



CITIZENS CHARTER  
CITY HEALTH OFFICE

HEMODIALYSIS

<b>Office/ Division</b>	<b>Pasig City Hemodialysis Center</b>
<b>Classification</b>	Simple; Out-Patient hemodialysis (HD) treatment of patient with Chronic Kidney Disease (CKD).
<b>Type of Transaction</b>	G2C Government to Citizens  SERVICES: Medical check-up pre-Hemodialysis (HD) treatment. HD treatment. Medical assessment post-HD treatment.
<b>Who may avail the service?</b>	<ol style="list-style-type: none"> <li>1. Must be a resident of Pasig or with any proof of residency, voter's I.D. (Comelec certificate), Barangay certificate.</li> <li>2. CKD patients with referral letter from their respective nephrologist</li> <li>3. CKD patients with updated Medical Abstract, Prescription, HD treatment sheet, Laboratory, Chest X-ray (within 1 month) and RT-PCR Swab Result (Within 7 days).</li> </ol>

<b>Checklist of Requiriements</b>	<b>Where to secure</b>
<ol style="list-style-type: none"> <li>1. <b>Medical Abstract, Referral letter</b></li> <li>2. <b>Latest treatment Sheet (last three page)</b></li> <li>3. <b>Laboratory Result (CBC with PC, Creatinine, BUN, Albumin, Sodium, Potassium, Calcium, Phosphorous) Chest X-ray and RT-PCR Swab Results(Negative)</b></li> <li>4. <b>Philhealth Dialysis Database (PDD)</b></li> <li>5. <b>Philhealth Member Data Record (MDR)</b></li> </ol>	<p>-Government or Non-Government Nephrologist, Hospital and Hemodialysis Center.</p> <p>-same as indicated above -Government or Non-Government Diagnostic Center</p> <p>-Philhealth, Philhealth Online</p> <p>-Senior Citizens Office</p>



<b>6. Senior Citizens ID/Person with disability (PWD ID)</b>	-DSWD Office
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How to Avail of the Service New Patients (cash basis) with Senior/PWD discount

<b>Patient Step</b>	<b>Action</b>	<b>Fees to be paid</b>	<b>Processing Time</b>	<b>Persons Involved</b>
1. Patient / relative inquires	-Ask pt. for referral letter from other dialysis center/ hospital	None	5 – 15 mins	<b>Nurse</b> Maribeth Morales . Mack Earll Concepcion Manuel Cabrera Argie Navarra Jennifer Pile Jerrico De Chavez Maila Santos  <b>Clerk</b> Christopher Ray Santiago
2. Submit all requirements needed (Checklist of Requirements)	-Conduct physical examination and evaluation of requirement	None	10-20 mins	<b>Nephrologist</b> Dr Jocelyn L. Paragas-Javier <b>POD</b>
3. Check for available schedule	-Check for slot availability	None	1 mins	<b>Nurse</b> Maribeth Morales Mack Earll Concepcion Manuel Cabrera Argie Navarra Jennifer Pile Jerrico De Chavez Maila Santiago
4. Pre dialysis care	-Conduct pre dialysis assessment	None	5-10 mins	<b>POD</b> <b>Nurse</b> Maribeth Morales M.E. Concepcion Manuel Cabrera Argie Navarra Jennifer Pile Jerrico De Chavez Maila Santiago
5. Hemodialysis Treatment	-Hemodialysis	None	4 hours	<b>POD</b> <b>Nurse</b> Maribeth Morales M.E. Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos



6. Pay Hemodialysis (HD) package fee, claim Official Receipt (OR)	-Payment -Issuance of OR	1,500 or 1,200 if with 20% discount for Senior and PWD's	5 – 10 mins	Cashier Revie Peralta Nonato Reyes
7. Post dialysis care	-Conduct post dialysis assessment  -Home Advised	None	5-10 – mins	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
<b>Total Time</b>		<b>***</b>	<b>5 -5.6 hours</b>	

How to Avail of the Service Old Patients (cash basis) with Senior/PWD discount

Patient Step	Action	Fees to be paid	Processing Time	Persons Involved
1. Retrieval of charts	-Retrieve and secure patients record	None	2 mins	Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
2. Pre dialysis care	-Conduct pre dialysis assessment	None	5-10 mins	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
3. Hemodialysis Treatment	-Hemodialysis	None	4 hours	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
4. Pay Hemodialysis (HD) package fee, claim	-Payment -Issuance of OR	1,500 or 1,200 if with 20% discount for Senior and	5 – 10 mins	Cashier Revie Peralta Nonato Reyes



Official Receipt (OR)		PWD's		
5. Post dialysis care	-Conduct post dialysis assessment -Home Advised	None	5 – 10 mins	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
<b>Total Time</b>		<b>***</b>	<b>4 -4.32 hours</b>	

How to Avail of the Service New Patients with Philhealth

Patient Step	Action	Fees to be paid	Processing Time	Persons Involved
1. Patient / relative inquires	-Ask pt. for referral letter from other dialysis center/ hospital .	None		Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos  Clerk Christopher Ray Santigo  Marie Antonette Fronda
2. Submit all requirements needed (Checklist of Requirements)	-Conduct physical examination and evaluation of requirement	None	15 – 20 mins	Nephrologist <i>Dr. Jocelyn L. Paragas-Javier MD</i> POD
3. Check for available schedule	-Check for slot availability	None	1 mins	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
4. Pre dialysis care	-Conduct pre dialysis assessment	None	5 – 10 mins	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos



5.Hemodialysis Treatment	-Hemodialysis	None	4 hours	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
6.Philhealth package claim (submit MDR, receipt payment)	-Patient/ relative will sign CSF, CF1 and CF2 Philhealth forms	None	5 – 10 mins	Philhealth Clerk  Christopher Ray Santiago  Marie Antonette Fronda
7.Post dialysis care	-Conduct post dialysis assessment -Home Advised	None	5 – 10 mins	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
<b>Total Time</b>		<b>***</b>	<b>5 -5.6 hours</b>	

How to Avail of the Service Old Patients with Philhealth

Patient Step	Action	Fees to be paid	Processing Time	Persons Involved
1. Retrieval of charts	-Retrieve and secure patients record	None	2 mins	Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
2. Pre dialysis care	-Conduct pre dialysis assessment	None	5 – 10 mins	POD Nurse Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
3.Hemodialysis Treatment	-Hemodialysis	None	4 hours	POD/ Nurse Maribeth Morales M.E Concepcion



				Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
4.Philhealth package claim (submit MDR, receipt payment)	-Patient/relative will sign CSF, CF1 and CF2 Philhealth forms	None	5 – 10 mins	<b>Philhealth Clerk</b> Christopher Ray Santiago  Marie Antonette Fronda
5.Post dialysis care	-Conduct post dialysis assessment  -Home Advised	None	5 – 10 mins	<b>POD Nurse</b>  . Maribeth Morales M.E Concepcion Manuel Cabrera Jennifer Pile Argie Navarra Jerrico De Chavez Maila Santos
<b>Total Time</b>		<b>***</b>	<b>4-4.32 hours</b>	

Feedback and Complaints

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Accomplish the Patient's Satisfaction Survey and drop it in suggestion boxes located at servicing area.
How feedback is processed	Feedback and suggestions are consolidated monthly for monitoring and appropriate action.  Feedback requiring answers are forwarded to the concerned personnel/unit for immediate action and reply to the client.
How to file a complaint	The client may submit the complaint to any of the following: <ul style="list-style-type: none"> <li>• Suggestion box</li> <li>• Head of the Unit</li> <li>• Head Nurse</li> </ul> To facilitate efficient, effective and timely response, ensure that the following information are provided: <ul style="list-style-type: none"> <li>• Name of the person being complained</li> </ul>



	<ul style="list-style-type: none"><li>• Incident- Brief Summary of the Incident</li><li>• Evidence-Proof to support the complaint</li><li>• Date and place of incident</li></ul> <p>For inquiries and follow-up, client may contact the Head of the Unit or the Head Nurse from the contact information given.</p>
How complaints are processed	<p>Once received, complaints are evaluated and sent to the concerned personnel/unit for immediate investigation.</p> <p>The client may receive a call or email pertaining to the complaint should there is a need for more information or clarification.</p> <p>The personnel/unit shall prepare a report on the incident to be submitted to the Head of the unit for appropriate action.</p> <p>The Head of the unit will send the reply to the client.</p> <p>For inquiries and follow-up, client may contact the Head of the Unit or the Head Nurse from the contact information given.</p>
Contact Information	<p><b><u>PASIG CITY HEMODIALYSIS CENTER</u></b></p> <p>Ms. Maribeth T. Morales – Head Nurse</p> <ul style="list-style-type: none"><li>• Email:</li><li>• <a href="mailto:pasigcityhdcenter@gmail.com">pasigcityhdcenter@gmail.com</a></li></ul> <p><b><u>Head of the Unit:</u></b></p> <p>Dr. Jocelyn L. Paragas- Javier MD, FPCP, FPSN</p> <ul style="list-style-type: none"><li>• Email: <a href="mailto:joyparagas@yahoo.com">joyparagas@yahoo.com</a></li></ul>