CITIZEN CHARTER PASIG CITY CHILDREN'S HOSPITAL – CHILD'S HOPE PHYSICAL MEDICINE AND REHABILITATION DEPARTMENT

Physical Therapy Out-patient Service

We provide services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by injury, pain, diseases, disorders, conditions, or environmental factors.

| Office or Division: | Ancillary Department |
|---------------------|--|
| Classification: | Simple |
| Classification. | Simple |
| Type of | G2C – Government to Citizens |
| Transaction: | |
| Who may avail: | Pediatric and adult patients afflicted with conditions |
| | *(neurologic, orthopedic, congenital, degenerative, |
| | neuromuscular) affecting activities of daily living, function, |
| | and mobility. |
| | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | |
|--------------------------------------|-------------------------|--|
| Referral form from other specialists | s OPD; other specialist | |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--|---------------------------------------|-----------------|---|
| 1 | Encoding of New Patients (OPD) /Old Patients (PT SECTION) Information | Inquiries and scheduling of consultation done by calling the department thru hospital trunk line. | None | 5 minutes | Physical Therapy Section, 6th floor, Pasig City Children's Hospital |
| | | For new out-patients, the patients and parents/ guardians should proceed directly to Physical Medicine and Rehabilitation Department for encoding. | | | |
| | | For follow-up, the patients and parents/guardians should proceed directly to Physical Therapy Section (6 th floor) for encoding of patient information Vital Signs input | | | |
| 2 | Proceed to Physiatrist Consultation. | Physiatrist assessment, diagnosis, and management. | 30Php – Pasig Resident 60Php | 30 minute | (Ma. Lorraine D. Buenavente, MD, FPARM; Charlotte D.Comia, MD, |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----|---|--|---|---------------------|---|
| | | | Non-Pasig Resident | | FPARM; Gabriel Roy Erwin Tan, MD) |
| 3 | Payment of Consultation fee | Claim the payment slip from the PT Clerk/PT Staff then proceed to the Cashier for the official receipt | 30Php – Pasig Resident 60Php Non-Pasig Resident | 5 minutes | Cashier (c/o Cashier Section) |
| 4 | Return to PT section and present the official receipt | Parent / guardian to sign the MD Consultation Logbook | None | 5 minutes | Rehabilitation Medicine Depatment Clerk (Mhykee Nana Ashley C. Sato) |
| 5 | Confirm schedule of PT treatment sessions from Rehab Clerk. To be given schedule slip. | Instruct the patient and parent/ guardian regarding PT session guidelines | None | 5 minutes | Rehabilitation Medicine Depatment Clerk (Mhykee Nana Ashley C. Sato) |
| 6 | Patient to attend scheduled PT sessions. NOTE: All Patients who were not able to comply with their given PT session schedules for 2 consecutive weeks automatically forfeits remaining sessions and advised to seek follow-up consultation | Provide the appropriate PT evaluation and intervention to patient. Once finished with all physical therapy sessions, patient is scheduled for MD consult for reevaluation, management or discharge. | 50 Php – Pasig Resident 130 Php Non-Pasig Resident | 45 minutes – 1 hour | Pediatric Physical Therapists (Moses M. Aquino, PTRP; Melissa L. Cabalag, PTRP; Jane Kathrine R. Cruz, PTRP; Catherine C. Garen, PTRP; Francheska Xam R. Maximo, PTRP; Howard Jake L. Reyes, PTRP & Michelle Ann B. Ruadil, PTRP) Adult Physical Therapists (Arjay L. Bulan, PTRP; Francis Joseph B. Javier, PTRP; Jerome R. Ponayo, PTRP; Evonie C. Villar, PTRP) |
| тот | TOTAL: | | | i iloui | |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|--|--|--|--|--|
| How to send feedback | Feed-back form will be accomplished by the caregiver after consultation and re-evaluation | | | |
| How feedback is processed How to file a complaint | The Quality Management Office will distribute the feedback and satisfaction form to our department. They will gather and summarize all forms monthly for documentation, monitoring and decide action plan and check the actions taken. Complainant may get complaint form from Physical Medicine and Rehabilitation Clerk. Once | | | |
| | accomplished, it will return to the clerk and sign on the department's logbook. | | | |
| How complaints are processed | Department head will investigate complainant and implement corrective action. Complaint may also be elevated to the hospital administrator / ancillary head and medical director for further decision. | | | |
| Contact Information | Physical Therapy Session 8643-2222 loc 618 | | | |

Prepared by:

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Chief Physical Therapist

Reviewed by:

Charlotte D. Comia, MD, FPARM

Head, Physical Medicine and Rehabilitation Department