



PASIG CITY HOSPICE HOME CARE PROGRAM
CITIZEN'S CHARTER



MISSION

To provide the indigent constituents of Pasig City afflicted with debilitating, chronic and/or terminal conditions with holistic hospice care encompassing palliation, provision of assistive devices, maintenance medications, other medical equipment and supplies, and community rehabilitation through provision of physical therapy services.

VISION

A Pasig City providing medical assistance and social risk protection for indigent constituents afflicted with debilitating, chronic, and/or terminal conditions, thereby easing the impacts of their disease and assisting individuals in their journey back towards productivity and optimum state of health.

Office or Division:	Hospice Home Care Program
Classification:	Simple
Type of Transaction:	G2C-Government to Citizens
Who May Avail:	Pasig City constituents afflicted with debilitating, chronic, and/or terminal conditions.

Checklist of Requirements	Where to Secure
1. Medical Certificate	Attending Physician
2. Any valid ID	Issuing office
3. Barangay Certification of Indigency	Barangay Hall
4. DSWD Case Study	DSWD
5. Request Letter to the City Mayor	Requesting party
6. Patient whole-body Picture	Requesting party
7. Residence Location Map	Requesting party

Services	Client Steps / Actions	Processing Time	Person Responsible
<p>1. Initial provision of assistive devices and/or other medical equipment, maintenance medications and other medical supplies.</p>	<p>1. Request for list of requirements.</p>	<p>5 minutes</p>	<p>Hospice Admin Staff Bausing, Karen</p>
	<p>2. Submission of required documents.</p>	<p>5 minutes</p>	<p>Hospice Admin Staff Bausing, Karen</p>
	<p>3. Submission of documents to the Office of the City Mayor and approval of request by the City Mayor.</p>	<p>Depends on listed number.</p>	<p>Hospice Admin Staff City Mayor: Mayor's Office Staff Embuido, Lyne</p>
	<p>4. Receive and review approved requests.</p>	<p><i>Depends on the number of requests approved by the City Mayor; usually takes 1 hour.</i></p>	<p>Hospice Head Santos, Stuart MD.</p>
	<p>5. Community field visit for request provision.</p>	<p>Depends on the number of requests included, usually half day.</p>	<p>City Mayor Hospice Head Hospice Staff Santos, Stuart MD. Embuido, Lyne</p>
<p>2. Provision of monthly medical supplies, maintenance medications, and other essential goods</p>	<p>1. Presentation of valid ID card for verification.</p>	<p>2-3 minutes</p>	<p>Hospice Admin Staff Baga-an, Elma Timkang, Kheant</p>
	<p>2. Verification in enrolled patient list.</p>	<p>2-3 minutes</p>	<p>Hospice Admin Staff Baga-an, Elma Timkang, Kheant</p>
	<p>3. Retrieval of supply from stockroom.</p>	<p>5-10 minutes</p>	<p>Hospice Admin Staff Villarosa, Aaron Paul</p>
	<p>4. Provision of monthly supplies and/or maintenance medications.</p>	<p>2-3 minutes</p>	<p>Hospice Admin Staff Baga-an, Elma Timkang, Kheant</p>
	<p>5. Signing in dispensing form</p>	<p>2-3 minutes</p>	<p>Hospice Admin Staff Baga-an, Elma Timkang, Kheant</p>

3. Provision of physical therapy services.	1. Field visit for screening of newly enrolled patients for their physical therapy needs.	5 minutes	Hospice Physical Therapists Abella, Aileen Grace Agbuya, Jellen Alveyra, Analyn Mendoza, Ma. Lorelie Oriño, Rizelle Margarette
	2. Submission of required documents	Depends on the availability of required documents.	Hospice Physical Therapists and Reflexologists Abella, Aileen Grace Agbuya, Jellen Alveyra, Analyn Mendoza, Ma. Lorelie Oriño, Rizelle Margarette
	3. Explanation of the contents and signing of the informed consent form	5 minutes	Hospice Physical Therapists and Reflexologists Abella, Aileen Grace Agbuya, Jellen Alveyra, Analyn Mendoza, Ma. Lorelie Oriño, Rizelle Margarette
	4. Assessment for physical therapy	15 minutes	Hospice Physical Therapists Abella, Aileen Grace Agbuya, Jellen Alveyra, Analyn Mendoza, Ma. Lorelie Oriño, Rizelle Margarette
	5. Subsequent visits for provision of physical therapy	1 hour per patient	Hospice Physical Therapists and Reflexologists Abella, Aileen Grace Agbuya, Jellen Alveyra, Analyn Mendoza, Ma. Lorelie Oriño, Rizelle Margarette

FEEDBACK AND COMPLAINTS MECHANISM

How to send Feedback/Complaints	Clients are encouraged to accomplish feedback form or any complaints and drop them at the designated drop boxes located at the Hospice Office / or communicate thru UGNAYAN SA PASIG office.
How Complaints/Feedback are processed	Complaints/Feedbacks are gathered and processed by the office. A report of the Feedbacks and Complaints is prepared to document the action plan and monitor the actions taken.
Contact Information	Hospice Office: (8) 637-97-92 E-Mail address: pasighospice@gmail.com / pasighospice@yahoo.com