### CITIZEN CHARTER {SANTOLAN SUPER HEALTH CENTER}

-The primary goal of this program is to offered medical assessment and management of non-communicable and communicable diseases to all Barangay Santolan Residents, free of charge. Medical Consultation schedule is every day from Monday to Friday (8:00AM-5:00PM)

| Office or Division:  | SANTOLAN SUPER HEALTH CENTER                                       |
|----------------------|--|
| Classification:      | Simple   |
| Type of Transaction: | G2C – Government to Citizens                                       |
| Who may avail:       | ALL CITIZEN OF BRGY. SANTOLAN AND<br>REFERRAL FROM NEARBY BARANGAY |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE   |
|---------------------------|-------------------|
| PHILHEALTH ID             | GOVERNMENT AGENCY |
| GOVERNMENT ISSUED ID      | GOVERNMENT AGENCY |

| # | CLIENT STEPS | OFFICE ACTIONS                              | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|---|--------------|---|--------------------|--------------------|-----------------------|
| 1 | REGISTRATION | MASTERLISTING<br>AND RETRIEVAL OF<br>RECORD | FREE               | 5 MINUTES          | PASIG HEALTH AIDES:   |

| # | CLIENT STEPS   | OFFICE ACTIONS                   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                  |
|---|----------------|----------------------------------|--------------------|--------------------|--|
|   |                |                                  |                    |                    | Zorraida     Moradilla                                 |
|   |                |                                  |                    |                    | Angelica     Saldo                                     |
|   |                |                                  |                    |                    | Cecile     Ponce                                       |
|   |                |                                  |                    |                    | Myla     Dionisio                                      |
|   |                |                                  |                    |                    | Catherine Simbulan                                     |
|   |                |                                  |                    |                    | Roselyn     Calunsag                                   |
|   |                |                                  |                    |                    | <ul><li>Ma.</li><li>Theresa</li><li>Guevarra</li></ul> |
|   |                |                                  |                    |                    | <ul> <li>Josephine<br/>Badajos</li> </ul>              |
|   |                |                                  |                    |                    | PASIG HEALTH<br>AIDES:                                 |
|   |                |                                  |                    |                    | <ul><li>Angeline<br/>Casulla</li></ul>                 |
|   |                |                                  |                    |                    | Maricel     Cayabyab                                   |
|   |                |                                  |                    |                    | <ul><li>Mary<br/>Rose<br/>Balagtas</li></ul>           |
| 2 | ANTHROPOMETRIC | NTHROPOMETRIC VITAL SIGNS TAKING | FREE               | 5 MINUTES          | <ul><li>Mary<br/>Grace<br/>Daquial</li></ul>           |
|   |                |                                  |                    |                    | <ul><li>Zorraida<br/>Moradilla</li></ul>               |
|   |                |                                  |                    |                    | Angelica     Saldo                                     |
|   |                |                                  |                    |                    | Cecile     Ponce                                       |
|   |                |                                  |                    |                    | Myla     Dionisio                                      |
|   |                |                                  |                    |                    | Catherine Simbulan                                     |

| #   | CLIENT STEPS                 | OFFICE ACTIONS  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
|-----|------------------------------|---|--------------------|--------------------|---|
|     |                              |   |                    |                    | <ul> <li>Roselyn<br/>Calunsag</li> <li>Ma.<br/>Theresa<br/>Guevarra</li> <li>Josephine<br/>Badajos</li> </ul> |
| 3   | PHILHEALTH<br>REGISTRATION   | REGISTRATION TO<br>PHILHEALTH<br>PORTAL   | FREE               | 5 MINUTES          | MARY GRACE<br>ORO   |
| 4   | ADMISSION/TRIAGE             | ISOLATION OF<br>COMMUNICABLE TO<br>NON-<br>COMMUN ICABLE<br>CASES<br>CHIEF COMPLAIN<br>TAKING | FREE               | 5 MINUTES          | MARILYN<br>CRUZ   |
| 5   | ELECTRONIC<br>MEDICAL RECORD | ENCODING OF<br>PATIENTS RECORD  | FREE               | 10 MINUTES         | ALEJANDRO<br>SANTIAGO,<br>MARIA<br>THERESA<br>ARANDIA   |
| 6   | CONSULTATION                 | ASSESSMENT, PHYSICAL EXAMINATION AND PRESCRIPTION OF MEDICATION AND LABORATORIES              | FREE               | 10 MINUTES         | MADGE C.<br>GEALONE, MD<br>RACHELLE<br>LIRIO, MD  |
| 7   | DISPENSING OF<br>MEDICATIONS | DISPENSING OF<br>PRESCRIBED<br>MEDICATION OF<br>PATIENT                                       | FREE               | 10 MINUTES         | NOREEN<br>ANDAYA  |
|     | ENROLLMENT OF<br>TB PATIENTS | TAKING OF RBS/HIV   | FREE               |                    | MARY GRACE<br>ORO   |
| ТОТ | ΓAL:                         |   |                    | 40 MINUTES         |   |

| FEEDBACK AND COMPLAINTS MECHANISM |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| How to send feedback              | Answer the client feedback form and drop it at the designated drop box.  and/or  santolansuperhc@gmail.com   |  |  |  |  |
| How feedback is processed         | Feedback is gathered and processed by respective Units in the City Health Department. A report of Customer Feedback is prepared to document action plan and monitor actions taken.   |  |  |  |  |
| How to file a complaint           | Report complaint through Ugnayan sa Pasig facebook page  Contact info: ugnayan@pasigcity.gov.ph;   |  |  |  |  |
| How complaints are processed      | Complaint/s received, whether verbal or written shall be referred/ forwarded to concerned Head of Office who shall act on the complaint and provide feedback to the client on the action taken.  |  |  |  |  |
| Contact Information               | The Complaints Officer receive the complaints on a daily basis and evaluates each complaint. Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action. The Complaints Officer will give the feedback to the client.  For inquiries and follow-ups, clients may contact the following telephone number: 8-643-0000 (Cityhall) |  |  |  |  |

# CITIZEN CHARTER SANTOLAN HEALTH CENTER

#### **Primary Health Care Services**

#### **National Immunization Program**

➤ The primary goal of this program is to minimize morbidity and death among children from the most prevalent vaccine-preventable diseases (VPDs), which include tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis, and measles.

| Office or Division:  | SANTOLAN HEALTH CENTER  |
|----------------------|---|
| Classification:      | Simple  |
| Type of Transaction: | G2C – Government to Citizens  |
| Who may avail:       | All infants and children within the given target age, pregnant women and senior citizens needing vaccination. |

|        | CHECKLIST OF REQUIREMENTS               | WHERE TO SECURE  |
|--------|---|--|
| ><br>> | Vaccination Record Any government valid | For infant-vaccination record/ medical record from the birthing place given                          |
| >      | identification cards Philhealth/MDR     | For infants transferring from other facility- the previous health service provider                   |
|        |   | For Senior Citizen (with previous vaccine given) vaccination record given from the previous provider |

| # | CLIENT STEPS   | OFFICE ACTIONS   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
|---|--|--|--------------------|--------------------|---|
| 1 | For Old patients: - Present patient's record number and vaccination record  For new patients: - Fill up the Patient Demographic Form | -Provide patient's record number and Patient demographic Form  - Provide information needed for Admission -Interview patient and accomplish INCD forms | FREE               | 3-5 MINUTES        | Pasig Health Aides;  Angeline Casulla Maricel Cayabyab Mary Grace Daquial Mary Rose Cayabyab Zorraida Moradilla Cecile Ponce Angeline Saldo |

| # | CLIENT STEPS   | OFFICE ACTIONS   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
|---|--|--|--------------------|--------------------|---|
| 2 | Provide answers to   | Interview the patient/ guardian about the  | FREE               | 2-5 MINUTES        | <ul> <li>Ma.</li></ul>  |
|   | personal -demographic data -medical history and other pertinent health information | vaccine history 2. Checks the completeness of pertinent data needed 3. Accurate measurement of height, weight, temperature and blood pressure  |                    |                    | <ul> <li>Angeline         Casulla</li> <li>Maricel         Cayabyab</li> <li>Mary         Grace         Daquial</li> <li>Mary         Rose         Cayabyab</li> <li>Zorraida         Moradilla</li> <li>Cecile         Ponce</li> <li>Angeline         Saldo</li> <li>Ma.         Theresa         Guevarra</li> <li>Josephine         Badajos</li> <li>Roselyn         Calunsag</li> <li>Catherine         Simbulan         Myla         Dionisio</li> </ul> |
| 3 | Encoding using Electronic<br>Medical Records (EMR)                                 | Verification of Demographic<br>Data, Contact Number,<br>Philhealth Number and<br>Medical History   | FREE               | 2-3 minutes        | Alejandro<br>Santiago<br>(Encoder)  |
| 4 | Vaccination Proper   | <ol> <li>Patient assessment. If patient is eligble for vaccination proceed with the needed vaccine. If not, refer to Physician for further medical management.</li> <li>Explaining to patient/patient's guardian the vaccine that will be given</li> </ol> | FREE               | 5-10 minutes       | Health staff: Nurse: Mary Grace Oro  Noreen Andaya  Maria Theresa Arrandia  |

| #   | CLIENT STEPS           | OFFICE ACTIONS   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                      |
|-----|------------------------|--|--------------------|--------------------|--|
|     |                        | and providing information of after care.   |                    |                    | Midwife:<br>Marilyn Cruz                   |
|     |                        | <ul><li>3. Giving the vaccine needed</li><li>4. Issuance of vaccination Card</li></ul> |                    |                    | Physician:<br>Madge C.<br>Gealone MD       |
| 5   | Dispensing of medicine | Dispense medicines and give proper home meds instruction.                              | FREE               | 1-2 minutes        | Health staff: Nurse: Mary Grace Oro Noreen |
|     |                        |  |                    |                    | Andaya                                     |
|     |                        |  |                    |                    | Maria<br>Theresa<br>Arrandia               |
|     |                        |  |                    |                    | Midwife:<br>Marilyn Cruz                   |
|     |                        |  |                    |                    |  |
| тот | AL:                    |  |                    | 15-20 minutes      |  |

| FEEDBACK AND COMPLAINTS MECHANISM |  |  |  |  |
|-----------------------------------|--|--|--|--|
| How to send feedback              | Answer the client feedback form and drop it at the designated drop box.  and/or santolansuperhc@gmail.com  |  |  |  |
| How feedback is processed         | Feedback is gathered and processed by respective Units in the City Health Department. A report of Customer Feedback is prepared to document action plan and monitor actions taken. |  |  |  |
| How to file a complaint           | Report complaint through Ugnayan sa Pasig facebook page  Contact info: ugnayan@pasigcity.gov.ph;   |  |  |  |

| How complaints are processed | Complaint/s received, whether verbal or written shall be referred/ forwarded to concerned Head of Office who shall act on the complaint and provide feedback to the client on the action taken.   |
|------------------------------|---|
| Contact Information          | The Complaints Officer receive the complaints on a daily basis and evaluates each complaint. Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.  The Complaints Officer will give the feedback to the client.  For inquiries and follow-ups, clients may contact the following telephone number: 8-643-0000 (Cityhall) |





# CITIZEN CHARTER SANTOLAN SUPER HEALTH CENTER

### **Primary Health Care Services**

#### **National Tuberculosis Program**

> The National Tuberculosis Control Program (NTP) aims to reduce tuberculosis mortality and incidence in the country, as well as to reduce catastrophic expenditures and deliver patient-responsive health services.

| Office or Division:  | SANTOLAN SUPER HEALTH CENTER  |
|----------------------|---|
| Classification:      | Simple  |
| Type of Transaction: | G2C – Government to Citizens  |
| Who may avail:       | All TB cases and referred TB cases needing consultation/ assessment/ evaluation and treatment |

| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE                          |
|---|--|
| National Tuberculosis Program   | Hospital/ Accredited Laboratory Facility |
| <ul> <li>Latest laboratory result</li> <li>a) DSSM, Sputum GeneXpert examination</li> <li>b.) CBC, Urinalysis, FBS, Creatinine, Lipid</li> <li>Profile</li> <li>c.) Latest X-ray result with film</li> <li>d.) Referral from other health facility (if applicable)</li> <li>Any government valid</li> <li>identification cards</li> <li>Philhealth/MDR</li> </ul> | Referring facility                       |

| # | CLIENT STEPS   | OFFICE ACTIONS  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|---|--|---|--------------------|--------------------|--|
| 1 | For Old patients: - Present patient's record number and vaccination record  For new patients: - Fill up the Patient Demographic Form | -Provide patient's record number and Patient demographic Form | FREE               | 3-5 MINUTES        | <ul> <li>Pasig Health Aides</li> <li>Angeline Casulla</li> <li>Maricel Cayabyab</li> </ul> |

| #  | CLIENT STEPS  | OFFICE ACTIONS   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|----|---|--|--------------------|--------------------|--|
|    |   | - Provide information needed for Admission -Interview patient and accomplish INCD forms  |                    |                    | <ul> <li>Mary         Grace         Daquial</li> <li>Mary         Rose         Cayabyab</li> <li>Zorraida         Moradilla</li> <li>Cecile         Ponce</li> <li>Angeline         Saldo</li> <li>Ma.         Theresa         Guevarra</li> <li>Josephine         Badajos</li> <li>Roselyn         Calunsag</li> <li>Catherine         Simbulan</li> <li>Myla         Dionisio</li> </ul> |
| 2  | Admit Patient and classify all TB Symptomatics for triage   | Perform anthropometric measurements, vital signs assessments and record personal and pertinent information in individual patient's chart/form. | FREE               | 2-5 MINUTES        | Health staff  Nurse: Mary Grace Oro  Noreen Andaya  Maria Theresa Arrandia   |
| 3  | Proceeds to waiting area until name is called  Present record /referral/endorsement for evaluation of treatment | 1.Instructs patient to proceed to waiting area 2.Interviews patient, checks for completeness of requirements                                   | FREE               | 5-10 MINUTES       | Health staff: Nurse: Mary Grace Oro  Noreen Andaya  Maria Theresa Arrandia   |
| 4. | Proceeds to<br>consultation room for<br>assessment of the<br>Rural Health Physician                             | Review medical history, physical examination, assessment, issue prescription and provide health teachings.                                     | FREE               | 5-10 minutes       | Physician:<br>Made C.<br>Gealone,MD  |

| #      | CLIENT STEPS                                      | OFFICE ACTIONS  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|--------|---|---|--------------------|--------------------|------------------------|
| 5      | Proceed to NTP Health<br>Staff for initiation of  | 1. Issuance of form   | FREE               | 15-20 minutes      | Health staff:<br>Nurse |
|        | treatment or other instructions                   | 2.Checks completeness of pertinent data                                   |                    |                    | Mary Grace Oro         |
|        | Fill out TBDC Form for clinical diagnosed TB case | 3. Instruct Patient for Sputum / specimen collection                      |                    |                    |                        |
|        |   | 4.Perform PICT and RBS/FBS on patient and further health teachings        |                    |                    |                        |
|        |   | 5.Dispense of NTP medicines   |                    |                    |                        |
|        |   | 6.Giving the patient Treatment record copy                                |                    |                    |                        |
|        |   | 7.Educate the patient on potential adverse effects and what to do if they |                    |                    |                        |
|        |   | occur.  |                    |                    |                        |
| TOTAL: |   |   |                    | 30-50 minutes      |                        |
|        |   |   |                    | 33 30 minutes      |                        |

| FEEDBACK AND COM             | PLAINTS MECHANISM   |
|------------------------------|---|
| How to send feedback         | Answer the client feedback form and drop it at the designated drop box.  and/or  Contact info: santolansuperhc  |
| How feedback is processed    | Feedback is gathered and processed by respective Units in the City Health Department. A report of Customer Feedback is prepared to document action plan and monitor actions taken.              |
| How to file a complaint      | Report complaint through Ugnayan sa Pasig facebook page  Contact info: ugnayan@pasigcity.gov.ph;  |
| How complaints are processed | Complaint/s received, whether verbal or written shall be referred/ forwarded to concerned Head of Office who shall act on the complaint and provide feedback to the client on the action taken. |
| Contact Information          | The Complaints Officer receive the complaints on a daily basis and evaluates each complaint.  |

Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. The Complaints Officer will create a report after

the investigation and shall submit it to the Head of Agency for appropriate action.

The Complaints Officer will give the feedback to the client.

For inquiries and follow-ups, clients may contact the following telephone number: 8-643-0000 (Cityhall)





## CITIZEN CHARTER SANTOLAN SUPER HEALTH CENTER

### **Primary Health Care Services**

#### **FAMILY PLANNING PROGRAM**

The National Family Planning Program aims to ensure that every Filipino has a universal access to correct information, medically safe, legal, non abortifacient effective and culturally acceptable modern family Planning methods. It focused on reducing unintended pregnancy by increasing use of birth control and family planning services, It's also role is to support a woman and her partner in choosing the method of Family Planning that best suits them and to support them in solving any problems that may arise with the selected method.

| Office or Division:  | SANTOLAN HEALTH CENTER   |
|----------------------|--|
| Classification:      | Simple   |
| Type of Transaction: | G2C – Government to Citizens   |
| Who may avail:       | All Barangay Santolan Residents and nearby Barangay with referral from other Health Facility |

|            | CHECKLIST OF REQUIREMENTS                                | WHERE TO SECURE     |
|------------|--|---------------------|
| <b>A A</b> | Any government valid identification cards Philhealth/MDR | Government Agencies |

| # | CLIENT STEPS             | OFFICE ACTIONS                  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
|---|--------------------------|---------------------------------|--------------------|--------------------|---|
| 1 | Approach Admission area. | Ask client for services needed. | FREE               | 1-2minutes         | Pasig Health Aides  Angeline Casulla Maricel Cayabyab Mary Grace Daquial Mary Rose Cayabyab |

| #  | CLIENT STEPS   | OFFICE ACTIONS   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|----|--|--|--------------------|--------------------|--|
|    |  |  |                    |                    | <ul> <li>Zorraida<br/>Moradilla</li> <li>Cecile<br/>Ponce</li> <li>Angeline<br/>Saldo</li> <li>Ma.<br/>Theresa<br/>Guevarra</li> <li>Josephine<br/>Badajos</li> <li>Roselyn<br/>Calunsag</li> <li>Catherine<br/>Simbulan</li> <li>Myla<br/>Dionisio</li> </ul> |
| 2  | For Old patients: - Present patient's record number  For new patients: - Fill up the Patient Demographic Form  Adolescent 10 to 19 years old: Provide information needed for Admission and HEADDSS Tool  Aged 20 years old above: Provide information needed for INCD assessment | -Provide patient's record number and Patient demographic Form  - Provide information needed for Admission  -Interview patient and accomplish INCD forms. | FREE               | 3-10minutes        | Pasig Health Aides  Angeline Casulla Maricel Cayabyab Mary Grace Daquial Mary Rose Cayabyab Zorraida Moradilla Cecile Ponce Angeline Saldo Ma. Theresa Guevarra Josephine Badajos Roselyn Calunsag Catherine Simbulan Myla Dionisio                            |
| 3. | Provide answers to personal -demographic data -medical history and other pertinent health information  | Perform anthropometric measurements, vital signs assessments and record personal and pertinent information in individual patient's chart/form.           | FREE               | 2-3minutes         | Midwife: Marilyn<br>Cruz   |

| <b>4</b> . <b>5</b> . | Encoding using Electronic Medical Records (EMR)  Have a seat and wait to be called | Verification of Demographic Data, Contact Number, Philhealth Number and Medical History Observe proper queuing of patients     |  | FREE | 3-5 min |         | Alejandro<br>Santiago<br>(Encoder)<br>Midwife: Marilyn<br>Cruz |
|-----------------------|--|--|--|------|---------|---------|--|
| 6.                    | Proceed to Family<br>Planning Counselling  | -Greet the client -Ask the clients about themselves -Tell them all about Family Planning Methods -Help them to choose a method |  | FREE | 20-30m  | ninutes | Midwife: Marilyn<br>Cruz                                       |
| TO                    | Γ <b>AL</b> >>>>   | -Explain how to us<br>method<br>-Appoint a return v<br>follow up   |  |      |         | 30-45   | minutes  |

| FEEDBACK AND COMPLAINTS MECHANISM |  |  |  |
|-----------------------------------|--|--|--|
| How to send feedback              | Answer the client feedback form and drop it at the designated drop box. and/or Contact info: santolansuperhc@gmail.com   |  |  |
| How feedback is processed         | Feedback is gathered and processed by respective Units in the City Health Department. A report of Customer Feedback is prepared to document action plan and monitor actions taken.   |  |  |
| How to file a complaint           | Report complaint through Ugnayan sa Pasig facebook page  Contact info: ugnayan@pasigcity.gov.ph;   |  |  |
| How complaints are processed      | Complaint/s received, whether verbal or written shall be referred/ forwarded to concerned Head of Office who shall act on the complaint and provide feedback to the client on the action taken.  |  |  |
| Contact Information               | The Complaints Officer receive the complaints on a daily basis and evaluates each complaint. Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action. |  |  |

| The Complaints Officer will give the feedback to the client.  |
|---|
| For inquiries and follow-ups, clients may contact the following telephone number: 8-643-0000 (Cityhall) |



## CITIZEN CHARTER SANTOLAN SUPER HEALTH CENTER



## **Dispensing of Maintenance Medicine**

-Providing Maintenance Medicine to all citizen of Barangay Dela Paz together with their medicine Prescription within the availability of the medicine provided by the Cityhall and the Barangay.

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| Office or Division:  | SANTOLAN HEALTH CENTER          |
|----------------------|---------------------------------|
| Classification:      | Simple                          |
| Type of Transaction: | G2C – Government to Citizens    |
| Who may avail:       | All Barangay Santolan Residents |

| CHECKLIST OF REQUIREMENTS  | WHERE TO SECURE     |
|--|---------------------|
| Any government valid identification cards (Philhealth ID or MDR) | Government Agencies |
| Medicine Prescription from attending Physician                   | Attending Physician |
| Small notebook   | Patient expense     |

| # | CLIENT STEPS             | OFFICE ACTIONS                  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
|---|--------------------------|---------------------------------|--------------------|--------------------|---|
| 1 | Approach Admission area. | Ask client for services needed. | FREE               | 1-2minutes         | Pasig Health<br>Aides;  |
|   |                          |                                 |                    |                    | <ul><li>Angeline<br/>Casulla</li><li>Maricel<br/>Cayabyab</li></ul> |

| #  | CLIENT STEPS   | OFFICE ACTIONS  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|----|--|---|--------------------|--------------------|--|
|    |  |   |                    |                    | <ul> <li>Mary         Grace         Daquial</li> <li>Mary         Rose         Cayabyab</li> <li>Zorraida         Moradilla</li> <li>Cecile         Ponce</li> <li>Angeline         Saldo</li> <li>Ma.         Theresa         Guevarra</li> <li>Josephine         Badajos</li> <li>Roselyn         Calunsag</li> <li>Catherine         Simbulan</li> <li>Myla         Dionisio</li> </ul> |
| 2  | For Old patients: - Present patient's record number  For new patients: - Fill up the Patient Demographic Form  Aged 20 years old above: Provide information needed for INCD assessment | -Provide patient's record number and Patient demographic Form  - Provide information needed for Admission -Interview patient and accomplish INCD forms. | FREE               | 3-10minutes        | Pasig Health Aides;  Angeline Casulla Maricel Cayabyab Mary Grace Daquial Mary Rose Cayabyab Zorraida Moradilla Cecile Ponce Angeline Saldo Ma. Theresa Guevarra Josephine Badajos Roselyn Calunsag Catherine Simbulan Myla Dionisio   |
| 3. | Provide answers to personal -demographic   | Perform anthropometric measurements, vital signs  | FREE               | 2-3minutes         |  |

| 4. | data -medical history and other pertinent health information  Encoding using Electronic Medical Records (EMR) | assessments and record personal and pertinent information in individual patient's chart/form.  Verification of Demographic Data, Contact Number, Philhealth Number and       | FREE | 2-3minutes | Midwife: Marilyn<br>Cruz  Alejandro Santiago (Encoder) |
|----|---|--|------|------------|--|
| 5. | Have a seat and wait to be called   | Medical History  Observe proper queuing of patients  | FREE | 2-3minutes | Nurse: Noreen<br>Andaya                                |
| 6. | Wait for dispensing of medicines and other instructions. Present your Prescription.                           | Dispense medicines as indicated in the record and prescription and give proper home meds instruction.  Encode the medicine given in Muplomt. If no record, register patient. | FREE | 3-5minutes | Nurse: Noreen<br>Andaya                                |
|    | TOTAL   |  | FREE | 15-25 MINS |  |

| FEEDBACK AND COMPLAINTS MECHANISM |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| How to send feedback              | Answer the client feedback form and drop it at the designated drop box. and/or Contact info: santolansuperhc@gmail.com   |  |  |  |  |
| How feedback is processed         | Feedback is gathered and processed by respective Units in the City Health Department. A report of Customer Feedback is prepared to document action plan and monitor actions taken.   |  |  |  |  |
| How to file a complaint           | Report complaint through Ugnayan sa Pasig facebook page  Contact info: ugnayan@pasigcity.gov.ph;   |  |  |  |  |
| How complaints are processed      | Complaint/s received, whether verbal or written shall be referred/ forwarded to concerned Head of Office who shall act on the complaint and provide feedback to the client on the action taken.  |  |  |  |  |
| Contact Information               | The Complaints Officer receive the complaints on a daily basis and evaluates each complaint. Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. |  |  |  |  |

| The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.  The Complaints Officer will give the feedback to the client. |
|---|
| For inquiries and follow-ups, clients may contact the following telephone number: 8-643-0000 (Cityhall)   |



## CITIZEN CHARTER SANTOLAN HEALTH CENTER



#### **DENTAL SERVICES:**

The Dental Health program is a response to help decrease the high incidence rate of dental caries and periodontal diseases in our country and increase accessibility, especially to the indigent who cannot afford or have limited / no access to dental health care services.

Services include, but are not limited to: consultation/ oral examination, counselling/ dental health education, tooth extraction, gum treatment, relief of pain, scaling and polishing for pregnant mothers, fluoride varnish treatment for infants, fluoride application for students in public elementary schools and Day care centers with daily tooth brushing drills.

#### FEES:

- A. No fees are to be collected in availing dental health services in health centers.
- B. Fees to be collected per dental treatment availed at the dental office at Pasig City hall are listed below.

#### SCHEDULE: MONDAY - FRIDAY (8:00 - 5:00PM)

| Office or Division:  | SANTOLAN SUPER HEALTH CENTER    |
|----------------------|---------------------------------|
| Classification:      | Simple                          |
| Type of Transaction: | G2C – Government to Citizens    |
| Who may avail:       | All Barangay Santolan Residents |

| CHECKLIST OF REQUIREMENTS                                    | WHERE TO SECURE                                     |
|--|---|
| Identification cards: voter's ID/ senior's ID/ Philhealth ID | COMELEC/ Senior citizen's office/ Philhealth office |
| 2. Referral slip coming from a licensed dentist (if needed)  | Referring dentist (government or private dentist)   |

## **HEALTH CENTER BASED**

| # | CLIENT STEPS  | OFFICE ACTIONS   | FEES TO<br>BE PAID | PROCESSING<br>TIME  | PERSON<br>RESPONSIBLE   |
|---|---|--|--------------------|---|---|
| 1 | 1. The patient will go to their respective health center where they belong with the following documents: a. Identification cards: either voter's ID, Senior Citizen's ID, Philhealth ID b. Referral slip coming from a licensed government/ private dentist (if needed) |  | FREE               |   |   |
| 2 | Approach the Dental<br>Aide/ Dental<br>Assistant / PHA  | Dental Aide/ Dental Assistant/ PHA shall: 1. Admit the patient for consultation and dental treatment 2. Check the necessary documents required 3. Let the patient fill up necessary forms and individual treatment record (ITR), covid-19 questionnaires 4. Take the vital signs of the patient (BP, etc.) and record it in the individual treatment record (ITR) 5.Refer the patient to the Dentist | FREE               | 10 minutes  | Pasig Health Aides;  Angeline Casulla  Maricel Cayabyab  Mary Grace Daquial  Mary Rose Cayabyab  Zorraida Moradilla  Cecile Ponce Angeline Saldo  Ma. Theresa Guevarra Josephine Badajos Roselyn Calunsag Catherine Simbulan  Myla Dionisio |
| 3 | Approach the Dentist in charge in the said health center  | The dentist in charge shall: 1. Perform proper triaging for covid-19 2. Provide oral examination/ consultation   | FREE               | 10 minutes to 1 hour depending on the dental treatment provided | Dentist:<br>Dra.Cris Nario  |

| #      | CLIENT STEPS | OFFICE ACTIONS   | FEES TO<br>BE PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE |
|--------|--------------|--|--------------------|--|-----------------------|
|        |              | <ul><li>3. Check the history of the patient</li><li>4. Provide necessary dental treatment needed by the patient.</li></ul> |                    |  |                       |
| TOTAL: |              |  |                    | 10 minutes to 1 hours depending on the difficulty of the dental treatment provided |                       |

| FEEDBACK AND COMPLAINTS MECHANISM |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|
| How to send feedback              | Through Telephone hotline, online (email) or suggestion boxes santolansuperhc@gmail.com  |  |  |  |  |  |
| How feedback is processed         | Feedbacks received verbally through face to face or through telephone conversations are assessed and responded immediately. Non-verbal, online or written feedbacks will be assessed and then be forwarded to the persons concerned.   |  |  |  |  |  |
| How to file a complaint           | Through Telephone hotline, online (email) or complaint boxes   |  |  |  |  |  |
| How complaints are processed      | Handling and investigations of complaints require individuals with specific expertise and is managed according to the specific procedures defined by the person in charge depending on the complaint. If complaints are dental in nature, the dentist in charge will be the one to attend to the patient. But if it concerns other problems other than dental procedures, it will be escalated to the next higher authority for assessment and for probable solutions. |  |  |  |  |  |
| Contact Information               | Pasig City Health Office: (02) 8643-1111 loc 391<br>Email: pasigcityhealth@gmail.com   |  |  |  |  |  |