



CITIZEN'S CHARTER

SAN ANTONIO HEALTH CENTER



PRIMARY HEALTH CARE SERVICES

MEDICAL CONSULTATION

This process provides outpatient consultation for promotive, preventive and primary health care.

Office or Division:	SAN ANTONIO HEALTH CENTER
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	All walk-in clients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Consultation referral (if applicable)	Referring facility

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Admission <ul style="list-style-type: none"> • For new patients Approach reception area for Individual Treatment Record Form • For old patients- Give full name to health worker in the reception area. 	Retrieve individual treatment record form/ Issuance of form.	NONE	2-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNET H CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS • JOSEFIN A ROA
2	Accomplish individual treatment record form	1. Check the completeness of pertinent data needed. 2. Conduct quick assessment and triage.	NONE	2-5 minutes	Health staff: <ul style="list-style-type: none"> • NITA HARDMAN • MARCEL A MACARANAS
3	Wait for health center staff for Vital signs taking including height and weight.	Accurate measurement of height, weight, temperature and blood pressure	NONE	3-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNET H CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE

					BARCENAS JOSEFINA ROA
4	Proceed to waiting area until name is called	Queue patient for consultation	NONE	5-10 minutes	Health staff: • NITA HARDMAN • MARCEL A MACARANAS
5	Actual medical consultation	1. Conduct history taking, perform physical examination, provide medical assessment. 2. Prescribe medications and issue necessary laboratory requests. 3. Provide counselling/health education. 4. Refer to specialty if warranted	NONE	5-10 minutes	Physician: • MARISSA DE LEON, MD
6	Proceed to Dispensing of medicine	1. Prepare Medicines 2. Dispense medicines 3. Record medicines given in the medicine utilization form	NONE	1-3 minutes	Health staff: • NITA HARDMAN • MARCEL A MACARANAS
TOTAL:				28-38 minutes	

NATIONA IMMUNIZATION PROGRAM (NIP)

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:	SAN ANTONIO 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
<ul style="list-style-type: none"> Vaccination Record 	<ul style="list-style-type: none"> For infant- vaccine record from the birthing place (if given bcg and hepa b at birth) For infants transferring from other facility- the previous health service provider

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Admission • For new patients fill up Individual treatment Record Form • For old patients- Give full name to	Issuance/retrieval of individual treatment record form.	NONE	2-5 minutes	PASIG HEALTH AIDES/BHW: • JANNET H CORREA • ROWEN INTALAN • ROSEMARIE

	health worker in the reception area				LABANDERO • JOAN MARIE BARCENAS • JOSEFINA ROA
2	Fill out individual treatment record form	1. Interview the patient/ guardian about the vaccine history. 2. Check the completeness of pertinent data needed.	NONE	2-5 minutes	Health staff: • NITA HARDMAN • MARCEL A MACARANAS
3	Taking of Vital signs including height and weight	Accurate measurement of height, weight, temperature and blood pressure	NONE	3-5 minutes	PASIG HEALTH AIDES/BHW: • JANNETH CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS JOSEFINA ROA
4	Vaccination Proper	1. Explaining to patient/ patient's guardian the vaccine that will be given and providing information of after care. 2. Giving the vaccine needed	NONE	5-10 minutes	Health staff: • NITA HARDMAN • MARCEL A MACARANAS
5	Dispensing of medicine	Dispensing of paracetamol to patients as needed	NONE	1-3 minutes	Health staff: • NITA HARDMAN • MARCEL A MACARANAS
TOTAL:				13-23 minutes	

NATIONAL TUBERCULOSIS PROGRAM (NTP)

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:	SAN ANTONIO HEALTH CENTER
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	All TB cases and referred TB cases needing assessment/evaluation and treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
National Tuberculosis Program <ul style="list-style-type: none"> ➤ Latest laboratory result ➤ DSSM, Sputum GeneXpert examination ➤ CBC, Urinalysis, FBS, Creatinine, Lipid Profile ➤ Latest X-ray result with fil ➤ Referral from other health facility (if applicable) 	Hospital/ Accredited Laboratory Facility Referring facility

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Admission <ul style="list-style-type: none"> • For new patients filling up of Individual Health Record Form • For old patients- Give full name to health worker in the reception area 	1. Issuance of form 2. Checks for completeness of the pertinent data in individual record form.	NONE	2-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNETH CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS • JOSEFINA ROA
2	Anthropometric measurement (Taking of height and weight) and vital signs taking.	Accurate measurement of height, weight, temperature and blood pressure	NONE	3-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNETH CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS • JOSEFINA ROA
3	Present Requirements	Interview patient, check for completeness of requirements	NONE	2-5 minutes	Health staff: <ul style="list-style-type: none"> • NITA HARDMAN
4	Fill out TBDC Form for clinically diagnosed TB case	1. Issuance of form 2. Check completeness of pertinent data	NONE	2-5 minutes	Health staff: <ul style="list-style-type: none"> • NITA HARDMAN
5	Proceed to waiting area until name is called	Instruct patient to proceed to waiting area	NONE	5-10 minutes	Health staff: <ul style="list-style-type: none"> • NITA HARDMAN
6	Proceed to consultation room for	Conduct interview, perform physical	NONE	2-5 minutes	Physician: MARISSA DE

	assessment of the physician.	examination, provide assessment and prescribe medication			LEON, MD
7	Wait for your name to be called for HIV screening and FBS/RBS screening (if unknown status).	1. Conduct PICT 2. Conduct Screening 3. Relay screening result to patient	NONE	2-5 minutes	Health staff: • NITA HARDMAN
8	Wait for the health center staff for dispensing of NTP medicines.	1. Dispense and give instructions on how to take TB medicines. 2. Issue Treatment record copy. 3. Educate the patient on potential adverse effects and what to do if they occur. 4. Instruct the patient on follow up date	NONE	2-5 minutes	Health staff: • NITA HARDMAN
TOTAL:				16-45 minutes	

DISPENSING OF MEDICINES

- This process covers dispensing of prescriptions for all patients.

Office or Division:	SAN ANTONIO HEALTH CENTER
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	All patients with prescription

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescription	Physician that prescribed the medicine

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Admission <ul style="list-style-type: none"> • For new patients fill up Individual treatment Record Form • For old patients- give full name to health worker at the reception area 	Issuance/retrieval of individual form.	NONE	2-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNETH CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS • JOSEFIN AROA
2	Bring prescription (for new prescribed medicines) Fill out individual treatment record	1. Check the completeness of pertinent data needed. 2. Check the availability of the	NONE	2-3 minutes	Health staff: <ul style="list-style-type: none"> • NITA HARDMAN • MARCEL MACARANAS

	form	prescribed medicines.			
3	Wait for health staff for taking of Vital signs including height and weight.	Accurate measurement of height, weight, temperature and blood pressure	NONE	3-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNET H CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS JOSEFINA ROA
4	Proceed to Dispensing of medicine	1. Prepare Medicines 2. Dispense medicines 3. Record the medicine given in the medicine utilization record	NONE	1-3 minutes	Health staff: <ul style="list-style-type: none"> • NITA HARDMAN • MARCEL A MACARANAS
TOTAL:				28-38 minutes	

SAFE MOTHERHOOD PROGRAM

- The National Safe Motherhood Program primarily focuses on the health and welfare of women throughout their pregnancy

Office or Division:	SAN ANTONIO HEALTH CENTER
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	All pregnant women

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory results (if available)	Laboratory facility

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Admission <ul style="list-style-type: none"> • For new patients fill up of Individual Treatment Record Form • For old patients- Give your full name to health center staff at the reception area 	Issuance/retrieval of ITR form.	NONE	2-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNET H CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS JOSEFINA ROA
2	Fill out of prenatal form	Check the completeness of pertinent data needed.	NONE	2-3 minutes	Health staff: <ul style="list-style-type: none"> • MARCEL A MACARANAS
3	Wait for the medical	Accurate measurement	NONE	3-5 minutes	PASIG HEALTH

	staff for taking of vital signs including height and weight.	of height, weight, temperature and blood pressure			AIDES/BHW: <ul style="list-style-type: none"> • JANNET H CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS JOSEFINA ROA
4	Wait for your name to be called for Prenatal Check up	<ol style="list-style-type: none"> 1. Check the AOG, Fundic height, and fetal heartbeat. 2. Give laboratory referral (if warranted). 3. Assess for danger signs of pregnancy. 4. Give ferrous sulfate. 5. Give Tetanus Toxoid vaccine (following the correct interval per TT dose). 6. Give Calcium supplement for 20 weeks and above. 7. Specialty referral (if warranted) 	NONE	5-10 minutes	Health staff: <ul style="list-style-type: none"> • MARCEL A MACARANAS
TOTAL:				12-23 minutes	

FAMILY PLANNING PROGRAM

- The National Family Planning Program aims to ensure every Filipino has a universal access to correct information, medically safe, legal, non-abortifacient, effective, and culturally acceptable modern family planning (FP) methods

Office or Division:	SAN ANTONIO HEALTH CENTER
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	All women of reproductive age

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Family Planning Record (if applicable)	Family planning service providing facility

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Admission <ul style="list-style-type: none"> • For new patients fill up Individual treatment Record Form • For old patients- Give your full name to health 	Issuance/retrieval of ITR form.	NONE	2-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNET H CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO

	center staff at the reception area				<ul style="list-style-type: none"> • JOAN MARIE BARCENAS • JOSEFIN A ROA
2	Accomplish Family Planning (FP) form 1	Check the completeness of pertinent data needed	NONE	2-3 minutes	Health staff: <ul style="list-style-type: none"> • MARCEL A MACARANAS
3	Wait for your turn for staff to take Vital signs including height and weight.	Accurate measurement of height, weight, temperature and blood pressure	NONE	3-5 minutes	PASIG HEALTH AIDES/BHW: <ul style="list-style-type: none"> • JANNET H CORREA • ROWEN INTALAN • ROSEMARIE LABANDERO • JOAN MARIE BARCENAS • JOSEFIN A ROA
4	Wait for your name to be called for Family Planning Service.	<ol style="list-style-type: none"> 1. Educate patient about the available family planning methods. 2. Giving of pills, dmpa or condom depending on patient's preferred method 3. Recording on FP form 1 	NONE	5-10 minutes	Health staff: <ul style="list-style-type: none"> • MARCEL A MACARANAS
TOTAL:				12-23 minutes	

FEEDBACK AND COMPLAINTS

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	<p>Answer the client feedback form and drop it at the designated drop box.</p> <p style="text-align: center;">and/or</p> <p>Contact info: 8643-0000</p>
How feedback is processed	<p>Every Friday, the assigned staff opens the drop box and compiles/records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) days of the receipt of the feedback.</p> <p>The answer of the office is then relayed to the citizen.</p>

How to file a complaint	<p>Report complaint through Ugnayan sa Pasig facebook page</p> <p>Contact info: ugnayan@pasigcity.gov.ph:</p>
How complaints are processed	<p>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.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 8643-0000</p>
Contact Information	<p>Pasig City Health Office: (02) 8643-1111 loc 391 Email: pasigcityhealth@gmail.com OR SAN ANTONIO HEALTH CENTER #7 Gen. Malvar St. Brgy. San Antonio, Pasig City 1600 Mobile No.: 0961-7308345 Email: bsahealthcenter@gmail.com</p>



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SAN ANTONIO 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.

SCHEDULE: **TUESDAY & THURSDAY (8:00 – 5:00PM)**

Office or Division:	DENTAL SECTION
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	Pasigueños (health center based dental services)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. 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)

A. HEALTH CENTER BASED

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON 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)		NONE		Patient
2	Approach the Dental Aide/ Dental Assistant / PHA	Dental Aide/ Dental Assistant/ PHA shall: 1. Perform proper triaging for covid-19	NONE	10 minutes	PHA/BHW: • JANNETH CORREA • ROWEN INTALAN • ROSEMARIE

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
		2. Admit the patient for consultation and dental treatment 3. Check the necessary documents required 4. Let the patient fill up necessary forms and individual treatment record (ITR), covid-19 questionnaires 5. Refer the patient to the Dentist.			LABANDERO • JOAN MARIE BARCENAS JOSEFINA ROA
3	Encoding for Electronic Medical Record	Encoding of patient record in the EMR System.	NONE	10-15 minutes	Encoder: TITO REYES Nurse: NITA HARDMAN
4	Approach the Dentist in charge in the said health center	The dentist in charge shall: 2. Provide oral examination/consultation 3. Check the history of the patient 4. Provide necessary dental treatment needed by the patient. 5. Prescribe medicines.	NONE	10 minutes to 1 hour depending on the dental treatment provided	Dr. Joseph P. Magpali
5	Recording of the treatment/s done in the EMR	The dentist shall encode all dental procedures and treatments done, medications prescribed and given to the patient in the EMR.	NONE	10-15 minutes	Dr. Joseph P. Magpali
TOTAL:				10 minutes to 1 hour depending on the difficulty of the dental treatment provided	

Feedback and Complaints

FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback	Through Telephone hotline, online (email) or suggestion boxes
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 Email: pasigcityhealth@gmail.com