for the Section Head and one copy for HRO.)
3. Any changes in approved schedule by the Section Head must be presented to the Administrative Office for final approval.
4. Approved changes must be reflected in the schedule form and must be lodged to HRO for necessary adjustment and recording.

5. Extra-Off is being allowed only in the exigency of the service and shall be with prior approval of the Hospital Administrator.
6. Extra-Off earned must be consumed within 30 days; (unless a notice to defer with reason is approved by Hospital Director) otherwise, it is forfeited. It shall be upon request for the Hospital Director's approval.
7. Multiple Extra-Off earned to be consumed beyond the 30days limit must be allowed on a schedule/staggered basis by the Section Head, noted by the Division Head and with the approval of the Hospital Director.
8. Extra-Off earned must not be used to offset Sick Leave.
9. Request Slip for extra-off, change of off, change of duty and change of applied leave must be filed by each employee, noted by the Section/Division Head and approved by the Hospital Administrator.

Appendix :

Request Slip Form

Date of Implementation:

This policy was implemented in 1987

Date of Review:

June 30, 2004, July 2018

ADMIN – HUMAN RESOURCE SECTION POLICY ON UNIFORMS

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 006	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: The policy aims to create an identifying scheme for personnel; for them to be business like in appearance and distinct from the rest; parallel with the approved budget for clothing allowance.

COVERAGE: This policy covers all personnel of OSPAR.

RESPONSIBILITIES:

- I. It shall be the responsibilities of all personnel to wear the prescribed/authorized uniform with corresponding Identification Card to make it complete.
- II. It shall be the responsibility of the Section Head to check their staff and to report to HRO.
- III. It shall be the responsibility of HRO to monitor if the policy on uniform is being followed. Notices of Information and Memorandum shall be issued by this office to personnel who failed to comply with the policy.

POLICY:

- I. All employees shall wear the prescribed office uniform with corresponding Identification Card.
- II. Designs and colors may change if and when a direct order from the Office of the Mayor's is issued.
 - There shall be a meeting of all Section Heads to discuss and approve changes in designs and colors.
 - Date for implementation of the new uniform shall be agreed upon in the meeting.

III. Sanctions shall be implemented for anyone not in proper uniform.

Date of Implementation:

This policy was implemented since 1992 and applied upto present.

Date of Last Review:

January 15, 2014

April 10, 2010

July 2018

Administrative Division

ADMIN – HUMAN RESOURCE SECTION POLICY ON RENEWAL OF APPOINTMENTS

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 007	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, RPm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: The policy aims to establish a smooth process of renewal of appointments.

COVERAGE: This policy shall encompass all Sections under each Division.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Head of this Section to inform concerned staff of all the requirements needed in the processing of appointments; to facilitate the processing of documents and follow up of such at the City Hall.
- II. It shall be the responsibility of each Section Head to submit Evaluation and Performance rating of each personnel with non-itemized positions (Casual and Job Order) on or before the deadline set for submission.

POLICY:

- I. This policy shall enforce the proper procedures to facilitate the process of renewal of all personnel; with non-itemized positions.
- II. This policy shall enforce all to abide with the guidelines incorporated into it to enact swift processing of documents and to avoid delays in payment of salaries.

PROCEDURES:

- I. All Section Head MUST submit to their respective Division Heads the Evaluation and Performance rating of each staff under him/her, biannually specifically during the month of June and November.
- II. These ratings when approved by the Hospital Director shall be attached to a Letter of Recommendation for renewal by the City Mayor. Processing shall then proceed from there.
- III. All approved appointments shall be submitted to HRO. It is the responsibility of this office to furnish the City Hall HRMO for payroll preparation for their salary.

Date of Implementation:

This policy was implemented since 1978 upto present.

Schedule for Policy Review:

Shall be reviewed every two (2) years or as deemed necessary.

ADMIN – HUMAN RESOURCE SECTION POLICY ON REQUEST FOR CERTIFICATIONS

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 008	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: The policy aims to come up with standard procedure on the request for certification.

COVERAGE: This policy covers all personnel of OSPAR.

RESPONSIBILITIES:

- I. It shall be the responsibility of the employee to fill-up request slip form and submit the same to the HRO.
- II. It shall be the responsibility of this office to facilitate request submitted and to release the same employee who requested the certification.

POLICY: This policy when implemented shall ensure a systematic flow on request of certificates and other documents needed by staff.

PROCEDURES:

- I. Properly filled-up Request Slip for Certificate of Employment, Good Moral Character, Remittance, Contributions, Service Record, etc. shall be submitted by an employee to this office.
- II. Certificates and other documents shall only be released to the personnel who requested it.
- III. Certificates and other documents prepared at this office shall be released after five (5) working days from submission.
- IV. Other requests such as Service Records, Leave Credits and others will be forwarded by this office to the offices concerned (Office of the Mayor, HRMO, Accounting and Treasury). Release date will depend on their policy.

However, after seven(7) working days and the document requested is not yet released, the requestor shall conduct follow-up. Other requests not mentioned above shall be taken on a case to case basis.

Appendix:

Request Slip Form

Implementation Date:

Implemented since 1978 and still practiced upto present.

Review:

Every two (2) years or as deemed necessary

ADMIN – HUMAN RESOURCE SECTION POLICY ON SERVICE AWARDS

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 009	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: The policy aims to come up with specific criteria or basis on granting of awards to personnel in recognition of their valuable services to OSPAR.

COVERAGE: This policy covers all personnel of OSPAR.

RESPONSIBILITIES:

- I. It shall be the responsibility of this office (HRO) to come up with, the list of names of awardees not later than the end of February and furnish the same to all division.
- II. It shall be the responsibility of each Division to confirm to this office the veracity of the list provided.
- III. It shall be the responsibility of each staff to thoroughly verify, check and coordinate queries to this office (HRO) and to facilitate corrections and or adjustments necessary to qualify for the award
- IV. It shall be the responsibility of this office (HRO) to submit all documents for proof to the City HRMO for their final verification prior to inclusion/disqualification for awards.

POLICY: This policy when implemented shall provide a list of screened/qualified awardees ahead of schedule to give enough

time for the preparation which includes completing records, reconciling and verifying them at the same time.

PROCEDURE:

- I. An employee may be given an award under the following conditions:
 1. Has served and completed the number of years of service required for 10, 15, 20, 25 years and every five (5) years thereafter; without gap in the service, basis of which is the Service Record certified by HRMO.
 2. A detailed employee with itemized and non-itemized position who has served the hospital is also included on the required period of time 10, 15, 20, 25 years and every five (5) years thereafter.
 3. Cut-off date is on before July 2 of the year and every year thereafter.
 4. In case of any discrepancy of the records; any proof of evidence of data shall be presented by the staff to this office for correction.
- II. In line with Civil Service Commission (CSC) thrust of humanizing Bureaucracy, OSPAR shall likewise give recognition to its retired employee. This is parallel with Civil Service M.C.#07 series of 1998. A retiree is eligible for the recognition when he has satisfied the following conditions.
 1. **Optional Retirement** – he/she is at least 60 years of age or below 65 at the time of retirement.
 2. **Compulsory Retirement** – he/she is 65 years of age.
 3. **Early Retirement** – he/she is 55 years old and has completed at least 15 years of continuous service on or before July 2.
* Certificates of Recognition shall be given to awardees*
- III. Job Order and detailed are eligible for the recognition:
 - Has served continuously for 10, 15, 20 years and every five (5) years thereafter of continuous service.
 - Certificates of Recognition shall be given to awardees.
- IV. Contractual employees are likewise eligible for the recognition:
 - Has served continuously for 10, 15, 20 years and every five (5) years thereafter of continuous service.

- Certificates of Recognition shall be given to awardees.

Date of Implementation :
Implemented in 1993

Date of Review :
February 2003, February 2005, 2018

Administrative Division

ADMIN – HUMAN RESOURCE SECTION

POLICY ON CONDUCT OF ORIENTATION TO NEWLY HIRED EMPLOYEES

ADMINISTRATIVE DIVISION APPROVAL MATRIX	
POLICY NO. ADM – HRO – 010	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To establish awareness of the hospital's rules and regulations, it's history and profile through the conduct of orientation.

COVERAGE : This policy covers all newly hired employees.

RESPONSIBILITIES :

- I. It shall be the responsibility of HRO to prepare the contents and to conduct orientation for newly hired employees.
- II. It shall be the responsibility of each Division and/or Section Heads to discuss specific matters inherent to the newly hired employees duties and responsibilities.
- III. It shall be the responsibility of this office to coordinate with the Division Heads and/or Section Heads concerned to set the schedule of orientation.

POLICY: This policy shall ensure a well-oriented, responsible, disciplined employees that adheres to the organization's vision, missions and goals its implemented policies.

PROCEDURE:

- I. ADMIN-HRO will conduct orientation on general policies to ALL newly hired employees.
Divisional and Sectional policies shall be conducted by the concerned.
- II. Orientation schedules with Admin/HRO are to be arranged by the Division and/or Section Heads concerned.
- III. Orientation must be made as a monitoring tool during the 1st month of all newly hired employees. Completion certificates to be issued by this office.

Appendix :

Certificate of Attendance

Date of Implementation :

Implemented in 2007, 2018

Date of Review :

Every two (2) years or as deemed necessary

ADMIN – HUMAN RESOURCE SECTION POLICY ON PERFORMANCE EVALUATION

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 011	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, RPm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To serve as reference for all personnel actions; reference also in granting of performance-based salary step increment as provided for by CSC-DBM Joint Circular No. 1 series of 1990.

COVERAGE : This policy covers all personnel of OSPAR.

RESPONSIBILITIES :

- I. It shall be the responsibility of all OSPAR employees to rate/evaluate one's self which shall be agreed jointly with the immediate head.
- II. It shall be the responsibility of each Section/Division to rate/evaluate their staff, rating of which shall be agreeable to the Rater and the Ratee.
- III. It shall be the responsibility of each Division to submit accomplished Performance Evaluation Sheet (PES) to the Hospital Director.

POLICY: This policy shall when implemented shall ensure an objective basis for any personnel action.

PROCEDURE:

- I. Performance Evaluation Sheet are available at HRO.
- II. All personnel **must** submit to this office a copy of their performance evaluation form.
- III. This office shall submit the accomplished PES to the Hospital Director for the final approval and for submission to the City HRMO.
- IV. Performance Evaluation Sheet (PES) of Regular and Non-Itemized personnel duly approved by the Hospital Director shall be forwarded to the Office of the City Mayor together with the letter of recommendation in preparation for the renewal of appointments.

Dates of PES submission:

Non Itemized – May to October , November to April

Regular – January to June, July to December

Date of Implementation :

This policy was Implemented in 2003 upto present.

Date of Review :

This was last reviewed in 2008 and every two (2) years or as deemed necessary

ADMIN – HUMAN RESOURCE SECTION POLICY ON HIRING/SELECTION PROCESS

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 012	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy aims to develop a clean understanding on the hiring, selection process and other matters.

COVERAGE : This policy covers all personnel of OSPAR.

RATIONALE :

Personnel administration is the totality of concern with human resource management of an organization. This concern consists of the selection of employees to utilize them to the maximum of quality and quantity in input and services.

The yearly Filipinos had already recognized the need for better organization, it has not been adequately studied, but Spanish authorities have established and instituted administrative structures as early as 1521 – 1896.

Stepped in the Roman Law, the Spanish government allowed only a negligible share in the appointments of the natives to public offices and employments that stirred the early Filipinos to seek for reforms and better public services.

The First Philippine Commission under the Americans was known as the Schurman Commission was established on January 20, 1899, followed by the Taft Commission in the year 1910 restricting appointees from the United States of America.

Many laws were passed, under several leaderships until the new Civil Service System under the Republic was approved by Pres. Carlos P. Garcia known as the Civil Service Law on June 19, 1959.

Through the years, the CSC has been instrumental in the promulgation of policies, rules and standards for the people in the public service.

From 1987 to the present time, the Civil Service Commission as the leading and central personnel agency of the Philippine government is chiefly responsible for a profession and highly motivated government workforce.

GENERAL RULES:

Adoption of the Revised Qualification Standards Manual of 1997 for all positions in the government service. Prescribed in the manual are;

- Minimum and basic requirements of the position
- Education and experience training requirements.
- Eligibility

I. Rule V : APPOINTMENT

Section 1. All appointments in the career service shall be made according to merit and fitness.

Section 2. The appointing authority shall be guided by the Civil Service Law and Rules.

Section 5. Each appointment shall be prepared in the prescribed form duly signed by the appointing authority.

Each appointment shall be accompanied by the ff:

- Personal Data Sheet
- Job Description Form
- Certification by the appointing authority that all requirements have been completed with Pre-Employment Requirements:
- NBI Clearance
- PRC License, Certified (if applicable)
- Physical/Medical-CBC, Urinalysis, Chest Xray, Drug test

- Diploma, Certificates of Training
 - Civil Service Eligibility (If applicable)
- Section 16. Publication of vacant position to be filled-up.
- Section 17. Posting of vacant position to be filled-up.

2. RULE VI : PROMOTION

- Section 1. Promotion is the advancement of an employee from one position to another with an increase in duties and responsibilities authorized by law, and unusually accompanied by an increase in salary.
- Section 2. Employees who occupy positions deemed to be next in rank to the vacancy shall be considered for promotion.
- Section 3. Next in rank positions follows the agency's System of Ranking Positions.
- Section 4. An employee who holds a next in rank position, most competent and qualified, and possesses an appropriate eligibility may be promoted.
- Section 5. Comparative degree of competence:
- Performance
 - Education and Training
 - Experience and Outstanding Accomplishments
 - Potential

3. RULE VII : OTHER PERSONNEL ACTIONS

- Section 1. See Rule VI
- Section 2. Original appointment refers to initial entry into the career service of qualified persons by the Commission.
- Section 3. Appointment through certification – an appointment issued to a person who has been selected from a list.
- Section 4. Promotion – shall be governed by Rule VI
- Section 5. Transfer – Movement from one place to another which is of equivalent rank, level or salary.
- Section 6. Reinstatement – appointment of a person who has been previously appointed with no misconduct/delinquency or has been exonerated from administrative charges.
- Section 7. Re-employment – reappointment of a person who is previously but has been separated as a result of reduction of force, re-organization or voluntary resignation.

- Section 8. Detail – movement of an employee from one department or agency to another, temporary in nature, does not involve a reduction in rank, status or salary and does not require issuance of another appointment.
- Section 9. Secondment – is a movement of an employee from one department or agency to another which is temporary in nature and which may or not require the issuance of an appointment but may either involve reduction or increase in compensation. This action shall be governed by general guidelines.
- Section 10. Re-assignment – movement of an employee from one unit to another in the same department or agency which does not involve a reduction in rank, status or salary and does not require issuance of an appointment.
- Section 11. Demotion – is the movement from one position to another involving the issuance of an appointment with diminution in duties, responsibilities, status or rank which may or may not involved reduction in salary.
- Section 12. Separation is a voluntary or involuntary termination of employment.
- Section 13. Appeals in connection with personnel shall be governed through a process and the Hospital Director as the governing agency shall decide the merits of the case within sixty (60) days from receipt of the appeal and complete records of the case.

*As a satellite office, all matters and actions associated with the personnel are all referable to the agency's main human resource office.

Date of Implementation :

This policy was Implemented since 1978, changes were made in 1998, 1999, 2002 in accordance with the Civil Service Commissions' amended rules and regulations.

Date of Review :

Every three (3) years or as deemed necessary

Date of Last Review :

May 2011

July 2018

Internal Promotion Committee

A special committee that is responsible for any personnel actions within the organizations.

Composition of the Committee

- Executive Board Chairperson
- Hospital Director
- Hospital Administrator
- Admin / HRO Head
- Head of Division Concern
- Head of the Section / Area Concern

OBJECTIVE :

To come up with a good selection of personnel for developing an efficient and effective public service.

RESPONISIBILITIES :

1. It shall be the responsibility of the committee to implement the guidelines set on promotion.
2. It shall be the responsibility of the committee to study and assess any personnel movement or action presented.
3. It shall be the committee's responsibility to recommend to the appointing officer or approving body.

PROCEDURE :

1. The committee shall meet/convene regularly as scheduled with minutes of meeting filed by the secretary.
2. The committee shall be responsible for determining the extent of the requirements for promotion as follows:
 - Performance rating for the last two (2) training periods shall be very satisfactory.
 - Qualifications Standard shall be applied
 - Experience and Outstanding Accomplishments
 - Physical Characteristics, Physical fitness, attitudes, personality and potentials.
- 2.1 Individual folders containing records of performances of employees must be kept at all times (occupational history, educational attainment, special studies and trainings and other relevant data including commendations, complaints and memo for references)
- 2.2 Apart from Promotion, other personnel actions are as follows:
 - Transfer
 - Reinstatement

- Re-employment
- Detail
- Secondment
- Re-assignment
- Demotion
- Separation

3. They shall provide a wide area of selection as possible and shall set up a system of ranking positions in the organization.
4. Employees as a rule, shall be informed by the committee on the approved ranking system of the organization.
5. The committee shall endorse their recommendation to the approving authority or approving body.
6. Provision shall be made for appeal in case the employee feel they have not judged fairly.

Administrative Division

ADMIN – HUMAN RESOURCE SECTION POLICY ON DISASTER RESPONSE AND MANAGEMENT

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 013	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, Rpm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES :

- I. To organize a responsible team that shall formulate policies and operational plans that the hospital will implement in case of emergency disaster and crisis.
- II. To train key personnel for a systematic and safe evacuation plan to be followed in cases of any emergency disaster and/or crisis.
- III. To coordinate with the other disaster groups, specifically the City Disaster Risk Reduction and Management Council (CDRRMC), to help the hospital in cases of any emergency disaster and crisis.
- IV. To implement a regular disaster drill (fire, flood, earthquake) to help prepare all hospital personnel in times of major emergencies, disaster and/or crisis.
- V. To participate and take appropriate action as a health facility and as indicated in the emergency plans of the nearby land, maritime and air transport facilities.

PROCEDURES :

- I. A hospital-based Disaster and Risk Response Team shall be organized to come up with a master plan to be activated automatically in full force in the event of any emergency, disaster and/or crisis.
- II. The Disaster and Risk Response Team shall be composed of various committees that will carry out the plan contingent to the CODE ALERT that shall be called upon by the National or Local DRRMO, which, shall serve as notice to the Incident Commander to call such CODE ALERT at his level in his unit and thereby activate the facility to put things in the proper order and perspective.
- III. The Team shall convene periodically to study and be acquainted with the Local Disaster Risk Reduction and Management Plan (RA 10121) in consonance with the Department of Health's HEMS (Health Emergency and Management Services) and SPEED (Surveillance in Post-Extreme Emergency and Disaster) programs and duly activated in the health facility such as OSPAR.
- IV. Each committee shall identify their members accordingly and shall draw their own plans for integration to the master plan including the duties and responsibilities of each committee head and member.

DUTIES & RESPONSIBILITIES :

- I. A. Incident Commander
 - a. Shall be responsible in ensuring a risk sensitive health facility plan in cases of emergency, disasters and/or crisis in coordination with National, Provincial, City/Municipality, and/or Barangay counterparts whenever a CODE ALERT is raised;
 - b. Shall convene the Disaster Risk Response Team in case of an emergency, disaster and/or crisis, and shall execute plans and decisions in response to the CODE ALERT that was raised or declared.
 - c. Shall implement provisions stated in Republic Act 10121 and its Implementing Rules and Regulations as is applied with the Local Disaster Risk Reduction Management Council (City of Parañaque) and other coordinating government and non-government agencies when a CODE ALERT is raised and declared in the locality and nearby areas.

B. Deputy Incident Commander

- a. Shall assist the Incident Commander in all of the above;
- b. Shall take over in the absence of the Incident Commander in all of the above.

II. Contingency Planning Committee

- a. Shall facilitate and support risk management and contingency planning activities at the hospital level.
- b. Shall maintain a database of human resource, equipment, directories and location of critical structures and capacities to create a field hospital, evacuation centers and provisionary shelters.
- c. Shall take all necessary steps on continuing basis to maintain, provide or arrange the provision of, or make available suitably trained and competent personnel for effective management of the hospital, field hospital, evacuation centers and provisionary shelters.
- d. Shall organize, train, equip and supervise the hospital emergency response team in the basic skills to assist mothers to breastfeeding.
- e. Shall respond to and manage the adverse effects to emergencies and disasters and carry out recovery activities in the hospital, field hospital, evacuation centers and provisionary shelters in the efficient and immediate delivery of food, clothing and medicine supplies for affected women and children.

III. Safety and Security Officer

- i. Shall provide security to any threat to limb, life and property in the event of any emergency, disaster, and/or crisis whenever a CODE ALERT is raised and declared;
- ii. Shall assist in the evacuation of the area to ensure the security of personnel, patients and next of kin in the area to avoid looting, theft and petty squabble once a CODE ALERT has been raised or declared.
- iii. Shall ensure that all points of entry and exit are free from any and all obstructions in order to be safe for all concerned in the event of rapid and orderly mobilization during an emergency, disaster and/or crisis;
- iv. Shall report any suspicious or illegal activities in the area to the proper authorities;
- v. Shall ensure the cordoning of the area so that stakeholders and supplies are secured; and that, no

- one shall be allowed to enter or leave the cordoned area without proper documentation and authorization.
- vi. Shall also provide traffic routing and re-routing schemes to facilitate access for the rapid and hassle-free mobilization of assistance (aid, relief goods, supplies) and the transport of the sick and the injured;
 - vii. Shall be responsible for the monitoring/reporting to the Disease Surveillance Officer and Committee of the outbreak of disease in the event of any emergency, disaster and/or crisis;
 - viii. Shall be responsible in the monitoring and reporting to the Infectious Control Committee Officer and Team of the contamination and spread of communicable and infectious diseases in the event of any emergency, disaster and/or crisis.

IV. Finance/Logistic Officer

- a. Shall ensure that all supplies, materials and equipments are available.
- b. Shall prepare a stock validating and reporting at regular intervals to ensure the quality and quantity of supplies and materials that shall be needed in the event of any emergency, disaster and/or crisis;
- c. Shall coordinate with the Property Section Staff or with other government and non-government agencies actively involved for the provision of equipments or supplies not readily available for use in the hospital during cases of emergency, disaster and/or crisis;
- d. Shall be accountable for all borrowed equipments and shall be responsible for their return.

V. Public Information Officer

- a. Shall be responsible for the dissemination of information once a CODE ALERT has been raised or declared from the National Local DRRMC authorities;
- b. Shall be responsible for the provision of appropriate and secured communication lines during emergencies in coordination with the National and Local DRRMC and other coordinating agencies (PNP, AFP, BFP, etc) noting possible breakdown in electrical lines and the provision of alternative modes of communication;
- c. Shall be responsible for calling the hospital-wide CODE ALERT that is applicable to OSPAR as stated in the hospital disaster and safety guidelines;
- d. Shall be responsible for providing accurate information regarding the status of communication to and from the

National and Local DRRMC and other coordinating agencies to call upon for assistance in the event of any emergency, disaster and/or crisis;

- e. Shall be responsible for disseminating accurate information about the ongoing operations in the hospital (OSPAR) and nearby affected areas and the vicinity to the Local and National DRRMC and coordinating agencies for purposes of documentation;
- f. Shall be responsible for informing the White House of any emergency, disaster and/or crisis; and its proper coordination.

VI. Operations Chief (Preferably the Health Emergency Management Staff or HEMS Officer)

- a. Shall be responsible for locating injured, trapped, or ailing persons within the area and move them to a safe and secure place;
- b. Shall be responsible in providing first aid and basic life support to all those who may be in need of these;
- c. Shall ensure that all supplies, materials and equipments needed for any emergencies, disasters and/or crisis are up to date and readily available;
- d. Shall organize:
 - i. A search and rescue team
 - ii. A first – responders team
 - iii. A BLS (Basic Life Support) team
 - iv. A transport team for those requiring ACLS and intensive care beyond what the hospital can provide, if feasible; otherwise;
 - v. An ACLS, in extreme emergencies, disasters and/or crisis beyond mobilization efforts.
- e. Shall be responsible for tagging:
 - i. Priority Tags of patients and/or bodies;
 - ii. Priority Lanes/Areas of Treatment
 - iii. Priority Lanes/ Areas of Evacuation
- f. Shall maintain sanitation in the hospital, field hospital, evacuation areas and provisional shelters at all times and to provide adequate measures to prevent an outbreak of diseases.

VII. Planning Officer

- a. Shall organize an emergency response team.
- b. Shall organize emergency drills in the hospital (Fire, Drill, Evacuation Drill)

- c. Shall conduct various trainings on disaster response management.
- d. Shall implement safety policies and building maintenance.
- e. Shall monitor and evaluate and check if the maste plan is carried out accordingly.
- f. Shall coordinate with different committees of the disaster response team in compliance with the IRR of Republic Act 10121.

Date of Implementation :

July 2003

Date of Review :

As deemed necessary

Date of Last Review :

March 2011

February 2012

July 2018

**ADMIN – HUMAN RESOURCE SECTION
POLICY COMPLAINTS AND GRIEVANCE COMMITTEE**

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HRO – 014	
Reviewed by:	Reviewed by:
Kerry Anne M. Requero, RPm OIC- Human Resource	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

Description: This policy shall enact a hospital Complaints and Grievance this Committee that shall implement the guidelines to follow in Dealing with complaints and/or grievances presented, pursuant to Rule XII, Complaints and Grievances of Omnibus Rules Implementing Book V of Executive Order No. 292 and other Pertinent Civil Service Laws

Objectives:

To organize a Complaint and Grievance Committee that shall promulgate rules and regulations governing the expeditious, fair and equitable settlement of employees complaints and grievance in accordance with the policies provided by law.

Section 5: Grievance Principles

- A. An employee or union may, without resorting to formal grievance procedures discuss informally and problem relating to his conditions of employment with his superior.
- B. In presenting a complaint or grievance, the employee shall be assured freedom from coercion, discrimination or reprisal and of a speedy and impartial settlement of such complaint or grievance.
- C. Complaints and/or grievances shall be resolved at the lowest possible level in the agency.
- D. Grievance proceedings shall not be bound by formal legal rules and technicalities.

Implementation Date:

This policy has been implemented since 1978 with some revisions made to present protocols.

Schedule for Policy Review:

This policy shall be reviewed every two (2) years or as deemed necessary.

Last Reviewed:

July 2018

Administrative Division

OSPITAL NG PARAÑAQUE
0440 Quirino Ave., La Huerta, Parañaque City

Complaint and Grievance Form

Name: _____

Status of Appointment: _____

Position: _____

Immediate Head: _____

Division: _____

Section: _____

Complaint/Grievance:

[illegible]

Signature over Printed Name

Date of Filing: _____

Received by: _____

Result of Investigation:

Actions/Recommendations:

Grievance and Complaint Committee
Name

Signature

Date

1.	<hr/> <hr/>	<hr/> <hr/>
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6.	<hr/> <hr/>	<hr/> <hr/>
7.	<hr/> <hr/>	<hr/> <hr/>

* Other documents maybe attached if/ when necessary or as requested.

Composition of the Complaint / Grievance Committee

1. Hospital Director
2. Administrative Head
3. Nursing Services Head
4. Supervisor / Section Head
5. Member of the Rank and File (1)
6. Member of the Association (1)

ADMIN – ADMITTING SECTION POLICY ON PATIENT REGISTRATION

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – ADMITTING – 001	
Reviewed by:	Reviewed by:
Celestine T. Garcia OIC – Admitting	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: This policy shall aim to enhance the system for gathering information and recording them into designated logbooks.

COVERAGE: This policy shall cover this section.

RESPONSIBILITIES:

- I. It shall be the sole responsibility of this Section to gather accurate information on all the clients of this institution and to follow the system of recording as adopted from that of other government hospitals.
- II. It shall be the responsibility of the Nursing staff to inform the Admitting Section for any connection.
- III. It shall be the responsibility of the Admitting Staff to make correction with their corresponding initials.

POLICY:

- I. This policy shall enforce the importance of acquiring accurate but concise information on all clientele of this institution as this can be a valuable source of data for their thorough medical evaluation and examination by the medical staff.
- II. This policy shall also ensure that all data sourced are verified and up to date at all times.

PROCEDURE:

- I. Classification of patients shall be indicated in all issued slips for consultation, whether from ER or OPD.

- II. For NEW PATIENTS:
 - a. This Office shall include the following information on interview: Full Name (given, middle and last), age/sex, complete and present address, birth date and birthplace, and signature of patient or authorized representative.
 - b. A unique Hospital Number shall be assigned to each entry into the logbook to eliminate confusion and duplication.
 - c. This regard shall be issued to patient prior to proceeding, to area of consultation.
- III. For OLD PATIENTS:
 - a. Patient and/or relative shall be asked to proceed to the Medical Records Section, if open, to secure to old records. If closed, this Section shall issue a temporary OPD chart bearing the following, information: hospital number, full name, age and sex.
 - b. Recording shall likewise be done by this section.
 - c. Patient and/or relative shall proceed to area of consultation.
- IV. All patients for OPD consultation shall be issued number before proceeding for registration.
- V. If patient at ER for consultation, a corresponding ER slip shall be issued with complete name of patient with properly classified ML or not.

Implementation Date:

This policy has been implemented since 1978 with some revisions made to adopt to the new system of patient recording.

Schedule for Policy Review:

This policy shall be reviewed every two (2) years or as deemed necessary.

Last Reviewed:

July 2018

ADMIN – ADMITTING SECTION POLICY ON PATIENT’S ADMISSION

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – ADMITTING – 002	
Reviewed by:	Reviewed by:
Celestine T. Garcia OIC – Admitting	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy shall serve as the guidance on the admission of patients.

COVERAGE: This policy shall cover this Section, Medical Records Section and the Nursing Division.

RESPONSIBILITIES:

- I. This shall be the responsibility of the Nursing Staff at the ER/NICU to issue Notice Slip to this Section for every admission.
- II. It shall be responsibility of the Medical Records Section issue the Out Patient record of all OLD (previously treated) patients for admission to the Emergency Section to facilitate proper evaluation and treatment by the medical staff.
- III. It shall be the responsibility of this Section to facilitate the accurate but swift gathering of information about the patient; to complete the records and log down separately each admission.

POLICY:

- I. This policy shall enforce that all abide with the scheme in admitting all patients catered to by this healthy facility.
- II. This policy shall ensure the accuracy of all data incorporated into each record for the future reference.

PROCEDURE:

- I. **ADMISSION FROM THE EMERGENCY SECTION:**

- a. While being evaluated by the Medical Staff, patient's relative is asked by the ER staff to secure OLD record, if any, at the Medical Records Section. If none, to secure a NEW OPD record at the Admitting Area.
- b. Once for Admission the ER staff shall issue a Notice Slip for admission to the relative of patient along with the record.
- c. Admitting Clerk shall complete data/information necessary for admission and log down for recording. All Medico-Legal cases are logged to outpatient logbook. Any observed discrepancy in data retrieved must be followed up by this Section while the patient is admitted. Secure necessary documents (Barangay Clearance, Voter's ID, etc.) to verify all gathered information.
- d. All admitted cases shall be validated by the Social Worker for proper classification (Walk-In Private, Service, Indigent).
- e. All admission records must be properly signed before issuance back to ER staff.

II. ADMISSION FROM NICU SECTION

- a. NICU staff shall issue a notice of admission attached to the admission records to any baby that will stay than 24 hours. This notice shall contain the baby's assigned hospital numbers as logged in their records book.
- b. Notice and record shall be forwarded to this Section by the NICU staff, classified as private or service.
- c. The admitting staff shall verify data on hand prior to any entry to logbook. He/she shall then copy the NICU's hospital number and log on, with the admitting staff signature.

- III. This Section shall make a daily admission census and furnish the Records Section a copy every end of the month.

Appendix:

Notice for Admission

Implementation Date:

This policy has been implemented since 1994 to the present

Schedule for Policy Review:

This policy shall be reviewed every two (2) years or as deemed necessary.

Last Reviewed:

July 2018

OSPITAL NG PARAÑAQUE	
ER ADMISSION SLIP	
NAME: _____	DATE: _____
AGE: _____	TIME: _____
DIAGNOSIS: _____	
CAD: _____	
ROD: _____	NOD: _____

OSPITAL NG PARAÑAQUE	
ER ADMISSION SLIP	
NAME: _____	DATE: _____
AGE: _____	TIME: _____
DIAGNOSIS: _____	
CAD: _____	
ROD: _____	NOD: _____

DAILY ADMISSION				
Hospital Numbers	Date of Admission	Name of Patient	Age	Attending Physician

**ADMIN – ADMITTING SECTION
POLICY ON DISCHARGE OF PATIENT**

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – ADMITTING – 003	
Reviewed by:	Reviewed by:
Celestine T. Garcia OIC – Admitting	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES:

To provide an accurate recording of all discharged patients of this hospital.

COVERAGE

This shall cover this Section and the Nursing Division.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Head of this Section to monitor the effectiveness of this policy; to assure the accuracy of data recording into the Discharge Logbook.
- II. It shall be the responsibility of the Nursing Staff (Ward, NICU, ER/Hydration) to assist this section to completed the data necessary for accurate recording.

POLICY:

This policy shall ensure the timeliness and completeness of all pertinent data incorporated into this policy so as to eliminate duplication and confusion.

PROCEDURE:

- I. The admitting staff on duty shall make daily rounds for admission and discharges at the concerned areas every end of the shift to update records, especially concerning Emergency transfers or discharges after routine check out time.
- II. The nursing staff assigned in Areas of Concern shall assist the former so as to ensure the completeness of data recorded.
- III. This section shall ensure that records return to the Wad shall contain check out time/date, final diagnosis and disposition of patient.

Appendix:

Daily Discharges Census

Implementation Date

This policy was implemented since 1978 to the present.

Schedule for Policy Review:

This policy shall be review every two years as deemed necessary.

Last Reviewed:

July 2018

APPENDIX: DAILY DISCHARGE

Hospital No.	Date of Admission	Number of Patient	Discharge		Room No.	FINAL DIAGNOSIS	Disposition
			Date	Time			

**ADMIN – ADMITTING SECTION
POLICY ON REPORTING OF EMERGENCY
TRANSFERS**

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – ADMITTING – 004	
Reviewed by:	Reviewed by:
Celestine T. Garcia OIC – Admitting	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To provide an accurate listing of patients at any given time.

COVERAGE: This policy shall cover all Divisions of this hospital.

RESPONSIBILITIES:

- a. It shall be the responsibility of this Section to provide a complete and correct listing of admitted patients at any given point in time.
- b. It shall be the responsibility of the Social Service Section to attend to all Emergency Transfers whenever possible so as to affect a smooth flow in discharge and to notify this Section of all cases.
- c. It shall be the responsibility of the Nursing Staff (Aide or Clerk) to attend to all such cases especially in times when no Social Worker (SW) is available; to follow the procedures incorporated and to contribute to completeness of listing mentioned previously.
- d. It shall be the responsibility of the Cash Section to issue Promissory Note(PN) in cases when the Social Worker is not available to execute such.

POLICY: This policy shall ensure the efficiency in reporting as well as recording of all patients transferred out of this hospital outside of the ordinary conditions making it emergency.

PROCEDURES:

- I. The Nurse Aide shall inform the SW of any case of Emergency transfer immediately after the Attending Physician has opted for this.

- II. The SW shall attend to the case by asking the relatives to undergo clearance from the three (3) clinical areas, namely: the Pharmacy, Laboratory and Radiology Sections.
- III. Once completed the relative shall proceed to pay the Hospital charges at the Cash Section.
- IV. Once completed, the SW shall ask the Admitting Clerk to sign on the Clearance slip in short of any notification.
- V. However, in cases when no SW is available the Nurse Aide/Clerk shall be tasked to perform the above procedures. He/she shall ask the Cash Section to execute PN and attach to clearance slip. These documents shall be forwarded to the Social Service section the following working day.

Appendix:

Clearance slips for emergency transfers

Implementation Date:

This was implemented in 2003 as a solution to this perennial problem

Schedule for Policy Review:

This policy shall be reviewed every two years or as deemed necessary

Last Reviewed:

July 2018

**ADMIN – ADMITTING SECTION
POLICY ON REPORTING OF RECLASSIFIED PATIENTS**

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – ADMITTING – 005	
Reviewed by:	Reviewed by:
Celestine T. Garcia OIC – Admitting	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To keep the confidentiality of the patient's records and to defend the hospital against unjust accusations made by the other patients.

COVERAGE: This policy shall cover this section, the social service section and the nursing service.

RESPONSIBILITIES:

It shall be the responsibility of the Nursing Staff (Aide or Clerk) to notify the Admitting Section and the Social Service Section for any possible procedures.

POLICY: This policy shall ensure the efficiency in regarding as well as in recording of all patients transferred from private to service patient.

PROCEDURES:

- I. The Nurse Aide/Clerk shall inform the SW of any admitted case who so desires to have a change in classification (Service to private and Vice versa)
- II. The SW will conduct an interview to support change in classification and shall inform the Nursing Staff of approved changes in classification. The same will record down date of change in classification for purpose of fees.
- III. Nursing staff shall inform the Admitting Section of reclassification made.

Implementation Date:

Implemented sin 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

July 2018

Administrative Division

**ADMIN-GENERAL SERVICES SECTION
POLICY ON TELEPHONE OPERATOR SERVICE**

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – TELEPHONE OPERATOR – 001	
Reviewed by:	Reviewed by:
Josephine S. Pagsuyuin OIC - Telephone Operator	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy shall review the effective and acceptable use of the telephone and the proper decorum that its Operators should exemplify

COVERAGE: This policy shall cover this section.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Telephone Operators to implement the guidelines set in this policy to maximize the use of the telephone as a major tool of communication for the hospital.
- II. It shall be the responsibility of its Section Head to monitor the implementation of this policy and to ensure that it is followed to the letter.

POLICY: This policy shall enforce the proper guidelines for the proper handling of the telephone as a tool of communication for this organization.

PROCEDURE:

- I. Personnel tasked to handle all types of messages for relay through the telephone should be able to create an impression of oneself and the organization through the manner of speaking.
- II. He/She shall show respect in his/her daily interactions with others through this medium. HE/She shall always use opening words such as "How may I help you?" and ending with "Thank you!" or in the vernacular language.
- III. When answering a call. He/she identifies himself/herself first and the organization they represent prior to taking the message.
- IV. When making an outbound call, he/she must promptly state their name, the organization they represent the purpose of the call and politely terminate the call if the prospect does not wish to take the call.
- V. When he/she is expecting an urgent call and says upfront, it is impolite to put the person to whom you are speaking on hold while you take the

other call. Then explain to the incoming caller that you are in another line and will call him/her back shortly. Then quickly return to the first person.

- VI. Callers should have to wait an unreasonably long time before one answer the call or appropriately handled, except during times that the organization is receiving higher than expected call volume. He/She shall see to it that if needed to attend to an urgent need, he /she shall have to leave it unattended for no longer than five (5) minutes. Otherwise, must have a responsible reliever.
- VII. He/She ensures that the telephone is limited for authorized calls only; that all non-urgent calls be limited to three (3) minutes only.
- VIII. He/She shall not allow unauthorized personnel or visitors within his/her workplace. If needed, transact unrelated business outside of workplace.

Implementation Date:

Implemented since 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

March 2011

July 2018

ADMIN-GENERAL SERVICES SECTION POLICY ON HANDLING OF TELEPHONE MESSAGES

ADMINISTRATIVE DIVISION APPROVAL MATRIX

POLICY NO. ADM – TELEPHONE OPERATOR – 002	
Reviewed by:	Reviewed by:
Josephine S. Pagsuyuin OIC - Telephone Operator	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy shall describe the proper documentation and relay of all messages sent and received through the telephone.

COVERAGE: This policy shall cover this section.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Telephone operators to accept and relay all messages with accuracy; to document each message separately for future references; to provide a general listing of all referral institutions and their correct and updated telephone numbers for faster link when needed.
- II. It shall be the responsibility of all Divisions to follow the rules for proper course of action on all messages as stipulated in this policy.

POLICY: This policy shall provide the precise formatting of all messages, incoming and outgoing, so as to assure that each is relayed with accuracy.

PROCEDURE:

1. Any outgoing message shall contain the following important information: from and to whom the message is for, date and time sent, concise message and to indicate if return call is needed. This is to be written legibly so as to allow the telephone operator to be able to send message accurately.
2. Any incoming call, that may need to be relayed to a particular section or person presently unavailable may be received by the telephone operator, if caller so desired. A message may be asked to be relayed so that he/she shall log this separately so as to eliminate confusion and no recall. Format as above shall be applied.
3. This same formatting is applied even in cases when messages are relayed through a mobile telephone.

4. Any incoming and outgoing fax, letter, or laboratory result be given to the particular section or person concerned. She shall log it separately as to determine if the fax/letter was properly endorsed to the area or person.
5. When paging important announcement, telephone operator on duty must write legibly and she shall log it for reference.
6. These messages shall be documented in logbooks separate of each other.

Implementation Date:

Implemented since 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last reviewed:

March 2011

July 2018

Administrative Division

ADMIN-GENERAL SERVICES SECTION POLICY ON TRANSPORT SERVICE/ SERVICE VEHICLE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – TRANSPORT SERVICE – 001	
Reviewed by:	Reviewed by:
Marlorey D. Villamaria Head, Transportation Services	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy aims to regularly implement cleaning and maintaining of hospital vehicles.

COVERAGE: This policy covers all drivers.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Drivers to regularly endorse to the next Driver on duty.
- II. It shall be the responsibility of the Drivers to maintain the cleanliness of the vehicle and to check the vehicles mechanical system.
- III. It shall be the responsibility of the Drivers to report to their Supervisor any damages or any technical problems encountered during their tour of duty. Likewise, a report shall also be logged at the Civilian Watch Unit's (CWU) Recording Book.
- IV. The Driver on duty shall make sure that the vehicle has more than enough gasoline for the required length of trip; otherwise, he shall secure cash from the Cashier on duty and return the Official Receipt for the procured gasoline to the Cashier together with the trip ticket for documentation and replenishment purposes.
- V. It shall be the responsibility of the Driver Supervisor to check activities of the Drivers and to coordinate the same to the Chief of the Administrative Office.
- VI. It shall be the responsibility of the Driver on duty to have the feedback sheet accomplished by the passenger/patient or relatives.

PROCEDURE:

- I. The driver on duty shall endorse to the next duty to include trip tickets supporting the trips conducted as recorded in the logbook.
- II. The outgoing driver shall clear and check the vehicle before endorsement.
- III. The incoming driver shall see to it that cleaning and checking were accomplished and shall confirm by signing his name in the logbook.
- IV. The driver shall come up with a schedule for vehicle maintenance services (Tune up, change oil and others) every six (6) months. Schedule MUST be submitted by the Section Head countersigned by the Division Head to the business unit for prioritization of cash when available. Final approval by the COH must be secured to effect above mentioned procedures. Any request outside of this schedule shall be "emergency" and shall require justification prior to approval by COH. A feed backing sheet for every trip shall be accomplished by the patient or relative.
- V. Endorsement logbook and feed backing sheet shall serve as the monitoring tools.

Procedure for Use of Service Vehicle

1. Any OSPAR personnel desiring to use the service vehicle for official business shall have this trip approved by the Hospital Administrator or the Hospital Director prior to issuance of a Trip Ticket. In the absence of the latter, the Supervising Administrative Officer shall sign the trip ticket. He/She shall secure approval and accomplish form at least a day prior to the said trip; this being not in conflict to a more emergent matter hours prior.
2. The Driver on duty shall accomplish the required Trip Ticket and make sure that all details be filled up prior to the conduction. The Chief of Hospital shall sign the trip ticket of the Administrative Chief in the absence of the COH.

Appendix:

Feed backing sheet

Implementation:

Implemented since 1979 upto present.

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

March 2011
July 2018

ADMIN-GENERAL SERVICES SECTION POLICY ON AMBULANCE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – TRANSPORT SERVICE – 002	
Reviewed by:	Reviewed by:
Marlorey D. Villamaria Head, Transportation Services	Anna Katrina Venice L. Rodriguez, RN, MMHoA, FPCHA Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: February 2019	

OBJECTIVES:

This policy aims to systematize the use of Ambulance in patient transfer/conduction purposes.

COVERAGE:

This policy shall cover all Sections under each Division and other such persons who shall seek the use ambulance for conduction of their patients.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Drivers to prepare an official trip ticket properly accomplished and signed by authorized personnel namely the senior resident on duty prior to any vehicle conduction. Ambulance conductions should be from Ospital ng Paranaue and transfers must be **within Metro Manila only**.
- II. It shall be the responsibility of the Nursing staff to notify the Driver on duty of any ambulance conduction and of such purpose prior to issuance of a trip ticket.
- III. It shall be the responsibility of the Medical staff to accompany any patient for Ambulance conduction to the patient's hospital of choice for further evaluation and/or management.

- IV. It shall be the responsibility of the Nursing staff to secure a waiver for ambulance conduction (Annex A) in cases where no nurse or medical staff shall accompany the patient.
- V. This policy shall enforce that all patient transfers be immediately conducted even if this would entail the involved staff to go beyond the hours of their tour of duty.
- VI. This policy shall enforce that all Emergency conductions be accompanied by a Medical and nursing staff at all times; that if cases are non-emergent and only upon a GO signal from the Senior Resident on Duty will a transfer be conducted with only a Nursing staff with it.
- VII. This policy limits the use of the hospital ambulance for admitted patients of Ospital ng Parañaque only.
- VIII. It shall be the responsibility of the Officer of the Property Section to ensure that the form for this purpose is made always available for use. It shall also be its responsibility to file in a logbook all these transfers for documentation and to submit these forms to the cashier if accompanied by a gasoline receipt.
- IX. The Driver on duty shall be responsible for all equipment inside the Ambulance and therefore shall have proper recordings in a logbook of their status and availability at all times. In case of loss or breakage, reports have to be accomplished and submitted to the Property Section immediately or the following working day.
- X. It shall be the responsibility of the head of the transportation services to completely file the Annual Statistical Report.
- XI. Ambulance Maintenance:
 - The ambulance shall be properly ventilated, lighted, clean and disinfected.
 - Proper preventive maintenance should be given priority. A logbook of calibration, preventive maintenance, repair of equipment, decontamination and disinfection must be updated regularly. A contingency plan must be in place in case of equipment malfunction or breakdown especially during patient transport.
- XII. Any official trip wherein the ambulance is used MUST be first authorized by the Senior Resident on Duty.

PROCEDURE:

1. The Staff Nurse on duty with a patient to conduct shall inform the Driver on duty (Stationed at the designated area) of such trip.
2. The Staff Nurse shall secure consent or waiver for transfer of patient.
3. The Driver on duty shall accomplish the required Trip ticket (Annex B) and make sure that all details be filled up prior to the

conduction. If the trip calls for a patient to be transferred from the hospital, the trip ticket must be signed by the Senior Resident on Duty.

4. The Driver must record the trip details on the Ambulance Conduction Logbook indicating the following:

- a. Name, Sex, Age of the patient
- b. Name of attending physician
- c. Origin and destination
- d. Date and time of dispatch and return of the ambulance
- e. Reason for transfer/ transport
- f. Disposition of the patient

APPENDIX:

Official Trip ticket and waiver form

Implementation Date:

The greater part of this policy has been in implementation since 1978; however; revisions has been issued since August 2002 and in July 2018. This policy will continue to be implemented as rewritten.

Dates of Review:

March 2011
July 2018
February 2019

ADMIN-GENERAL SERVICES SECTION POLICY ON SECURITY SERVICES CIVILIAN WATCHMAN UNIT

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – SECURITY SERVICES – 001	
Reviewed by:	Reviewed by:
Joel Lombos Head, Civilian Watchman Unit	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To establish a written policy that will provide a control system for visitors and watchers and to maintain order in the wards and hospital premises.

COVERAGE: Watchers and visitors

RESPONSIBILITIES:

- I. It shall be the responsibility of SG and CWU to see to it that this policy is reinforced.
- II. It shall be the responsibility of the Security Guards to ensure peace and order and safety of hospital patients, hospital personnel and facilities, especially in the Emergency Area where they are assigned.
- III. A logbook with listings of patient's companion and visitors shall be maintained.
- IV. It shall be the responsibility of Cash Section to facilitate collection of charges and refunds on payment slip by either the patient or the patient's companion..

POLICY: This policy when implemented will ensure safety for patients and hospital personnel as well as security of hospital properties

PROCEDURE:

1. A member of the CWU must maintain proper decorum and display proper conduct at all times. He/She must wear appropriate Ospital ng Paranaque uniform and must wear his/her Identification.
2. To ensure peace, order and safety of patients, personnel, facilities and equipment, a member of the CWU must be assigned to all entrances and exit points of the hospital.
3. One CWU member must be assigned in each floor to guard the premises and to report all untoward incidents observed. A logbook is to be provided for every floor and assigned to a CWU.

CIVILIAN WATCHMAN UNIT ON ENTRANCES AND EXITS:

- a. Patients, visitors as well as staff must log in and out at the Information counter logbooks.
- b. Staff time in and out is recorded in the logbook by the corresponding staff member including the time in or time out and the staff signature. This will be translated by the CWU staff to the employee's DTR.
- c. A logbook is also provided for slip out that is either for personal or official business.

CIVILIAN WATCHMAN UNIT ON PATIENT'S VISITORS AND VISITING HOURS

2. All patient's companion and visitors must abide with the hospital policy.
3. All watchers/visitors must abide with the following requirements:
 - Only two visitors at a time are allowed.
 - Children below ten (10) year old shall not be allowed to enter clinical wards.

- ONLY one watcher is allowed per patient except under extreme cases where condition of the patient requires more than one upon discretion of the Medical Staff.
- Visitors/watchers who are positively identified to be under the influence of liquor are restricted within the hospital premises.
- Firearms and other deadly weapons shall be deposited with the CWU on duty and shall be properly recorded.
- Changing of companion shall be allowed only during visiting hours: 10am to 12noon and 6PM to 8PM.

Implementation:

Implemented since 1978.

Scheduled Review:

June 30, 2004

Last Reviewed:

March 2011

July 2018

ADMIN-GENERAL SERVICES SECTION POLICY ON PARKING SERVICES CIVILIAN WATCHMAN UNIT

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – PARKING SERVICES – 002	
Reviewed by:	Reviewed by:
Joel Lombos Head, Civilian Watchman Unit	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy aims to come up with a written guidelines on parking.

COVERAGE: OPSAR personnel

RESPONSIBILITIES:

1. It shall be the responsibility of the CWU to implement policy on parking.
2. It shall be the responsibility of this office to monitor if said policy is being carried out.

POLICY: This policy when implemented shall ensure an orderly parking area giving preference to hospital personnel and clientele.

PROCEDURE:

- I. Strictly no obstructions at the entrance and exit gates of the hospital.
- II. Parking space near the ER entrance door shall always be made available for the ambulance and shall not be occupied by other vehicles at any time.
- III. Parking space at the hospital side shall be made available for the Consultants and Resident Physicians; while spaces from the entrance gate to the exit gate are for personnel and patients vehicle.
- IV. Employees with personal vehicles are authorized to park only during their duty hours. However, shall vacate the space after their duty to give way to other employees.
- V. Due to lack of parking space, outsiders or those who have no business with the hospital are not allowed to park.
- VI. In cases where double parking is necessary. The car owner must entrust his/her key to the driver thru the CWU and that in the event of a vacant parking spot, the car will be moved to the vacancy for safety.

Implementation Date:

Implemented since 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

March 2011

July 2018

ADMIN-GENERAL SERVICES SECTION HOUSEKEEPING

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HOUSEKEEPING SERVICES – 001	
Reviewed by:	Reviewed by:
Crisanta O. Cruz Head, Housekeeping	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy aims to ensure a clean, safe and sanitary environment for patients and hospital personnel.

COVERAGE: Housekeeping Staff

RESPONSIBILITIES:

- I. It shall be the responsibility of the Head/Supervisor to monitor activities of the Housekeeping Staff.
- II. It shall be the responsibility of the Head/Supervisor to inspect cleanliness and orderliness of all hospital areas to conform to the required standards.
- III. It shall be the responsibility of the Head/Supervisor to prepare schedules, performance rates, and requests for supplies and to perform other related duties that may be assigned.

PROCEDURES:

- I. A three(3) shift schedule indicating area assignments shall be prepared by the Head of the Section
- II. Housekeeping performance shall be based on their monitoring sheet per shift, rated and signed by the area in charge.
- III. A regular general cleaning shall be scheduled by the Head of this Section to be coordinated with other areas concerned for probable closure or vacating the area if necessary.
- IV. Materials needed for the general cleaning shall be prepared prior to scheduled date. Likewise, this activity shall be coordinated with the Dietary Section for the meal provisions.
- V. Requisitions for supplies and materials are being done regularly by the Head of this Section following scheduled set by the Property and Supply.

Date of Implementation:

June 2004

Date of Review:

March 2011

July 2018

Basic Technique on Cleaning

1. Dusting is removing dirt from surfaces, equipment, furniture, ledges, and window sills through the use of a dry, damp or treated cloth. Low dusting for easily reached surfaces or objects. High dusting is done through a handled tool or ladder.
2. Mopping is wiping or rubbing a surface from dirt through the use of a wet mop with handle.
 - Damp mopping is applied in slightly soiled areas using a mop head.
 - Flood mopping is used where cleaning solution must penetrate deep into the floor and shall remain for a required period of time. Best for Emergency Room, Delivery Room and Operating Room.
 - Washing is simply mopping the floor with a wet cloth.
 - Wet mopping is applied to grossly soiled areas with a mop head partially wrung out after immersions in a cleaning solution.
3. Stripping is removing of wax or hard dirt from surfaces through the use of a stripper.
4. Sweeping is removing dirt form surfaces with a broom, brush, or vacuum cleaner. This is a preliminary step in housekeeping. Scrubbing is a form of sweeping where water and coarse brush is needed.
5. Waxing is the application of wax and polishing for protection and clean beautiful shine.

Area Cleaning

Three areas in the hospital requires regular cleaning. Wards, corridors and including offices. Other special areas shall comply with infection control requirements.

1. Ward, offices Cleaning and Sanitizing
2. High dust ceiling and walls of offices and wards including gadgets/facilities that may be attached on the surface. Start at the upper most left corner of the door, gradually working down in circular motion ending at the lowermost right corner.
3. Damp mop using the same direction.
4. Dust windows, window sills and jambs. Follow with damp mop.
5. High dust bathroom ceiling and walls as in 2. Scrub walls, sink, toilet bowl and floor in that order with cleaning solution. Let stand to dry.
6. Dust cabinets, tables and other office and ward fixtures. Wax and buff.
7. Empty waste baskets. Replace plastic bags following the rules on waste disposal (Color coded)
8. Sweep floor from the innermost going out. Strip and wet mop. Let stand to dry. Wax then buff.
9. Corridor and lobby cleaning and sanitizing
10. High dust ceilings and walls. Follow with damp cloth and let dry,
11. Dust windows
12. Dust and polish furniture and fixtures. Polish and shine.
13. Empty ash trays and trash cans, Wash if needed and let stand to dry.
14. Sweep floors. Strip then mop. Allow to dry. Wax and polish.
15. Compound cleaning.
16. High dust façade and outside wall in the same direction. Follow with damp mop.
17. Dust and scrub screens. Sweep and remove debris from gutters.
18. Weed plants of dirt and trash.
19. Sweep ground starting from building/structures going towards gate.
20. Hi jet drain and sewers.

ADMIN-GENERAL SERVICES SECTION PROVISION OF LINEN TO ALL AREAS CONCERNED

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – LINEN SERVICES – 001	
Reviewed by:	Reviewed by:
Carmelita Rodis Head, Linen Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To provide regular supplies of linen to all areas concerned.

COVERAGE: This policy shall cover this Section along with the Nursing Division.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Head of Section to monitor the effectiveness of this policy to ensure the timeliness of distribution and the adequacy of supply. To submit an annual procurement plan to the Office of the Chief of Hospital, to submit a quarterly report of itemized inventory to support all lines procured and details of sewn materials to the property and supply officer.
- II. It shall be the responsibility of the Nursing Staff to inform and update this section on all admissions and discharges so as to make equivalent

adjustments on all recordings made; must ensure that all used linens to be properly returned to this section prior to patient discharge.

- III. It shall be the responsibility of the Property and Supply Section to inform this section once materials for use are made available.

POLICY:

- I. This policy shall ensure the timeliness in the distribution of linen to all areas in need of such at all times whenever possible.
- II. This policy shall also enforce all to abide with the guidelines incorporated into it.

PROCEDURE:

- I. This section shall be informed by the ER staff of any admissions any area in the hospital. The staff shall prepare the beddings and issue gowns to the patient.
- II. The staff of the same shall do daily retrieval of soiled linens to all areas where such are used. It is to be expected that such function as accomplished at the start of each shift between 6-7 am and 2-3 pm respectively.
- III. This section shall issue at the start of each shift to each clinical area a certain number of linens classified according their needs. Areas such as the Operating/delivery Rooms, NICU and ER shall be considered as special since they have different requirements.
- IV. A daily supply of linen for the OB GYN Service Ward shall be delivered by staff at 8am and issued to Ward staff after properly signing in the logbook. The staff of this section shall see to it that ONLY what have been returned will be issued out. As such if a daily delivery to this area will require 10 bed sheets and 10 patient gowns (Green), replenishment will be on how many were returned.
- V. A final round by staff of this section will be at 9PM daily to assure the adequacy of linen on the night shift. Additional sets of linen may be requested based on the vacant beds.
- VI. Special areas shall be issued out freshly laundered linen according to soiled linen returned. These transactions shall be recorded and duly signed out to nursing staff (Institutional Worker) daily procedures in the Ward. Adjustments for schedule shall be only considered once the area informs this Section of unavailability of staff or of ongoing operations and the like.
- VII. Linen requirements for all pay wards shall be readily answered to by this section upon request by relative to a ward staff. All other service patients requesting for change of linen shall be required to have the relative bring down their soiled linen to this section for replacements of fresh ones.
- VIII. Once patient is for discharge, linen MUST be signed and returned by relative to this area prior to any clearance for discharge.
- IX. All issuances and returns shall be properly documented and recorded.

- X. The head of each special area shall at the end of each quarter submit to this section the actual volume of linen (all kinds) used so as projection for the actual consumption can be corrected made and inclusion into the next annual budget may be accurately done by the Property Officer

Appendix:

Actual Linen consumption report

Implementation Date:

Implemented since 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

March 2011, July 2018

**ADMIN-GENERAL SERVICES SECTION
OUTSOURCED SERVICES
LINEN SECTION**

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – LINEN SERVICES – 002	
Reviewed by:	Reviewed by:
Carmelita Rodis Head, Linen Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To define what services this Section can effectively deliver as those that needs to be done through accredited outside service contractor.

COVERAGE: This policy shall cover this area alone.

RESPONSIBILITIES:

- I. It shall be the responsibility of the head to monitor the effectiveness of this policy; to ensure the condition of all materials, linen and other, issuance shall be at its best at all times; to enforce the authorized and approved supplier to deliver good and quality supplies and timeliness of all deliveries.

- II. It shall be the responsibility of the staff within to abide with the rules incorporated into this policy at all times.

POLICY:

- I. This policy shall set the guidelines to follow in classifying sorted linen and other material as to whether for in house laundry or not.
- II. This policy shall likewise ensure that all considered Special areas of the hospital be supplied with their daily requirements of linen to the fullest at all times.
- III. This policy shall ensure that all laundered linen shall pass through tests for freshness, stainless and color of fabric maintained.

PROCEDURE:

- I. After daily collection of coiled/used linens from all clinical areas, the staff sorting/classifying as to the following guidelines:
 - A. In-House Laundry
 - Materials that are to be serviced within the hospital only.
 - Includes small linen and delicate fabrics, if available.
 - Includes all linen requirements of NICU, eye sheets, towels as wrappers for minor and major operations, other towels and patients/ doctors gowns.
 - B. Outside Laundry
 - Includes all large linens such as beddings, plain sheets and draw sheets
 - Includes curtains or other linen whose size are as that of the previous.

Implementation Date:

Implemented since 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

March 2011

July 2018

ADMIN-GENERAL SERVICES SECTION CUTTING AND SEWING LINEN SECTION

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – LINEN SERVICES – 003	
Reviewed by:	Reviewed by:
Carmelita Rodis Head, Linen Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy aims to form a system of efficiency with regards to cutting and sewing of material provided for all linen requirements of this hospital.

COVERAGE: This policy shall cover this Section alone.

RESPONSIBILITIES:

IT shall be the responsibility of the Head of Section to monitor the efficiency of this policy; to ensure that specifications are met and materials maximized to the fullest.

POLICY:

- I. This policy shall enforce the quality of all materials used for these requirements.
- II. This policy shall ensure that materials are made available on time and requirements for finished products are made.

PROCEDURE:

- I. The Head of this Section shall continuously make requests for raw materials whenever possible to the Property Officer. He/ She shall inspect and make sure that all specifications (thickness, volume, durability and color fastness) are met on delivery.
- II. Only approved measurements and patterns of finished products shall be followed by the Staff of this section.
- III. Patients gowns shall be in colors white and green; OR/DR drapes and other shall be in green; beddings may be according to a color pattern as per approved by the Chief of Hospital. Other patterns shall be issued on instruction from the Office of the Chief of Clinics.

Implementation Date:

Implemented since 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

March 2011

July 2018

ADMIN-GENERAL SERVICES SECTION PREVENTIVE MAINTENANCE OF HOSPITAL EQUIPMENT AND OFFICE EQUIPMENT MAINTENANCE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – MAINTENANCE SERVICES – 001	
Reviewed by:	Reviewed by:
Quintin A. Opaco Head, Maintenance Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: This will serve as guidelines to all areas regarding maintenance of their equipment.

COVERAGE: This covers all areas in the hospital.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Maintenance Section Head to schedule a periodic inspection in all areas of the hospital and make request for necessary materials required for repair.
- II. It shall be the responsibility of the Property to purchase all materials requested by this Office

III. The maintenance section is operating on a 3 shifting schedule.

POLICY: This policy will ensure that electrical facilities installed and all equipments assigned in each area are well maintained and in good condition.

PROCEDURE:

A. Repairs

1. In case of repairs, the section head should fill up a job order form for approval of the Chief of Hospital prior to roving to this section.
2. If there are parts /supplies to be replaced, this office shall forward the form to the Property Section for the canvass and purchase of such items.
3. In cases where in this section can't cope with the repair, it shall be referred to the authorized service centers or the city engineering's office of Paranaque.
4. Routing of this form shall be the responsibility of this section.
5. A report on the status of request **MUST** be made to the Hospital Administrator and Chief of Hospital within 48 hours.
6. Repairs of any equipment when done inside the hospital **MUST** always be physically supervised by the staff of this section.
7. All technicians from outside service providers must be registered at the CWU for proper ID tagging.
8. The Chief of Hospital and the Section Head of area under which the equipment falls **MUST** be informed 3-5 days prior to entry of outside technicians for preparation of the area. Time frame for repair **MUST** likewise be relayed to them.

B. Maintenance/Clean Up

1. Electrical

- a. Daily rounds in all areas of light bulbs, electrical sockets/switches and sources of ventilation (Fans, exhaust, ACUs) **MUST** be made and recorded.
- b. Replacement **MUST** be automatically done, recorded and confirmed by area staff through a separate logbook. Documentation of half-life of any replaced part/bulb shall be part of routine monthly reports to the Property Section who will make the quarterly requests of supplies to be approved by the COH.
- c. Any untoward observations regarding dysfunctions in equipments **MUST** be reported immediately to Area Supervisor. If necessary, label the unit as such to prevent its further use and ask the area supervisors to accomplish a job order form to effect repair or pull-out of equipment from the area.

2. Clean-Up

A. ACU

- a. Filters of all window type ACU's shall be dusted and washed routinely every 2 weeks following a schedule. This schedule shall be submitted to Area Supervisor who will inform patients in the area.

- b. Window Type ACU's shall be pulled out for unit clean up every three months. Likewise, schedule will be submitted to the Area Supervisor.
 - c. Split type SCU's shall require at least twice (2x) a year check up and clean up by accredited service providers. Schedule shall be submitted at the start of each quarter for approval of the COH. This form shall be routed to the Business Unit for budgeting purposes and scheduling of payments.
- B. Electric Fans and Exhaust Fans.
- a. Routine clean up of electric fans and ventilation fan in ALL clinical areas/wards MUST be done. Alternately schedule pull-out of these fans from the areas so as not to compromise ventilation.
 - 1. Electric Fans – every 5 days
 - 2. Exhaust Fans – every 2 weeks
- C. Other Equipments (Hospital Care Equipments, Nebulizers, Sterilizers, Autoclave, Suction Machines)
- a. Autoclave
 - Before autoclaving, the authorized OR staff shall schedule and inform the Maintenance staff for the later to check and approves the procedure.
 - regular weekly checking of autoclave machine shall be done by Maintenance Staff.
 - in the event malfunctioning, the Nursing Staff shall immediately make a written report to the Maintenance Section.
 - b. Hospital Care Equipments (nebulizers, sterilizers, autoclave, suction machines, laboratory equipments, x-ray machine, ultrasound).
Due to technicalities and lack of capabilities in dealing with the various equipments:
 - Maintenance of all hospital care equipments are being done by the users.
 - Maintenance staff are called by the users in the event of malfunctioning.
 - The same procedures as those on other repairs shall be equipments that can't be assessed and repaired by the Maintenance Staff.

Appendices:

Monthly Report on Aircon (Filter) Clean-up, Monthly Report on Electric Fan Clean-up

Implementation Date

Implemented since 1979
Schedule for Policy Review:
Reviewed periodically as necessary
Last Reviewed:
March 2011
July 2018

**OSPITAL NG PARANAQUE
MONTHLY REPORT ON AIRCON (FILTER) CLEAN-UP**

MONTH	1st TWO WEEKS		2nd TWO WEEKS	
	Sat	Sun	Sat	Sun
(Month)	(Date)	(Date)	(Date)	(Date)
Area: OB Service Ward OB Pay Surgical Pay Pediacare Ward Pedia Pay Medical Pay OR DR NICU Nursipng Office OPD Emergency Room Doctor's Quarter				
Nursing Clerk On Duty				
(Print and Sign)				
Maint. Personnel On Duty				
(Print and Sign)				

**OSPITAL NG PARANAQUE
MONTHLY REPORT ON AIRCON (FILTER) CLEAN-UP**

MONTH	1st TWO WEEKS		2nd TWO WEEKS	
	Sat	Sun	Sat	Sun
(Month)	(Date)	(Date)	(Date)	(Date)
Area:				
Administrative Office				
Admitting				
Cash				
Consultant's Clinic				
Dietary				
Laboratory				
Linen				
Medical Records				
Pharmacy				
Property				
Social Services				
Tel. Operator				
Director's Office				
Chief of clinics				
X-ray				
Personnel Clerk On Duty				
(Print and Sign)				
Maint. Personnel On Duty				
(Print and Sign)				

OSPITAL NG PARANAQUE MONTHLY REPORT ON AIRCON (FILTER) CLEAN-UP

MONTH	WEEK 1		WEEK 2		WEEK 3		WEEK 4	
	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun
(Month)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)
Area:								
Admitting								
Accounting								
Cash								
Central Supply Room								
Consultant's Clinic								
Dietary								
Linen								
Medical Records								
Pharmacy								
Property								
Social Services								
Tel. Operator								
Personnel Clerk On Duty								
(Print and Sign)								
Maint. Personnel On Duty								
(Print and Sign)								
Supervisor's								
Signature								
Approved by:								

OSPITAL NG PARANAQUE MONTHLY REPORT ON AIRCON (FILTER) CLEAN-UP

MONTH	WEEK 1		WEEK 2		WEEK 3		WEEK 4	
	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun
(Month)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)
Area: OB Service Ward OB Pay Ward Surgical Service Ward Surgical Pay Ward Medical Service Ward Medical Pay Ward Pedia Service Ward Pedia Pay Ward Gyne Ward Isolation Ward DR/NICU OPD Emergency Room Hydration Ward Nurse's Station Nursing Office								
Personnel Clerk On Duty (Print and Sign) Maint. Personnel On Duty (Print and Sign) Supervisor's Signature Approved by:								

ADMIN-GENERAL SERVICES SECTION MAINTENANCE OF GENERATOR MAINTENANCE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – MAINTENANCE SERVICES – 002	
Reviewed by:	Reviewed by:
Quintin A. Opaco Head, Maintenance Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: This Policy shall define the routing steps on the Do's and Don't's on handling of the hospital generator

COVERAGE: This policy covers this Section only.

RESPONSIBILITIES:

It shall be the sole responsibility of the Head of this Section or his authorized OIC to monitor the daily activities with regards to handling of this special equipment; to record in a separate logbook its periodic maintenance periods as given by the manufacturer of the unit and in conformity to the local regulations as set by the Dept. of Health; to inform the Chief of Hospital of any breakdown of the unit, if ever.

POLICY:

- I. This policy shall set the standards in operating this special equipment as per requirement of the Department of Health.
- II. This policy shall ensure that the person to handle this unit has the correct training so as to be able to operate the engine correctly and to minimize if not eliminate periods of breakdown due to inefficiency.

PROCEDURE:

- I. Schedule MUST be strictly followed as to intervals (hours or months) on conformity to the specifications of the unit.

- II. Schedule attached as appendage to this policy MUST be recorded separately in a logbook for documentation and for future reference for hospital licensure.
- III. This logbook shall be maintained under safekeeping by the same section and to be made available at any time if so required.

Appendix:

Schedule of Preventing Generator

Implementation date:

This policy has been implemented since the purchase of a generator in 2000 up to present.

Schedule for Policy Review:

This policy shall be reviewed every year or as deemed necessary.

Last Reviewed:

March 2011

July 2018

APPENDIX: Schedule of Preventing Maintenance of Generator

These preventive maintenance periods apply to average conditions of operation. Check the periods given by the manufacturer of the equipment in which the engine is installed. If necessary, use the shorter periods, when the operation of the engine must conform to the local regulations these periods and procedures may need to be adapted to ensure correct operation of the engine. It is good preventive maintenance to check for leakage and loose fasteners at each service.

Schedules

First service at 20/40 hours	
Every day or every 8 hours	
Every 200 hours or six months	
Every 400 hours or 12 months, see note (3)	
Every 2,000 hours	
*	Check the amount of content
*	Check the specific gravity of the content (1) (2)
*	Check the drive bolt (s)
*	Clean the sediment chamber and the strainer of the fuel lift pump
*	Check for water in the fuel pre-filter (or earlier if your fuel supply is contaminated (6)
*	Renew the fuel filter element(s)
*	Ensure that the atomizers are checked (2)
*	Ensure that the idle speed is checked and adjusted, if it is necessary (2)
*	Check the amount of lubricating oil in the pump
*	Check the lubricating oil pressure at the gauge (6)
*	Renew the engine lubricating oil (3) (4)
*	Renew the canister(s) of the lubricating oil filter (3)
*	Clean the closed breather system (6)
*	Clean the air cleaner or empty the dust bowl of air filter
*	-extremely dust condition
*	-normal condition
*	Clean or renew the air filter element, if this has not been indicated earlier.
*	Ensure that the turbocharger impeller and turbocharger compressor casing is cleaned (2)
*	Clean the compressor air filter (6)
*	Ensure that the turbocharger or compressor (6) is checked (2)
*	Ensure that valve tip clearance are checked and adjusted, if it is necessary (2).
*	Check all electrical cables and connections (5).
*	Ensure that the alternator, starter motor, etc. are checked (2).

ADMIN-HEALTH INFORMATION MANAGEMENT GENERAL POLICY ON RELEASE OF INFORMATION

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 001	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: To keep the confidentiality of the patient's records and to safeguard the fundamental human right of every individual to privacy while ensuring free flow of information for innovation, growth, and national development.

COVERAGE: All Department/Sections

RESPONSIBILITIES:

- I. It shall be the responsibility of the Health Information Management Officer to safeguard patient and employee information.
- II. The final decision as to the release of medical records relies on the discretion of the Health Information Management Officer upon the approval of the Hospital Administrator and the Hospital Director.
- II. It should be the discretion of the Hospital Director, Hospital Administrator and the Health Information Management Officer to release information in cases where the patient is unconscious, delirious or very seriously ill.

POLICY:

1. Medical records are confidential documents and should only be released when permitted by law or with proper written authorization of the patient.

2. Any information of a medical nature in the hospital's possession must not be revealed by an employee of the hospital except as herein after outlined.
3. It shall be the general policy that the hospital will not voluntarily use patient's medical records in any manner, most importantly in instances that will jeopardize patient's interests.
- IV. The release of information is reserved to Hospital Director or the Hospital Administrator and their duly authorized representative.
- V. The medical record is a confidential physical property of the hospital. Therefore:
 - 1) The Medical Director or Hospital Administrator can refuse any person whether authorized by the patient or not to inspect or photocopy the records until a court order or some other valid legal process relieves him of his discretionary authority.
 - 2) When it appears that litigation is intended against the hospital, and attending physician the decision to give out information or to photocopy the patient's chart will be left to the Medical Director or Hospital Administrator and the Hospital's Attorney.
- VI. Request for medical information or certificate for patient who is currently confined in the hospital will be referred to the attending physician.
- XIII. The patient's written authorization is always necessary for the release of information.
- XIV. In case of death of the patient, the authorization must be signed by the identified nearest of kin or administrator of the deceased's estate.
- XV. If the patient is a minor or incompetent, the authorization should be signed by one of the parents, the legally appointed guardian or the nearest of kin who is of legal age.
- XVI. Medical Information of Mental Patient may be released only upon presentation of a written authorization from one of the parents, the legally appointed guardian or the nearest of kin who is of legal age.
- XVII. In cases where the patient is unconscious delirious or very seriously ill and cannot give the required written authorization the Health Information Management Officer or the MRD Clerk after consultation with the Medical Director will decide on the release of pertinent information.
- XVIII. In Emergency cases in which a delay in the release of the needed information will endanger the life of the patient or cause deterioration of his condition, all requirements in these policies will be waived.
- XIV. On reproduction of records, only patients or his/her legal representative must be given proper authorization before release of medical information or records. Only a portion of the chart, which is essential to the patient's needs can be reproduced apart from discharge summary and/or medical abstract.
- XVI. Medical Records may not be taken out of the hospital except with a subpoena duces tecum.

Date of Implementation:

1979

Date Reviewed:

2003, July 2018

Administrative Division

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY ON RELEASE OF INFORMATION TO DOCTORS

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 002	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: To keep the confidentiality of the patient's records and to safeguard the fundamental human right of every individual to privacy while ensuring free flow of information for innovation, growth, and national development.

COVERAGE: This Section, the Chief of Clinics and all physicians

RESPONSIBILITIES:

- I. It shall be the responsibility of the head of this section to monitor the effectiveness of this policy.
- II. It shall be the responsibility of the Medical Staff to secure the requirements necessary to access patient's record.

POLICY: This policy shall ensure confidentiality and security of records.

PROCEDURES:

- I. The consent of the attending physician for released of Medical Information is technically not needed. The privilege against disclosure belongs to the patient and not to the treating physician. But as a matter of courtesy, whenever possible, the attending physicians will be notified of any request to review or photocopy the entire medical records of the patients or any type of request in which there is a suspicion that the patient is contemplating charges against the doctor.
- II. Physicians who make inquiries about patients not under their care must present proper authorization to the medical records officer.

- III. Doctors shall present to the Health Information Management Officer/Medical Record Officer or his duly authorized representative an authorization coming from the patient.
- 4. Doctors may not give authorization to insurance companies or attorneys to review record.
- V. Record required for medical conferences or department meetings are to be signed out (Borrowers logbook) on the day of meeting. The Medical Records Officer or his representative will prepare and bring the chart requested to the conference room. The consultant/resident, physician, or nurse who signed out for the charts should see to it that the records do not circulate after the conference has officially terminated. Records should be returned to the Medical Records Section right after the meeting.
- V. Attending Physicians may consult in the Medical Records Section such records needs for Case Studies and bonafide research work unless there is suspicion that one of these individual wishes to consult a record for purposes not favorable to the interest of the patient or hospital.

Date of Implementation:

1979

Date Reviewed:

2003, July 2018

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY ON RELEASE OF INFORMATION TO NURSES

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 003	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: To keep the confidentiality of the patient's records and to safeguard the fundamental human right of every individual to privacy while ensuring free flow of information for innovation, growth, and national development.

COVERAGE: This Section and Nursing Service

RESPONSIBILITIES: It shall be the responsibility of the Medical Records Officer or his authorized representative to release Patient's medical record / information to the chief of the nursing Division or to his authorized representative upon the chief nurse's request only for case presentation purposes.

POLICY: This policy shall ensure confidentiality and security of records.

PROCEDURES:

- I. The Chief Nurse may borrow medical records for purposes of individual conference.
- II. Supervisors and Head Nurses may review medical records in the Medical Records Section/HIM Section. They may not take the record out of the office except for conferences. Records are to be prepared by the Medical Records Officer or his/her representative and bring to the conference room shortly before the meeting starts.

- III. Private Nurse may review records for their assigned case studies only in the Medical Records Section upon approval of the Chief Nurse.
- IV. Student nurses may review records for their assigned studies only in the Medical Records Section upon approval of the Chief Nurse. They are not allowed to replicate or photocopy patient's records.

Date of Implementation:

1979

Date Reviewed:

2003, July 2018

Administrative Division

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY ON RELEASE OF INFORMATION TO A THIRD PARTY

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 004	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: To keep the confidentiality of the patient's records and to safeguard the fundamental human right of every individual to privacy while ensuring free flow of information for innovation, growth, and national development.

COVERAGE: All Departments / Sections and other agencies

RESPONSIBILITY: It shall be the responsibility of the **Insurance Agents, Authorized member or representative of the PNP, NBI agents, Employee, Attorneys Employees** and any investigating agents. To secure photocopies of patient's medical records / information from the Medical Records Office certified by the medical Records Officer provided that it is being requested by a Subpoena Duces Tecum.

POLICY: This policy shall ensure confidentiality and security of records.

PROCEDURES:

- I. Lawyers – Lawyers may review complete medical records after submitting a written authorization from the patient. The authorization should be signed by the lawyer, dated and filed with Health Information Management.

- II. Employees – No medical information concerning a patient may be given to an employee without written authorization from the patient. This applies to telephone calls as well as written request.
- III. Insurance Agents – Insurance agents may examine complete medical records. The written authorization of the patient also be signed by the agent, dated and filed with the Health Information Management. A Carbon Copy of the abstract should be signed by him/ representative and filed in the Medical Records.
- IV. NBI, PNP and any investigating government agents may examine completed medical records after presenting a written authorization from the patient.
- V. Charges will be made for medical abstract or discharge summaries of all medical records except to the patient's physician, social services and attorneys representing the hospital.

Date of Implementation

1978

Date Reviewed:

2003, July 2018

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY ON RELEASE BIRTH CERTIFICATE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 005	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

COVERAGE: This policy shall cover Medical Records Section.

OBJECTIVE: Birth Certificate registration.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Health Information Management/ Medical Records Section Clerk to correctly accomplish the Live Birth Forms.
- II. It shall be the responsibility of the Health Information Management/Medical Records Section Clerk/Section Chief to issue registered Birth Certificates to the respective patients/parents.

POLICY: This policy shall ensure the prompt and proper registration and issuance of Birth Certificate.

PROCEDURE:

- I. **For Legitimate Child**
 - a) The Medical Records Staff will accurately fill up the Certificate of Live Birth form acknowledged by the attending physician, MRD officer, and mother/father of the child.

b) The assigned MRD Staff will furnish a copy of the birth certificate. Upon completion of signatures, HIM/MRD staff will forward this to the Local Civil Registrar's Office for registration. Registration period is within 30 days.

c) Informant will be advised to come back after 10 working days. Two copies will be issued by the Local Civil Registrar's Office, one copy to the HIM/Medical Records Clerk for filing and one copy to be issued to the informant.

II. For Illegitimate Child

a) The Medical Records Section Staff will completely accomplish the Certificate of Live Birth form to be released to the mother. (4 copies) one copy as file copy for MRD, and 3 copies given to the parents for LCR registration.

c) To use the surname of the father, an affidavit must be accomplished by the father (RA 9255). Acknowledgement of this agreement will be evident as the father will sign at the back of the child's birth certificate.

III. For Delayed Registration – Beyond 30 Days

a) The Medical Records Section staff must accomplish 4 copies of Certificate of Live Birth forms. Upon completion, the parents of the child shall forward it to the Local Civil Registrar with complete requirements listed at the City Hall.

b) For 18 years old and above, the Medical Records Section Clerk shall accomplish the Certificate of Live Birth form. The child or the mother will be the one to register it to the Local Civil Registrar, after registration 4th copy will be given to the Medical Records Section.

D) All reconstructed forms shall be released within 10 working days after filing. A charge of Php 50.00 shall be paid at the cashier.

Date of Implementation

1978

Date Reviewed:

2003, July 2018

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY LATE REGISTRATION OF BIRTH CERTIFICATE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 006	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: To establish the rules on proper late registration of the birth certificate.

RESPONSIBILITIES:

- I. It shall be the responsibility of the Health Information Management clerk to reconstruct a Certificate of Live Birth upon completion of requirements submitted by the informant/ parents of the child.
- II. It shall be the responsibility of the Health Information Management clerk to secure the signature of the attending physician. The medical Director can sign in behalf of the Attending Physician.
- III. It shall be the responsibility of the parent/ informant to register the reconstructed Birth Certificate in the local Civil Registrar.
- IV. It shall be the responsibility of the Health Information Management clerk to get one copy of the reconstructed Birth Certificate with complete corresponding signature for file copy.

PROCEDURE:

- I. Informant to present requirements for late registration to the Health Information Management clerk.
- II. Health Information Management clerk to receive complete requirements and issue request of forms to the cash section
- III. Health Information Management clerk will furnish a copy of the Certificate of Live Birth form and ask the informant to come back after 5 working days. Upon completion of the form and

completion of signatures, the Certificate of Live Birth form will be released to the informant.

- IV.** Health Information Management clerk to have the informant sign four (4) copies of the reconstructed Birth Certificate and get one (1) copy for the file.

Date of Implementation:

1979

Date Reviewed:

2003, July 2018

Administrative Division

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY ON ISSUANCE OF DEATH CERTIFICATE

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 007	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: To issue and register Death Certificate.

COVERAGE: Health Information Management

RESPONSIBILITIES:

- I. It shall be the responsibility of the Medical Records Section Clerk to accomplish the Death Certificate.
- II. It shall be the responsibility of the informant to accurately accomplish the Death Certificate and have it registered at the Local Civil Registrar.

POLICY: This policy shall ensure prompt and proper registration of Death Certificate.

PROCEDURE:

- I. The Health Information Management clerk shall accurately accomplish the Death Certificate form attached at topatient's chart.
- II. Four (4) copies of the Death Certificate form must be furnished. The Medical Records Officer shall interview the immediate relative of the deceased.
- III. The head of this section and the immediate relative will sign the Death Certificate. In the absence of the section head, the clerk may sign on his/her behalf.
- IV. Three (3) copies shall issued to informant; the 4th copy shall remain for Medical Records Section's file.
- V. For DOA (Dead On Arrival), ER's notice of death shall be forwarded to the City Health Office by the deceased immediate relative.

- VI.** For NICU death, Death Certificates shall be released immediately by the Health Information Management clerk.
- VII.** For unclaimed death certificates, the Health Information Management clerk and the funeral parlor shall be notified by this office within two (2) days, especially those with unpaid charges.

Date of Implementation

1979

Date reviewed

2003, July 2018

Administrative Division

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY ON ATTENDANCE TO COURT ORDERED BY SUBPOENA DUCES TECUM

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 008	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

COVERAGE: This section and the medical department

OBJECTIVE: For proper presentation of medical records to court.

RESPONSIBILITIES:

- I. It shall be the responsibility of the medical records officers or his representative to receive the summon/Subpoena Duces Tecum.
- II. The medical records section clerk shall release the corresponding patient's chart to the COC.
- III. It shall be the responsibility of the doctors, be it resident or consultant to attend court hearing once summoned by the court for their expert opinion. A manifestation shall be submitted in case doctors are not available to appear.
- IV. It shall be the responsibility of the attending physician to bring, the patient's records when ordered or summoned by the court.
- V. In the absence of the attending physician, the records custodian may present patient's records and the medico-legal certificate if any unless, otherwise, the court specifically summoned the attending physician.

POLICY: This policy shall ensure authorized representation for testifying in court and presenting, patient's medical record.

PROCEDURES:

- I. Subpoena Decus Tecum is delivered by registered mail or hand carried.
- II. Subpoenas shall be delivered at least a week before the hearing. The records custodian or the attending physician may refuse to attend when subpoenas are delivered only a day before the hearing.
- III. HIM officer/Medical records clerk receives the Subpoena Decus Tecum issued by the court.
- IV. HIM/Medical records clerk notifies the attending physician and retrieves the patient's records; releases the same to the attending physician when needed.
- V. Patient's records shall not be left in the court. A photocopy may be issued upon request of the court.
- VI. The attending and the records custodian shall submit certificate of appearance to the administrative office to validate the appearance and for reimbursement purposes.

Date of Implementation:

1980

Date Reviewed:

2003, July 2018

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY ON RETRIEVAL OF PATIENT'S CHART

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 009	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: To establish proper retrieval of patient's records.

COVERAGE: Health Information Management Section

RESPONSIBILITY:
It shall be the responsibility of the HIM/medical record section staff to log borrowed charts.

POLICY:
This policy when implemented shall ensure proper and timely retrieval of charts.

PROCEDURES:

1. All patients for treatment and for consultation shall present their numbered hospital cards to the medical records section clerk.
2. Charts retrieved shall be recorded in the prescribed logbook.
3. Retrieval is set for 15 minutes; if not located, another 5 minutes is allotted for tracking down and checking.
4. Retrieved for tracking shall be forwarded by the MRS staff to their perspective areas.
5. Charts shall be returned by the perspective staff from the areas to the medical records section.

Date of Implementation:

This policy was implemented since 1978

Date of Review:

March 2011, July 2018

Administrative Division

ADMIN-HEALTH INFORMATION MANAGEMENT POLICY ON RETENTION OF MEDICAL RECORDS

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – HEALTH INFORMATION MANAGEMENT – 010	
Reviewed by:	Reviewed by:
Frederick C. Dacanay OIC, Health Information Management	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: Proper archiving of medical records.

COVERAGE: This policy shall cover Health Information Management Section/Medical Records Department

RESPONSIBILITY: It is the responsibility of the Health Information Management officer to safe keep medical records until its retention period of 15 years.

PROCEDURE:

1. It shall be the responsibility of the HIM/medical records department clerk to prepare an inventory of medical records segregated by year.
2. It shall be the responsibility of the chief of the medical records section to accomplish the prescribed form (Form 2) which will be subject to approval of the national archives of the Philippines (NAP).
3. It shall be the responsibility of the chief of the medical records section to submit to the national archives of the Philippines (NAP) four (4) copies of accomplished “request for authority to dispose of records”. (Form 3)
4. It shall be the responsibility of the medical records chief to witness the disposition including other witnesses.
5. The records officer shall be responsible for the safekeeping of the records of their section until its disposal is authorized.

POLICY:

1. All health care facilities shall dispose medical records beyond fifteen (15) years.
2. Medical records section shall not destroy or sell any patient's records without having first secured authority of the director of the hospital and the NAP director.

PROCEDURE:

1. HIM/MRS prepares an inventory of medical records.
2. HIM/MRS determines the medical records to be sent to archives.
3. Forms for archiving must be completely accomplished.
4. Certificate of disposal shall be prepared in triplicate, one copy for HIM, another for the national archives of the Philippines and another for the commission on audit. It shall indicate the nature of records, the manner place and date of disposal and their approximate volume in cubic meter and weights.

Date of Implementation:

1978

Date of Review:

March 2011, July 2018

ADMIN-GENERAL SERVICES SECTION

POLICY ON PROCUREMENT OF MEDICINES, SUPPLIES, MATERIALS AND EQUIPMENTS

PROPERTY AND SUPPLY SECTION

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – PROPERTY AND SUPPLY SECTION – 001	
Reviewed by:	Reviewed by:
Ma. Jesusa M. Singh OIC, Property Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE: This policy shall serve the guidelines to efficient and effective method for assuring levels of medicines, supplies, materials and equipments are adequate based on the approval of budget for the current year.

COVERAGE: This policy shall cover all areas.

RESPONSIBILITY:

- I. It shall be the responsibility of this section to prepare PR/PO and its attachment for procurement of entire approved list of items under general fund likewise also those approved drugs, medicines and other supplies by the hospital drug therapeutic committee (HDTTC).
- II. It shall be the responsibility of the chief pharmacist to provide a list of medicines for procurement indicating the type of drug and the quantity.
- III. It shall be the responsibility of each division head to furnish this section a list of all evaluated hospital supplies and their ranking of preferences for all approved items to facilitate procurement if and when available stocks are predicted low.
- IV. It shall be the responsibility of accounting office to prepare the voucher upon delivery of all items requested for processing of payment.

- V. This section shall be responsible for continuous maintenance of the stock level from requisition and follow up so as not to compromise the service.

POLICY:

- I. This policy shall ensure that all approved items listed for procurement shall be exacted to the requirement of approved budget.
- II. This policy shall enforce the continuous supply and also in constant conformity with guidelines set by the Hospital and that of the end users.

PROCEDURES:

- I. The supply officer shall prepare all the requisition of the medicines, supplies, materials and equipments based on the approved budget on quarterly mode for processing at the General Services Office in the City Hall.
- II. Upon approval by the Mayor the PR/PO shall accomplished and routed to the authorized signatories in PCH.
- III. Only upon final approval by the Mayor will the supplier deliver the goods and other documents shall be secured for the preparation of the voucher by the accounting section.

Implementation Date:

This policy has been implemented since 1978-present

Schedule for policy review:

This policy shall undergo review as deemed necessary

Last Reviewed:

March 2011

July 2018

ADMIN-GENERAL SERVICES SECTION

POLICY ON ISSUANCE OF REQUESTED SUPPLIES, MATERIALS AND EQUIPMENTS

PROPERTY AND SUPPLY SECTION

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – PROPERTY AND SUPPLY SECTION – 002	
Reviewed by:	Reviewed by:
Ma. Jesusa M. Singh OIC, Property Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To be able to serve all the needs of each section in an orderly manner

COVERAGE: To policy shall cover all section under each division.

RESPONSIBILITIES:

- I. It shall be the responsibility of this section to make sure all items are served to the details indicated in the requisition form; to log and document each issuance made.
- II. It shall be the responsibility of the requestor from each section to follow the set of procedures as incorporated into policy.

POLICY: This policy shall enforce that all will abide with the procedures incorporated into it to ensure the adequacy and ready availability of all items.

PROCEDURE:

- I. The requestor shall forward all property accomplished forms to this section duly by the section heads.
- II. Request are issued to each area only on assigned days of the week only emergency request (as in sudden depletion of items due to unexpected increase I the volume of patients) shall be

entertained outside of the assigned day. Likewise, all forms MUST be assigned by the head ton prior to issuance.

- III. Once checked and verified the requestor shall sign in the appropriate logbook of the property and supply section.
- IV. Equipments are signed out, logged separately and MR issued to requestor.

Appendices:

Official requisition form, schedule of requisition, memorandum receipt

Implementation Date:

This policy has been implemented since 1978 to the present

Schedule for Policy Review:

This policy shall be for review as deemed necessary

Last Reviewed:

March 2011

July 2018

ADMIN-GENERAL SERVICES SECTION

POLICY ON ACCEPTANCE OF GOODS UPON DELIVERY

PROPERTY AND SUPPLY SECTION

ADMINISTRATIVE DIVISION APPROVAL MATRIX	
POLICY NO. ADM – PROPERTY AND SUPPLY SECTION – 003	
Reviewed by:	Reviewed by:
Ma. Jesusa M. Singh OIC, Property Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: To make sure that all delivered goods and equipments are in conformity with the specifications in the purchases request (PR) and Purchases Order (PO).

COVERAGE: This policy shall cover this section and all areas.

RESPONSIBILITIES:

- I. It shall be the responsibility of this section to ensure that all items other than drugs and medicines listed in the PR/PO shall be delivered complete and in good condition prior to acceptance.
- II. It shall be the responsibility of the pharmacist to make sure that all delivered drugs and medicines are in good condition, not tampered or soiled considering the distance of delivery and not near expiring.
- III. It shall be the responsibility of the section heads of other areas (Laboratory, X-ray, CSSU) to make sure that the goods received by this section are in accordance with their specifications.
- IV. It shall be the responsibility of the person to make sure that the equipment she/he received be always in good condition or shall be held liable for any damage not due to wear and tear.
- V. It shall be the responsibility of this section to know the "Return Policy" and warranty of the equipments or goods being delivered.
- VI. It shall be the responsibility of this section to inform the company if their newly delivered goods/ equipments were found after being tested.

POLICY: This policy shall enforce the maintenance of quality of all goods delivered to the highest standard as set by rules incorporated into such.

PROCEDURE:

- I. Upon delivery of goods, the supply officer, in the presence of a GSO representative or Pharmacist on duty shall inspect it and verify with the PR/PO. He/she may reject any items if non-conforming.
- II. Any delivery of drugs and medicines MUST be inspected in the presence of the pharmacist so as to have a proper evaluation of the goods. She may likewise reject any delivered goods if non-conforming. Laboratory reagent for blood chemistry, typing sera and anti-hepatitis should be refrigerated. Delivered x-ray supplies such as films and barium sulfate should be in dry cool place.
- III. The supply officer shall log all down each delivery separately into the delivery logbook and stock cards.
- IV. All deliveries will have a corresponding notice of delivery submitted to the chief of hospital. This form shall likewise contain any good that was left "Pending" for delivery.
- V. This section shall make follow-up report to the chief of hospital for any undelivered goods after a grace period of 14 days for final action.

Implementation Date:

Implemented since 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

March 2011

July 2018

ADMIN-GENERAL SERVICES SECTION POLICY ON INVENTORY OF CONSUMABLES AND EQUIPMENT PROPERTY AND SUPPLY SECTION

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – PROPERTY AND SUPPLY SECTION – 004	
Reviewed by:	Reviewed by:
Ma. Jesusa M. Singh OIC, Property Section	Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVES: This policy shall ensure proper recording of issuances of consumables and equipments to correspond with the number of purchased and remaining balance.

COVERAGE: This policy shall cover all sections.

RESPONSIBILITIES:

- I. It shall be the responsibility of this section to maintain the stock level of consumable requested by areas.
- II. It shall be the responsibility of this section to conduct inventory of consumables and equipments.

PROCEDURE:

- I. Issuances of consumables and equipments shall be posted in individual stock cards.
- II. This section shall see to it that stock cards are updated. All issuances both consumables and equipments are recorded and shall correspond to the remaining stocks on hands.
- III. A memorandum receipt for equipments shall accomplished in triplicate copies, 1 copy for this section, 1 for GSO and 1 copy for end users.
- IV. An annual physical inventory of equipments and monthly inventory of consumables is conducted by this section.

Implementation Date:

Implemented since 1979

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

March 2011

July 2018

Administrative Division

ADMINISTRATIVE DIVISION POLICY ON THE DATA PRIVACY ACT OF 2012

ADMINISTRATIVE DIVISION APPROVAL MATRIX POLICY NO. ADM – DATA PRIVACY ACT	
Reviewed by:	Reviewed by:
Anna Katrina Venice L. Rodriguez, RN, MMHoA, C.H.A Administrative Division Head	
Approved by:	Approved by:
Jefferson R. Pagsisihan, MD, MHM Hospital Administrator	Ephraim Neal C. Orteza, MD, MHA Hospital Director
Date of Last Review: July 2018	

OBJECTIVE:

To safeguard the fundamental human right of every individual to privacy while ensuring free flow of information for innovation, growth, and national development. These Rules also recognize the vital role of information and communications technology in nation-building and enforce the State's inherent obligation to ensure that personal data in information and communications systems in the government and in the private sector are secured and protected

COVERAGE:

This policy covers all personnel of OSPAR.

RESPONSIBILITIES:

- Review, approval, change and distribution of this policy shall follow regulations and procedures as defined in the Ospital ng Parañaque's Policies and Procedures on Control of Documents and Records.
- Ospital ng Parañaque shall formally document and control all procedures, policies, forms and diagrams in supportive participation of the Data Privacy Act (DPA) of 2012.
- Ospital ng Parañaque pledge to protect personal information

- Ospital ng Parañaque shall take steps to protect personal information from theft, loss or unauthorized access, copying, modification, use, disclosure or disposal.
- Ospital ng Parañaque shall take steps to ensure that anyone who performs services on Ospital ng Parañaque's behalf respects privacy rights and only uses or discloses personal information for permitted purposes.
- Ospital ng Parañaque shall promptly investigate all complaints regarding our compliance with the Data Privacy Act of 2012. All privacy complaints shall be treated in a confidential manner.

POLICY:

1. The processing of personal data shall be allowed, subject to compliance with the requirements of the Act and other laws allowing disclosure of information to the public, and adherence to the principles of transparency, legitimate purpose, and proportionality.

- Personal Information refers to any information, whether recorded in a material form or not, from which the identity of an individual is apparent or can be reasonably and directly ascertained by the entity holding the information, or when put together with other information would directly and certainly identify an individual.
- Processing refers to any operation or set of operations performed upon Personal Data including, but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure or destruction of data. Processing may be performed through automated means, or manual processing, if the Personal Data are contained or are intended to be contained in a filing system.
- The processing of personal data shall adhere to the following general principles in the collection, processing, and retention of personal data:

A. Collection must be for a declared, specified, and legitimate purpose.

- (a) Consent is required prior to the collection and processing of personal data, subject to exemptions provided by the Act and other applicable laws and regulations. When consent is required, it must be time-bound in relation to the declared, specified and legitimate purpose. Consent given may be withdrawn.
- (b) The data subject must provide specific information regarding the purpose and extent of processing, including, where applicable, the automated processing of his or her personal data for profiling, or processing for direct marketing, and data sharing.
- (c) Purpose should be determined and declared before, or as soon as reasonably practicable, before collection.

- (d) Only personal data that is necessary and compatible with declared, specified, and legitimate purpose shall be collected.

B. Personal data shall be processed fairly and lawfully.

1. Processing shall uphold the rights of the data subject, including the right to refuse, withdraw consent, or object. It shall likewise be transparent, and allow the data subject sufficient information to know the nature and extent of processing.
2. Information provided to a data subject must always be in clear and plain language to ensure that they are easy to understand and access.
3. Processing must be in a manner compatible with declared, specified, and legitimate purpose.
4. Processed personal data should be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed.
5. Processing shall be undertaken in a manner that ensures appropriate privacy and security safeguards.

C. Processing should ensure data quality.

1. Personal data should be accurate and where necessary for declared, specified and legitimate purpose, kept up to date.
2. Inaccurate or incomplete data must be rectified, supplemented, destroyed or their further processing restricted.

D. Personal Data shall not be retained longer than necessary.

1.. Retention of personal data shall only for as long as necessary:

- (a) for the fulfillment of the declared, specified, and legitimate purpose, or when the processing relevant to the purpose has been terminated;
- (b) for the establishment, exercise or defense of legal claims; or
- (c) for legitimate business purposes, which must be consistent with standards followed by the applicable industry or approved by appropriate government agency.

2. Retention of personal data shall be allowed in cases provided by law.

3. Personal data shall be disposed or discarded in a secure manner that would prevent further processing, unauthorized access, or disclosure to any other party or the public, or prejudice the interests of the data subjects.

4. Any authorized further processing shall have adequate safeguards.

E. Personal data originally collected for a declared, specified, or legitimate purpose may be processed further for historical, statistical, or scientific purposes, and, in cases laid down in law, may be stored for longer periods, subject to implementation of the appropriate organizational, physical, and technical security measures required by the Act in order to safeguard the rights and freedoms of the data subject.

F. Personal data which is aggregated or kept in a form which does not permit identification of data subjects may be kept longer than necessary for the declared, specified, and legitimate purpose.

G. Personal data shall not be retained in perpetuity in contemplation of a possible future use yet to be determined.

PROCEDURE:

ORGANIZATIONAL SECURITY MEASURES

A. Data Protection Officer A Data Protection Officer (“DPO”) shall be appointed by the hospital and is responsible for ensuring the Company’s compliance with applicable laws and regulations for the protection of data privacy and security.

The functions and responsibilities of the DPO shall particularly include, among others:

- Monitoring the Company’s Personal Data Processing activities in order to ensure compliance with applicable Personal Data privacy laws and regulations, including the conduct of periodic internal audits and review to ensure that all the Hospital’s data privacy policies are adequately implemented by its employees and authorized agents.
- Acting as a liaison between the Company and the regulatory and accrediting bodies, and is in charge of the applicable registration, notification, and reportorial requirements mandated by the Data Privacy Act, as well any other applicable data privacy laws and regulations.
- Developing, establishing, and reviewing policies and procedures for the exercise by Data Subjects of their rights under the Data Privacy Act and other applicable laws and regulations on Personal Data privacy.
- Acting as the primary point of contact whom Data Subject may coordinate and consult with for all concerns relating to their Personal Data.
- Formulating capacity building, orientation, and training programs for employees, agents or representatives of the Company regarding Personal Data privacy and security policies.
- Preparing and filing the annual report of the summary of documented security incidents and Personal Data breaches, if any, as required under the Data Privacy Act, and of compliance with other requirements that may be provided in other issuances of the National Privacy Commission.

B. The DPO, with the cooperation of the Hospital's Human Resources department, shall develop and implement measures to ensure that all the Hospital's staff who have access to Personal Data will strictly process such data in compliance with the requirements of the Data Privacy Act and other applicable laws and regulations. These measures may include drafting new or updated relevant policies of the Hospital and conducting training programs to educate employees and agents on data privacy related concerns.

The DPO, with the assistance of Human Resource, shall ensure that Company shall obtain the employee's informed consent, evidenced by written, electronic or recorded means for:

- The Processing of his or her Personal Data, for purposes of maintaining the Hospital's records.
- A continuing obligation of confidentiality on the employee's part in connection with the Personal Data that he or she may encounter during the period of employment with the Hospital. This obligation shall apply even after the employee has left the Hospital for whatever reasons.

- Data Collection Procedures

The DPO, with the assistance of the Hospital's HR and any other departments of the Hospital responsible for the Processing of Personal Data, shall document the Company's Personal Data Processing procedures. The DPO shall ensure that such procedures are updated and that the consent of the Data Subjects (when required by the DPA or other applicable laws or regulations) is properly obtained and evidenced by written, electronic or recorded means. Such procedures shall also be regularly monitored, modified, and updated to ensure that the rights of the Data Subjects are respected, and that processing thereof is done fully in accordance with the DPA and other applicable laws and regulations.

- Data Retention Schedule Subject to applicable requirements of the DPA and other relevant laws and regulations, Personal Data shall not be retained by the Company for a period longer than necessary and/or proportionate to the purposes for which such data was collected. The DPO, with the assistance of the Hospital's HR and any other departments of the Company responsible for the Processing of Personal Data, shall be responsible for developing measures to determine the applicable data retention schedules, and procedures to allow for the withdrawal of previously given consent of the Data Subject, as well as to safeguard the destruction and disposal of such Personal Data in accordance with the DPA and other applicable laws and regulations.

- Data Sharing: Further Processing of Personal Data collected from a party other than the Data Subject shall be allowed under any of the following conditions:

- a. Data sharing shall be allowed when it is expressly authorized by law provided, that there are adequate safeguards for data privacy and security,

and processing adheres to principle of transparency, legitimate purpose and proportionality.

b. Data Sharing shall be allowed in the private sector if the data subject consents to data sharing, and the following conditions are complied with:

Consent for data sharing shall be required even when the data is to be shared with an affiliate or mother company, or similar relationships;

The data subject shall be provided with the following information prior to collection or before data is shared:

- (a) Identity of the personal information controllers or personal information processors that will be given access to the personal data;
- (b) Purpose of data sharing;
- (c) Categories of personal data concerned;
- (d) Intended recipients or categories of recipients of the personal data;
- (e) Existence of the rights of data subjects, including the right to access and correction, and the right to object;
- (f) Other information that would sufficiently notify the data subject of the nature and extent of data sharing and the manner of processing.

Implementation Date:

Implemented since 2018

Schedule for Policy Review:

Reviewed periodically as necessary

Last Reviewed:

July 2018

Acknowledgments:

To all administrative staff and heads of their representative units from July **1978** to present;

To each and everyone who contributed, reviewed and validate every single detail in each policy and procedures.

And to all those have extended their help; our sincerest thanks.

Acknowledgments:

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Administrative Services

Administrative Division Heads:

Anna Katrina Venice L. Rodriguez
Dr. Jefferson R. Pagsisihan
Teresita S. Jose
Victorino A. Macob

2018 to Present
2013 - 2018
2004 to 2011
1983 to 2004

Carolina James Aquino
Noeli Q. Losa

1980 to 1983
1978 to 1980

Data Protection Officer:

Dr. Jefferson R. Pagsisihan

2018 to Present

Administrative Section Heads:

Admitting section

Celestine T. Garcia

General Services

Communication

Josephine S. Pagsuyuin

Security

Joel R. Lombos

Transport

Marlorey D. Villamaria

WMO

Crisanta O. Cruz

Housekeeping Section

Crisanta O. Cruz

Linen Section

Carmelita D. Rodis

Maintenance Section

Quintin A. Opaco

Medical Records Section

Frederick C. Dacanay

Property Section

Dr. Ephraim Neal C. Orteza

Special Acknowledgements

Dr. Ephraim Neal C. Orteza

2013 - Present

Dr. Renato M. Bernabe

2010-2013

Dr. Ma. Loreleigh S. Obed

2002-2010

Dr. Ricardo S. Salazar

August-December 2002

Dr. Annabelle D. Valera

1998-2002

Dr. Cecilio J. Salazar

1995-1998

Dr. Rodolfo B. Punzalan

1991-1992

Dr. Arsenio G. Santiago

1986-1991

Dr. Renato M. Bernabe

1978-1986