SOCIAL SERVICES

Medical Social Work is one of the specialized areas of social work practice in the Philippines. It focuses on “the social development of patients and their families as related to their medical and health problems, to assist them attain self-reliance, and make them contribute to the enhancement of community health and social well-being”. (2010 Manual of Medical Social Workers 5th Edition, DOH, Republic of the Philippines)

In the Philippine Heart Center (PHC), the Social Service Office was first established as a small unit on March 3, 1975 to assist underprivileged Filipinos with cardiac diseases. It was upgraded into a Division in August 1999 when the institution restructured its organizational set up. Majority of the staff of the Social Services Division (SSD) are licensed Social Workers; and the clerical staff are graduates social science courses.

The Social Services Division has the following functions:

1. To assist the hospital administration provide part free or free treatment to indigent Filipinos with cardiovascular diseases and other cardiac illnesses;
2. To provide psychosocial support to patients and family members for them to understand about their illness and participate in the total treatment process;
3. To assist the medical team with the planned treatment of the patients by establishing a networking and referral system with government and non-government organizations for greater scope of patient care;
4. To assist the hospital administration in its efforts regarding public education and research.

Among the important tasks that the Medical Social Worker undertakes are:

1. Assisting the medical team (doctors, nurses, rehab staff, administrative personnel and other disciplines, understand better the patient by providing socioeconomic and psychosocial assessment using the Medical Social Work (MSW) Assessment Tool;
2. Conducting ward rounds and ward orientations,
3. Initiating therapeutic activities for children such as play therapy sessions,
4. Planning and implementing group work activities for adults to help them regain their levels of social functioning,

5. Attending clinical case conferences, meetings and discussions groups,

6. Interpreting the psychosocial factors related to illness, as well as the patient's social environment from which the patient comes from and to which he/she eventually returns to, because the facts about home life, community relationships, his coping, fears, anxieties and attitudes affect his/her illness.

The above functions and tasks are implemented guided by the Department of Health Administrative Order No. 51-A s. 2001 otherwise known as IMPLEMENTING GUIDELINES ON CLASSIFICATION OF PATIENTS AND ON AVAILMENT OF MEDICAL SOCIAL SERVICES IN GOVERNMENT HOSPITALS.

Furthermore, the Medical Social Worker also contributes her expertise in the delivery of health care and welfare programs by participating in the Comprehensive Cardiac Rehabilitation Program (CCReP) team.

The Medical Social Worker likewise contributes her skills toward the development of the social work students from different universities and colleges in Metro Manila, who are on fieldwork training as part of their curriculum requirements. This is in coordination with the standards set by the institution through its Human Resource Division.

The following are the services of the Division:

1. ELIGIBILITY EVALUATION

1.1. Interviewing: Patients who request for part free or free treatment at the PHC are interviewed using the Medical Social Work (MSW) Assessment Tool, to determine their capability to
financially participate in the total treatment plan. Through the personal interviews with patient/family members, the medical social worker gathers details regarding the socio-economic and psychosocial condition of the patient and family, and renders classification of the patient based on the per capita poverty threshold as determined by the National Statistics and Coordinating Board (NSCB).

2. CASE WORK SERVICES

2.1. Direct Services to patient and family
   2.1.1. Counseling
   2.1.2. Resource mobilization
   2.1.3. Crisis intervention

2.2 Supportive Casework to Patient
   2.2.1. Exploration of the patient's attitudes and feelings about his/her illness, including fears, anxieties and limitations of physical activity, and feelings towards hospital personnel.
   2.2.2. Exploration of feelings about confinement in the hospital, temporary separation from family, and treatment plans and procedures such as surgery.
   2.2.3. Addressing social problems resulting from illness such as temporary or permanent unemployment, plans for the care of children while the mother (patient) is confined in the hospital, and emotional support.
   2.2.4. Discharge plannings and follow-up medical care recommended by doctors.

2.3. Assistance to Patient's family members
   2.3.1. Interpretation of hospital rules, policies and procedures;
   2.3.2. Livelihood skills training
   2.3.3. Psychosocial support
### INTRODUCTION

2.3.4. Discharge Planning

#### 3. COORDINATION WITH OTHER HOSPITAL STAFF

3.1. Interpretation to Medical Staff and Nursing Staff of the social components in medical care:

3.1.1. Patient's social and economic condition affect the diagnosis, treatment and prognosis;

3.1.2. Patient's emotions, attitudes, and family culture affect the medical treatment of the patient.

3.2. Attendance and participation in clinical case conferences, pre/post-operative conferences; and medical rounds of the doctors upon invitation, for quality patient care.

3.3. Participation in different committees for continuing quality improvement.

#### 4. COMMUNITY SERVICE

4.1. Participate in professional organizations, committee work, conferences and meetings to promote social welfare activities.

#### 5. TEACHING AND RESEARCH

5.1. Supervision of BS Social Work students who are on fieldwork placement at PHC as part of their curriculum requirement.

5.2. Membership in different social work organizations and participation in research studies regarding medical social work;

5.3. Teaching and sharing of professional experiences and expertise related to management of cardiac patients.
VISION

The SOCIAL SERVICES DIVISION shall provide the means for the best medical and social services to the multitude on underprivileged patients.

- A relevant and responsive Division committed to patient care, education, research, and information dissemination.
- A self-reliant Division responsive to the health needs of marginalized Filipino people.
- A model for upholding the worth and dignity of the marginalized patients.

MISSION

With our commitment to enhance the status of the marginalized Filipino patients, the Social Services Division shall continuously provide psycho-social support and services through our humane helping relationship.
The Social Services Division (SSD) has three (3) offices. The Main Office is located at the ground floor, Medical Arts Building (MAB) Annex, the SSD Extension Office at the basement in front of the Pharmacy, and the Patient Assistance Office / Briefing Office at the hospital lobby beside the Admitting Section.

1. The main office is open daily from 7:30AM – 6:00 PM, Mondays to Fridays, and the Extension Office is open from 8:00AM – 5:00PM Mondays to Saturdays and during holidays. The Division Chief and the rest of the staff hold office at the MAB Annex.

2. The SSD Extension Office is open from 8:00AM – 5:00PM. Only one Medical Social Worker holds office at the Extension Office everyday to attend to all the emergency room (ER) service patients. On call MSW is assigned on Sundays and certain holidays.

3. The Patient Assistance Office (PAO) is located at the ground floor hospital building beside the Admitting Section. Two social workers are assigned to assist private patients in the financial preparation for his/her admission. It is open from 8:00AM – 6:00PM Monday – Friday.
I. STATEMENT OF THE POLICY

This policy on Referrals to Social Service is issued to ensure that only indigent patients with congenital heart disease and/or afflicted with cardiovascular and other heart ailments are accommodated by the Social Service.

II. POLICY GUIDELINES

1. Patients afflicted with cardiovascular diseases can avail of Social Service assistance after consultation at the Screening or Emergency Room or upon referral by a PHC accredited consultant.

2. Private in-patients who are referred to Social Service for assistance by their attending physician for procedures like cardiovascular surgery, and prolonged hospitalization at the Intensive Care Unit and are found eligible for social service assistance will be reclassified as service case with the following guidelines:
   2.1 If there is no vacancy at the service ward and the patient cannot be transferred yet, he will still remain as a private case. Reclassification as a service case will only take effect on the date of recommended procedure. If recommended procedure is not done during confinement, patient will continue as a private case.
   2.2 Social Service assistance is not retroactive, hence hospital bills incurred prior to the procedure shall be borne by the patient's family.
   2.3 Prior to the date of procedure, the private in-patient must settle his/her private bill within three (3) working days. He/she must present a proof of the full payment of the hospital bills to the Social Service. Only urgent/emergency cases will be allowed to push through with the needed procedure even with unsettled bill.
   2.4 In-patient whose condition does not warrant immediate angiogram and/or surgery must be discharged first. He/she shall be referred to the OPD clinic for the schedule of out-patient check up. The service fellows will decide the procedures he/she needs to undergo as a house case.
3. Medico-legal cases are not covered by Social Service Assistance. However, indigent patients with unknown assailants with cardiac related findings are covered with Social Service assistance.

4. Social Service assistance is allowed to four pulmonary adult cases per month for those needing lung / thoracic surgeries. On the other hand, two pedia pulmonary cases a month is allowed to those needing medical management only. Only pediatric pulmonary cases are issued OPD Social Service card.

5. Barangay Officials (Brgy. Chairman, Councilors, Secretary, Treasurer, and SK Chair), after presentation of valid documents (ID and certificate of employment) and referral from any government hospital or private attending physician, shall be admitted for free at the service ward only for open heart surgeries.

5.1. As a tertiary hospital and due to budgetary constraints, the Center limits free admission to officials with the following diagnosis only needing open heart surgery.

5.1.1 Rheumatic Heart Disease (RHD)
5.1.2 Coronary Artery Disease (CAD)
5.1.3 Atrial Septal Defect (ASD)
5.1.4 Ventricular Septal Defect (VSD)
5.1.5 Complex Congenital Heart Disease (CHD)
5.1.6 Tetralogy of Fallot
5.1.7 Ruptured Coronary Sinus of Valsalva

5.2 A Barangay Official needing open heart surgery shall be referred to the consultant-on-duty of the service and his team. If there is a need for stent, he/she shall be required to purchase his/her own stent. For cases needing double valve replacement, only one (1) valve shall be provided by the hospital. The other valve shall be borne by the patient at cost in the current market price.

5.3 The Barangay Official shall be required to provide his/her own blood donors and on emergency cases, shall have to replace the blood used. Blood screening fees shall be charged to the patient accordingly.

5.4 No upgrading in room accommodation shall be permitted. Should the patient want accommodation other than here specified, he shall forfeit these free benefits.
5.5 A Barangay Official may undergo Coronary Angiogram. However, the cost of consigned materials and supplies (if needed) shall be borne by the patient.

5.6. A Barangay Official may not need Social Service Clearance.

5.7. For out-patient procedures, the Barangay Official can avail of ten (10%) discount as government employees per hospital policy. This includes Emergency Room services.

6. Beneficiaries of Department of Social Welfare and Development (DSWD) 4Ps and National Household Targeting System (NHTS) are automatically Class D patients upon presentation of DSWD Certification and appropriate identification cards. Social Service requirements shall be waived depending upon the accuracy of the information gathered.

7. Referrals for phlebotomy procedure at Emergency Room shall be provided social service assistance.

8. Saving clause. Cases not covered with this policy shall be referred to the Director for approval.
I. STATEMENT OF THE POLICY

This policy on the Validity of Financial Assistance to Service Patients, dated on the 4th of January 2007, is issued to extend the validity of the financial assistance from two (2) years to three (3) years.

II. POLICY GUIDELINES

1. In line with the Quality Assurance Program and to improve the existing Medical Social Service policies including the delivery of its services and programs, the validity of financial assistance to service patients shall be extended from two (2) years to three (3) years. This is to accommodate and cater to more new OPD patients and also in response to streamlining the queuing of old patients, not to mention house cases, requesting for re-evaluation. As such, patients are required to submit new Social Service requirements.

2. Medical Social Worker shall determine the 3-year validity of social service assistance upon submission by the patient / family member / responsible guardian of the complete social service requirements. It is determined by counting from the date of interview until the 3rd year.

Example:

Date of Interview       Valid until
06/27/2014              06/27/17
I. STATEMENT OF THE POLICY

This policy on Availing Social Service Assistance is issued to guide the indigent patients to seek assistance for medical and surgical treatment at the outpatient department.

II. POLICY GUIDELINES

1. OUT PATIENT
   1.1. Walk-in out patient
       1.1.1. Patient/relative shall submit to Social Service Division the Patient Data Sheet (PDS) form from the Screening Section nurse indicating the diagnosis.
       1.1.2. Clerk shall receive the PDS from the patient/relative and endorses to the Medical Social Worker (MSW) for assessment.
       1.1.3. Medical Social Worker shall conduct socioeconomic evaluation to determine patient's classification and psychosocial assessment for other related concerns.
          1.1.3.1. Patient/parents shall sign Contract of Responsibility form
          1.1.3.2. Yellow card shall be issued for emergency room use while patient waits for his/her OPD schedule.
       1.1.4. On OPD schedule, Patient Data Sheet, MSWD Patient Assessment Tool and Contract of Responsibility form shall be released to the Screening Section for issuance of the permanent OPD card.
       1.1.5. Patient shall submit the requirements to the Social Worker and final classification shall be indicated in the card.
PAYMENT SCHEME FOR OPD CONSULTATION FEE AND LABORATORY EXAMINATIONS
BASED ON DOH ADMINISTRATIVE ORDER 51-A s. 2000 OTHERWISE KNOWN AS
IMPLEMENTING GUIDELINES ON CLASSIFICATION OF PATIENT ON AVAILMENT OF MEDICAL
SOCIAL SERVICES IN GOVERNMENT HOSPITALS

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>CONSULTATION FEE / LABORATORY EXAMINATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Free consultation fee, 15% share for laboratory tests</td>
</tr>
<tr>
<td>C-3</td>
<td>25% share of consultation fee &amp; laboratory tests</td>
</tr>
<tr>
<td>C-2</td>
<td>50% share of consultation fee &amp; laboratory tests</td>
</tr>
<tr>
<td>C-1</td>
<td>75% share of consultation fee &amp; Laboratory tests</td>
</tr>
<tr>
<td>B</td>
<td>Full payment of consultation fee &amp; laboratory tests - can avail of allowable discounts such as: senior citizen, person with disability, government employee, dependent of government employee</td>
</tr>
</tbody>
</table>

For example:

<table>
<thead>
<tr>
<th>Actual Rate</th>
<th>Cat. D</th>
<th>Cat. C3</th>
<th>Cat. C2</th>
<th>Cat C1</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P460.00</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P325.00</td>
<td></td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Reviewed by: MA. JACINTA VICTORIA T. LUALHATI, Ph.D
Assistant Director for Administrative Services

Approved by: MANUEL T. CHUACHIACO JR, M.D
Executive Director
1.2. Patients with Referral from PHC Medical Staff

1.2.1. Clerk shall receive Patient Data Sheet from the patient, and endorses to the Medical Social Worker for assessment.

1.2.2. Medical Social Worker shall conduct socioeconomic evaluation to determine patient's classification and psychosocial assessment for concerns that affect his/her health condition.

1.2.2.1. Patient/parents shall sign Contract of Responsibility form.

1.2.2.2. Yellow card is issued for emergency room use while patient waits for his/her OPD schedule.

1.2.2.3. Patient with previous private confinement shall be immediately issued permanent OPD card for OPD consultation after initial assessment has indicated that he/she is qualified for assistance by the Medical Social Worker.

1.2.3. On OPD schedule, Patient Data Sheet, MSWD Patient Assessment Tool and Contract of Responsibility form shall be released to the Screening Section for issuance of the permanent OPD card.

1.2.4. Patient shall submit the requirements to the Social Worker and final classification is indicated in the card.
FLOWCHART FOR OUT PATIENT CASES

**PROCESS FLOW**

1. RECEIVING
2. ASSESSMENT
3. QUALIFIED?
   - NO: CLASSIFIED AS PAY PATIENT
   - YES: RESENDING

**LOCUS OF RESPONSIBILITY**

1. CLERK: Receive Patient Data Sheet from patient and endorse to the MSW for assessment.
3. CHIEF SSD: Disapprove as service case. Classified as pay patients based on A.O. 51-A s. 2000 upon receipt of complete Social Service requirements. Approves as service case based on A.O. 51-A s.2000 upon receipt of Social Service requirements.

**KEY TASKS**

On OPD schedule, Patient Data Sheet, MSWD Patient Assessment Tool and Contract of Responsibility form are released to the Screening Section for issuance of the permanent OPD card.

Reviewed by: MAJACINTA VICTORIA T. LUALHATI, Ph.D
Assistant Director for Administrative Services

Approved by: MANUEL T. CHUACHIACO JR, M.D
Executive Director
1.3. **OPD Pre-Admission (Elective) Referral**

1.3.1. Patient/relative shall submit Financial Assistance (FA) form indicating medical/ surgical procedure to Social service.

1.3.2. Clerk shall schedule pre-admission evaluation interview in the logbook.

1.3.3. MSW shall conduct psychosocial assessment, intensive counseling to address patient/family's fear and anxieties, and arranges financial participation.

1.3.4. MSW shall conduct pre-discharge instructions with patient / family members such as: Blood Bank clearance, home care, post op regimen, diet, possibility of returning to work, and modified work schedule.

1.3.5. MSW shall submit the MSWD Assessment Tool, Contract of Agreement for Treatment form and FA form to Social Service Chief and Assistant Director for Administrative services for approval.

1.3.6. MSW shall issue Pre-Admission clearance upon presentation of dental, pulmonary and Clinical Health Education Enhancement and Restoration Services (CHEERS) clearances.

1.3.7. Patient shall be referred to Out Patient Department clinics for scheduling of admission.
FLOWCHART FOR OPD PRE-ADMISSION REFERRAL

**PROCESS FLOW**

1. **RECEIVING**
2. **PROCESSING**
   - **QUALIFIED?**
     - **NO**
       - **CASE DISAPPROVED**
     - **YES**
       - **ASSESSMENT**
       - **ASSESSMENT**

**LOCUS OF RESPONSIBILITY**

1. **CLERK**
   - Receives Financial Assistance (FA) form indicating medical. Surgical procedures recommended and schedules evaluation interview in the logbook.
   - Conducts assessment and psychosocial evaluation with patients relative; discusses house case policies, procedures and clearances for adult and pediatrics cases; arranges hospital share for procedures as recommended.

2. **MSW**
   - Classifies as pay patient based on the psychosocial assessment of the MSW.
   - Approves as service case based on the psychosocial assessment of the MSW.
   - Verifies pre-requisite clearances for admission prior to issuance of pre-admission clearance.

3. **CHIEF SSD**
   - Approves as service case based on the psychosocial assessment of the MSW.

4. **MSW/CLERK**
   - Issues pre-admission clearance
2. **IN PATIENT**

2.1. **Emergency Admission**

2.1.1. MSW shall conduct ward rounds, coordinate with the nursing staff, reviews medical chart for the treatment plan / recommendation of the medical staff, writes inter-disciplinary notes and secures FA form.

2.1.2. MSW shall conduct assessment, psychosocial evaluation, and formulate treatment/discharge plans with patient and relative. Patient / family member shall read, understand and sign the Patient's Contract of Responsibility, and Contract of Agreement for Treatment.

2.1.3. MSW shall conduct continuing case management such as: attend case conferences, conduct case presentation, family therapy, and home visitation as the need arises; for quality patient care and help in the restoration of social functioning.

2.1.4. Chief, SSD shall review and approve case as service based on psychosocial assessment of MSW.

2.1.5. MSW shall attach assessment tool in the chart.
FLOWCHART FOR EMERGENCY ADMISSION

**PROCESS FLOW**

- **COORDINATING**

- **ASSESSING**

**LOCUS OF RESPONSIBILITY**

- **MSW**

**KEY TASKS**

- Conducts ward rounds, coordinates with medical team regarding patient treatment plans and secures FA.

- Conducts psychosocial evaluation for effective Case Management and finalizes contract of agreement for treatment and submits complete documents to SSD Chief for approval.

- Approves case as Category B (To Pay Total Hospital Bill only in excess of Philhealth and other benefits)

- Approves as service case based on the psychosocial assessment of the MSW.

- Attaches report to patient's medical chart.

**FLOWCHART DETAILS**

- **QUALIFIED?**
  - **YES**
    - **APPROVING**
    - **SUBMITTING**
  - **NO**
    - **CATEGORY B**

**MEDICAL/ SURGICAL MANAGEMENT DONE**

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Reviewed by: MA. JACINTA VICTORIA T. LUALHATI, Ph.D
Assistant Director for Administrative Services

Approved by: MANUEL T. CHUACHIACO JR, M.D
Executive Director
2.2. Admission of OPD Pre-Admission (Elective) Cases

2.2.1. Patient / family member shall present admission order and pre-admission clearance to admitting section and pays to cashier the indicated approved share.

2.2.2. Patient shall be admitted to the Adult Service Ward (ASW) or Pedia Service Ward (PSW) and relative shall report to MSW and presents official receipt of payment.

2.2.3. MSW shall conduct ward rounds, coordinate with the nursing staff, review medical chart regarding treatment plan/recommendation of the medical staff, and write interdisciplinary notes.

2.2.4. MSW shall conduct intensive counseling to patient and family members with special concerns to address patient's fears and anxiety prior to recommend procedure.

2.2.5. MSW shall attach report to patient's medical chart, conduct pre-discharge conference with patient / family members (blood clearance, home care, post op regimen, diet, possibility of returning to work, modified work schedule) to prepare the patient for recovery, the family for patient's return to home, and address stressful experiences during hospital confinement.
# Flowchart for OPD Pre-Admission (Elective) Cases

## Process Flow

1. **Receiving**
   - **LOCUS OF RESPONSIBILITY**: MSW
   - **KEY TASKS**: Receives/verifies official receipts based on the pre-admission clearance issued.

2. **Coordinating**
   - **LOCUS OF RESPONSIBILITY**: MSW
   - **KEY TASKS**: Coordinates with Medical/Surgical team patients scheduled of procedures.

3. **Case Management**
   - **LOCUS OF RESPONSIBILITY**: MSW
   - **KEY TASKS**: Conducts ward rounds, coordinates with the nursing staff, reviews medical chart regarding treatment plan/recommendation of the medical staff, and writes on the inter-disciplinary notes.

4. **Submitting**
   - **LOCUS OF RESPONSIBILITY**: MSW
   - **KEY TASKS**: Attaches report to patient's medical chart.
2.3. Private In Patient

2.3.1. MSW shall receive FA form from attending physician indicating reason for referral for Social Service Assistance.

2.3.2. MSW shall coordinate with attending physician (AP) to verify urgency of the procedure, and sends recommendation to AP to ask the approval of the Service Team for the acceptance of the case.

2.3.3 MSW shall conduct initial assessment to determine patient's eligibility, issues list of requirements to relative and submits initial recommendation to the AP pending to Social Service requirements. Relative shall then sign the Contract of Responsibility.

2.3.4. MSW shall conduct ward rounds, coordinate with the nursing staff, review medical chart and write on the inter-disciplinary notes.

2.3.5. MSW shall conduct final assessment / psychosocial assessment upon completion of Social Service requirements and shall reclassify patient from pay to service; family member shall then pay the private bills and professional fees. Relative shall sign Contract of Agreement for Treatment. MSW shall submit a written recommendation to attending physician, admitting section and income centers for proper billing as service.

2.3.6. Chief, SSD shall review and approve case as service based on MSW recommendation.

2.3.6. MSW shall attach report to patient's chart and conduct pre-discharge conference with patient / family members such as: blood bank clearance, home care, post op regimen, diet, possibility of returning to work, modified work schedule to prepare the patient for recovery, help the family prepare for patient's return to home, and address stressful experiences during hospital confinement.
FLOWCHART FOR PRIVATE IN PATIENT
REFERRED FOR SOCIAL SERVICE ASSISTANCE

PROCESS FLOW  LOCUS OF RESPONSIBILITY  KEY TASKS

COORDINATING  MSW  Conducts ward rounds, coordinates with medical team regarding patient treatment plans and secures FA.

ASSESSING  MSW  Conducts psychosocial evaluation for effective Case Management and finalizes contract of agreement for treatment and submits complete documents to SSD Chief for approval.

QUALIFIED?  CATEGORY B  CHIEF SSD  Approves case as Category B (To Pay Total Hospital Bill only in excess of Philhealth and other benefits)

YES  APPROVING  CHIEF SSD  Approves as service case based on the psychosocial assessment of the MSW.

SUBMITTING  MSW  Attaches report to patient's medical chart.

MEDICAL/ SURGICAL MANAGEMENT DONE
3. **NETWORKING REFERRAL**

   Networking referrals from other Government Hospitals/ Agencies for examinations/ procedures.

   3.1. Clerk shall receive and review for completeness of documents, the inter-agency referral from the patient's relative.

   3.2. Clerk shall stamp the corresponding amount of the test/ procedure indicated in the referral based on most recent rates of procedure approved by the hospital administration. *(Networking Rate ranges from 80 to 90% of the actual cost of the test/ procedure)*.

   3.3. Chief of the Social Services Division shall approve the amount indicated in the referral.

   3.4. Clerk shall release the approved referral to the patient/relative for endorsement to the corresponding unit where the test/procedure will be done.
<table>
<thead>
<tr>
<th>POLICY TITLE</th>
<th>AVAILING SOCIAL SERVICE ASSISTANCE</th>
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<tbody>
<tr>
<td>Policy Number</td>
<td>ADM-FIN-SSD-005</td>
</tr>
<tr>
<td>Effective Date</td>
<td>January 2000</td>
</tr>
<tr>
<td>Date Reviewed</td>
<td>2006, 2010, June 2014</td>
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<tr>
<td>Date Revised</td>
<td>June 2014</td>
</tr>
<tr>
<td>Revision Number</td>
<td>3</td>
</tr>
<tr>
<td>Date Of Next Review</td>
<td>June 2016</td>
</tr>
</tbody>
</table>
I. STATEMENT OF THE POLICY

This policy on Computation of Service Rates for cases at the Out-patient clinics, Emergency Room and In-Patients is issued to ensure service patients donation for total hospitalization is based on their classification, per evaluation conducted by the Medical Social Worker. (Amendment to ADAS-M:009-02)

II. POLICY GUIDELINES

1. All social service patients treated at the Out-Patient Clinics, Emergency Room and In-Patients shall be guided by the following rates per classification:

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>PERCENT (%) SHARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Class C1</td>
<td>Seventy-five percent (75%) share</td>
</tr>
<tr>
<td>2. Class C2</td>
<td>Fifty percent (50%) share</td>
</tr>
<tr>
<td>3. Class C3</td>
<td>Twenty-five percent (25%) share</td>
</tr>
<tr>
<td>4. Class D</td>
<td>Fifteen percent (15%) share</td>
</tr>
</tbody>
</table>

The total amount of share shall be computed based on the prevailing rate of the procedure (for out patient laboratories) or total hospital bill (for in patient). Social Service patient shall be exempted from reader’s fee / professional fee.
I. STATEMENT OF POLICY

This policy on Additional Financial Assistance of service in patients, is issued to ensure that all forms of financial assistance coming from the government, non-government organizations, and private individuals, for the medical treatment, non-invasive procedure, and surgical procedures are properly utilized according to the purpose for which the financial assistance is allocated.

II. POLICY GUIDELINES

1. All additional financial assistance for the service patients whether requested by the family, other entities, or referred by the Medical Social Worker (MSW) shall be added to patients’ financial donation.

2. Such financial assistance, whether Letter of Authority, Guarantee Letter, Company cheques, Traveler’s cheques, and cash assistance shall be endorsed to the Social Services Division for proper recording and issuance of recommendation to Accounting Division.

3. To formalize the acceptance of the additional financial assistance, the MSW handling the case shall prepare the Contract of Agreement for Treatment to be signed by the patient/family member, and the Social Welfare Officer.
I. STATEMENT OF THE POLICY

This policy on Networking Referrals from Philippine Heart Center to other Hospitals/ Agencies for Examinations/ Procedures and Financial Assistance is issued to ensure that services not available at the Philippine Heart Center are availed of through outside resources / agencies.

II. POLICY GUIDELINES

1. Resident physician shall send request for examination or request for transfer of patient to another health facility, to the Medical Social Worker (MSW) with attached Clinical Abstract.

2. MSW shall prepare Inter-Agency Referral, to be signed by the resident physician, and approved by the SSD Chief, and Director of the hospital. Relative of the patient shall submit the referral to the hospital where the examination or procedure will be done.

3. Clerk shall release properly filled up inter-agency referral to patient's family member.
FLOW CHART FOR PHC INTER-AGENCY REFERRAL AND/OR TRANSFER TO OTHER HOSPITAL

PROCESS OF FLOW | LOCUS OF RESPONSIBILITY | KEY TASK
---|---|---
RECEIVING | CLERK | Receives the Inter-Agency request (referral) form for procedures and/or transfer of patient to another hospital
PREPARING | MSW | Fills up the inter-agency form and makes recommendation.
APPROVING | CHIEF SSD | Approves and signs the inter-agency referral form
NOTATION | DIRECTOR | For notation of the Hospital Director
RELEASING | | Releases the inter-agency referral to the patient’s family.
I. STATEMENT OF THE POLICY

This policy on Category B Patients for House Case Procedures is issued to ensure the immediate delivery of services to qualified cases.

II. POLICY GUIDELINES

1. Medical Social Worker (MSW) shall review the referral from private doctor and discusses immediately the case with the Chief/ Supervisor of the Social Services Division.

2. MSW shall conduct evaluation interview with the patient/relative for proper classification and shall prepare a written report to be submitted to the Chief for approval. Relative shall then read and sign the Contract of Responsibility form after the interview.

3. If patient is qualified, MSW shall arrange the donation of the patient for the procedure recommended signed by the SSD Chief and sends the final recommendation to the attending physician.

4. If not qualified based on the evaluation conducted, MSW shall inform immediately the patient/relative and shall prepare a written recommendation to the doctor indicating the specific reasons for the disapproval, duly signed by the MSW and noted by the SSD Chief.
I. STATEMENT OF POLICY

All pay patients / families requiring admission shall be well-informed of pertinent hospital policies, their rights and obligations. The patient / family's capacity to responsibly settle all incurred hospital financial obligations shall also be assessed.

II. POLICY GUIDELINES

1. Pre-admission assessment shall be done by the Patient Assistance Officer (PAO) of the Social Services Division using the prescribed forms.

2. The PAO may endorse/refer the patient/family to financial institutions for financial assistance if deemed necessary.

3. The PAO shall discuss with the patient's Attending Physician (AP) all assessment findings and the AP shall decide on the appropriate course of action, e.g. deferment of admission, referral to another hospital, etc.

4. For emergency cases, a Waiver of Deposit (WOD) form signed by the AP/ Consultant-on-Duty defers the patient / family's payment of deposit to within forty-eight (48) hours after the emergency treatment. Failure of the patient / family to make deposit after the treatment shall result in deduction of the required payment from the AP's professional fees and other fringe benefits.
III. PROCEDURAL GUIDELINES

1. **ELECTIVE AND EMERGENCY ADMISSION FOR MEDICAL MANAGEMENT / NON-INVASIVE OR INVASIVE PROCEDURE(S)**

1.1. The Admitting Staff (AS) shall gather preliminary information from the patient or relative using the Pre-admission Assessment Form (PAA) (Form I) to be accomplished in 2 copies and shall also prepare a Patient Data Sheet (PDS) (Form II). The original copy of the PAA shall be attached to the PDS and the duplicate shall be retained by the PAO.

1.2. The patient or relative shall then be referred to the PAO by the AS for the pre-admission assessment.

1.3. The PAO shall conduct financial assessment, explain pertinent hospital policies, patient’s rights and obligations, and other information related to the financial requirements for hospitalization.

1.4. The PAO shall notify the AP of Emergency Room Fellow-on-Duty (ER FOD) of pertinent findings for information and appropriate decision regarding admission.

1.5. For patients needing emergency invasive or non-invasive procedures, the ER-FOD shall inform the AP/Consultant-on-Duty (COD)/Senior House Officer (SHO) on the urgency of the procedure. The AP/COD/SHO accomplishes and signs a Waiver of Deposit (WOD) Form III in four ($) copies. The WOD form shall be forwarded to the Office of the Executive Director and/or Assistant Director for Medical Services (ADMS)/SHO for approval.

1.5.1. Copies of the approved WOD shall be distributed by the ER staff to the following:

   1.5.1.1 Credit and Collection Division
   1.5.1.2 Income Center (where the procedure(s) will be done)
   1.5.1.3 Admitting Section
   1.5.1.4 Will be attached to the patient's chart
1.6. All emergency invasive or non-invasive procedures shall be subject to utilization review by the PAO for auditing purposes.

2. TRANSFER CASES FROM OTHER HOSPITALS

2.1. The AP/ER-FOD/SHO shall refer the patient's relative to the PAO for pre-admission assessment prior to transfer of the patient.

2.2. The PAO shall conduct financial assessment, explain pertinent hospital policies, patient's rights and obligations, and other information related to the financial requirements for hospitalization.

2.3. The PAO shall notify the AP/ER-FOD/SHO of pertinent findings regarding the patient's financial capability and other information to determine if admission is private or service.

2.4. AP/ER-FOD/SHO shall inform the relative of the final arrangements of the patient's transfer.
FLOWCHART ON ELECTIVE ADMISSION FOR INVASIVE AND NON-INVASIVE / MEDICAL MANAGEMENT PROCEDURE (S)

**PROCESS FLOW**

1. **Gathers Information**
2. **Problem With**
3. **NO**
4. **YES**
5. **Referral to Patient Assistance Officer**
6. **Assessment of financial capability**
7. **Coordinate with Attending Physician**
8. **Discussion of Findings**
9. **For Admission**
   - **NO**
   - **YES**
10. **Reschedules Admission**
11. **NO**
12. **YES**
13. **Decks Admission**

**LOCUS OF RESPONSIBILITY**

1. **Admitting Staff**
2. **Patient Assistance Officer**
3. **Attending Physician**

**KEY TASKS**

1. **Admitting Staff**
   - Receives and reads admitting order from patient/relative.
   - Gathers preliminary information from patient/relative using the Pre-Admission Assessment Form and Patient Data Sheet.
   - Decks admission if there are no concerns, otherwise, refers patient to PAO with the Pre-Admission Assessment Form & Patient Data Sheet.
   - Receives Pre-Admission Assessment Form and Patient Data Sheet from the Admitting Staff. Explains existing policies, but not limited to:
     1. Philhealth
     2. HMO's
     3. Senior Citizen Benefit
     4. Barangay Officials
     5. DOH Employee Benefit
     6. Other Health Benefits
     7. Patients' Right & Responsibilities
   - Notifies ER FOD/AP on result of assessment.
   - Explains findings of PAO to patient/relative.
   - Discusses with patient/relative final decision regarding admission.
   - Admits patient and facilities admitting documents.

**Reviewed by:**
MA. JACINTA VICTORIA T. LUALHATI, Ph.D
Assistant Director for Administrative Services

**Approved by:**
MANUEL T. CHUACHIACO JR, M.D
Executive Director
**FLOWCHART ON EMERGENCY ADMISSION FOR INVASIVE AND NON-INVASIVE / MEDICAL MANAGEMENT PROCEDURE (S)**

### PROCESS FLOW

1. **Gathers Information**
   - **For Procedure**
   - **YES**
   - **Informs Attending Physician / Consultant-on-Duty**
   - **Accomplishes & Signs Waiver of Deposit Form**
   - **Approval of Waiver of Deposit Form**
   - **Approves/ Signs Waiver of Deposit Form**
   - **Referral to Patient Assistance Officer**
   - **Explanation of Pertinent Hospital Policies**
   - **Admission**

2. **NO**
   - **Emergency Room Fellow on Duty/ Senior House Officer**
   - **Attending Physician/ Consultant-on-Duty**
   - **Emergency Room Staff**
   - **Assistant Director for Medical Services/ Senior House Officer**
   - **Admitting Staff**
   - **Patient Assistance Officer**

### LOCUS OF RESPONSIBILITY

- **Admitting Staff**
- **Emergency Room Fellow on Duty/ Senior House Officer**
- **Attending Physician/ Consultant-on-Duty**
- **Emergency Room Staff**
- **Assistant Director for Medical Services/ Senior House Officer**
- **Admitting Staff**
- **Patient Assistance Officer**

### KEY TASKS

- **Gathers preliminary information from patient/ relative using the Pre-Admission Assessment Form (2 copies) and Patient Data Sheet.**
  - Original copy of the Pre-Admission Assessment Form shall be attached to the PDS; and
  - 2nd copy shall be retained by the PAO.

- **Informs Attending Physician / Consultant-on-Duty on the need for emergency procedure.**

- **Accomplishes Waiver of Deposit Form in four (4) copies certifying/ justifying urgency of the procedure. Endorses same to ER Staff to facilitate approval of the ADMS.S**
  1. Facilitates approval/ signing of Waiver of Deposit by the asst. Director for Medical Services/ Senior House Officer.
  2. Distributes 4 copies of signed Waiver of Deposit as follows:
     - 2.1 Credit and Collection Division
     - 2.2 Income Center
     - 2.3 Admitting Section
     - 2.4 to be attached to the Patient's Chart

- **Approves/ Signs Waiver of deposit request**

- **Endorses the patient/ relative to the Patient Assistance Officer together with the Pre-Admission Assessment Form and Patient Data Sheet.**

- **Receives PreAdmission Assessment Form and patient information sheet.**

### Reviewed by:

MA JACINTA VICTORIA T. LUALHATI, Ph.D
Assistant Director for Administrative Services

### Approved by:

MANUEL T. CHUACHIACO JR, M.D
Executive Director
FLOWCHART ON TRANSFER CASES FROM OTHER HOSPITAL

PROCESS FLOW | LOCUS OF RESPONSIBILITY | KEY TASKS
---|---|---
Admission | ER Fellow on Duty/ Attending Physician/ Senior House Officer | Refers patient's relative to PAO for pre-admission assessment.
Explanation of Pertinent Hospital Policies | Patient Assistance Officer | Explains pertinent hospital policies, patient’s rights and obligations, and other information related to the financial requirements for hospitalization including, but not limited to:
1. Philhealth
2. HMO’s
3. Senior Citizen Benefit
4. Barangay Officials
5. DOH Employee Benefit
6. Other Health Benefits
7. patient’s Rights & Responsibilities
Coordination with ER FOD/ SHO | Patient Assistance Officer | Notifies ER FOD/ SHO of the assessment results.
Decks Admission | Admitting Staff | Designates room for patient (if service or private)
Approval of transfer To PHC | ER Fellow on Duty/ Attending Physician/ Senior House Officer | Coordinates transfer of patient to Philippine Heart Center

Reviewed by: MAJACINTA VICTORIA T. LUALHATI, Ph.D
Assistant Director for Administrative Services

Approved by: MANUEL T. CHUACHIACO JR, M.D
Executive Director
I. STATEMENT OF THE POLICY

This policy on Discharge Planning for In-Patients is issued to ensure that patient's home recovery, post operation regimen and other instruction will be relayed to the patient and family members for proper monitoring and implementation.

II. POLICY GUIDELINES

1. Medical Social Worker shall schedule patient's follow-up at SSD.
2. MSW shall emphasize the importance of family support to the patient and family members.
3. Patient shall follow the out patient schedule of consultation.
4. MSW shall discuss the importance of regular home medication to the patient and family members.
5. Patient shall be properly instructed to seek assistance at the Dietary Nutrition Clinic for dietary instructions.
I. STATEMENT OF THE POLICY

This policy on Referral on Private In-Patients for Social Service Assistance is issued to minimize the Quantified Free Services (QFS) spent by the Philippine Heart Center to service patients. (Standard Operating Procedure no.004-2002)

II. POLICY GUIDELINES

1. Attending physician shall refer patient for medical/surgical procedures and/or prolonged hospitalization at the Intensive Care Unit (ICU) using the financial assistance (FA) form and is found eligible for social service assistance shall be reclassified as a service case.

   1.1 Clerk shall receive the FA form and endorses referral to MSW for proper action.
   1.2 MSW shall verify treatment plan and conduct assessment with patient's relative, issues list of requirements and discusses findings with SSD Chief. If there is no vacancy at the service ward and the patient cannot yet be transferred, he/she shall still remain a private case.
   1.3 Reclassification as as service case shall take effect only on the date the patient is transferred to a service bed.

   1.3.1. Prior to reclassification, the family shall first pay the private bills within three (3) working days after the date of social service evaluation. The family shall present the official receipt of payment to the MSW that they have fully paid the private bills. Only urgent and emergency cases shall be allowed to push through with the procedure even with unsettled private bill.

   1.3.2. An in-patient whose condition does not warrant immediate medical and/or surgical intervention shall be discharged first and be made to line-up at the OPD. The Service Fellows shall decide if the patient will undergo medical/surgical intervention as recommended during the current admission, or be discharged for further out patient management at the OPD.

   1.3.3. Barangay Official who is admitted as a private case can only avail of free hospitalization if he/she needs medical/surgical intervention and/or prolonged ICU treatment provided he/she occupies a service bed. If for medical management only, he/she shall continue as a private patient and 'free benefit' shall be forfeited. He/she...
1.3.4. DOH employees who are admitted as private cases may only avail of one week hospitalization upon their attending physician's referral for angiogram, surgery and/or prolonged ICU treatment.

1.3.5. Reclassified service cases who do not undergo the requested procedure/s during admission shall continue as private and must settle their private bill in full including professional fees.

1.3.6. MSW shall conduct ward rounds, home visit as the need arises, taps resources with GOs and NGOs and discusses case with Chief, SSD.

1.3.7 Chief, SSD shall review and approve case.

1.3.8 MSW shall endorse final recommendation to AP / ward nurse / and income centers for proper billing.
FLOW CHART FOR PRIVATE IN-PATIENT REFERRED FOR SOCIAL SERVICE ASSISTANCE

PROCESS OF FLOW  LOCUS OF RESPONSIBILITY  KEY TASK

RECEIVING  CLERK  Receives Financial Assistance (FA) form from the attending physician (AP)/ ward nurse

ENDORISING  CLERK  Endorses FA to Social Welfare Officer (SWO) in-charge upon receipt of referral

1. Verifies treatment plans with AP/ ward nurse immediately.
2. Conducts evaluation with patients relative/ watcher within 24 hours.
3. Issues list if requirements after interview.
4. Discusses findings with Chief SSD after interview.

PROCESSING  MSW

SOCIAL CASE MANAGEMENT  MSW

1. Conducts ward rounds within 24 hours upon referral.
2. Conducts home visits.
3. Accepts complete Social Service requirements for final classifications within 2-5 working days.
4. Taps resources to GO’s and NGO’s.
**FLOW CHART FOR PRIVATE IN-PATIENT**

**REFERRED FOR SOCIAL SERVICE ASSISTANCE**

**PROCESS OF FLOW**

**LOCUS OF RESPONSIBILITY**

**KEY TASK**

- **B**
  - **Qualified?**
    - **NO**
      - **DISAPPROVED**
    - **YES**
      - **CHIEF SSD**
      - **MSW**

**CHIEF SSD**

- Disapproves as service case, to continue as private case.
- Approves as service case. Endorses recommendation to social worker.
- Endorses final recommendations to AP/ward nurse and income centers within the day.

Reviewed by: MA JACINTA VICTORIA T. LUALHATI, Ph.D
Assistant Director for Administrative Services

Approved by: MANUEL T. CHUACHIACO JR, M.D
Executive Director
I. STATEMENT OF THE POLICY

This policy Referral for Physical Therapy is issued to ensure that in and out service patients undergo the said therapy as part of their continuous recovery.

II. POLICY GUIDELINES

1. In-Patient Referral
   1.1. Attending physician shall order the referral of the patient to Social Service for physical therapy.
   1.2. Medical Social Worker shall conduct evaluation interview for classification of patient's donation for the physical therapy per session.
   1.3. Chief of Social Services Division shall approve patient's classification.
   1.4. Medical Social Worker shall refer the patient to the attending physician for further instructions.

2. Out-Patient Referral
   2.1. A P and doctors at the OPD clinics shall issue referral for continuing physical therapy (PT). Duration and frequency of the PT shall be stated on the referral note.
   2.2. Service classification shall be determined by the MSW immediately after patient / relative’s interview. Patient / relative shall be required to submit social service requirements
   2.3. Physical Medicine Division shall be notified properly should there be reclassification of the patient for adjustment of donation.
I. STATEMENT OF THE POLICY

This Statement of Policy on Comprehensive Rehabilitation Program (CCReP) and Pulmonary Rehabilitation Program is issued to ensure the management and conduction of comprehensive cardiac and pulmonary rehabilitation on in and out patients as ordered and/or recommended by our doctors.

II. POLICY GUIDELINES

1. Indications for cardiac rehabilitation, pulmonary rehabilitation:
   1.1 Myocardial infarction, cardio/pulmonary and Chronic Obstructive Pulmonary Disease (COPD) cases.
   1.2. Post-cardiovascular surgery (function capacity test can be done 6 weeks post surgery)
   1.3. Ischemic Heart Disease

2. For Service Patients
   2.1. All Cardio-Pulmo Ischemic service patients shall be jointly managed by the Pulmo Rehabilitation and the Cardiac Rehabilitation sub specialty services.
   2.2. All pulmonary and (CCReP) patients shall sign an informed consent regarding pulmo and cardiac rehabilitation.

3. For Private Patients
   3.1 Private patients with Ischemic Heart Disease/COPD needing rehabilitation may avail of the CCReP/Pulmonary Rehabilitation Team services upon the recommendation and referral of their attending physician.
   3.2. All referrals shall be written both in the chart and in the CCReP/pulmo referral sheet; both shall be signed by the attending physician.
   3.3. Referred patients shall sign an informed consent regarding cardiac/pulmonary rehabilitation.
   3.4. Attending Physician/Cardiologist and CCReP Cardiologist/Pulmonologist shall sign a letter of agreement stating that patients shall return for follow-up to the attending physician who is primarily responsible for the medical and surgical management.
I. STATEMENT OF THE POLICY

This policy on Emergency Room (ER) Duties is issued to ensure the effectiveness and efficiency in the delivery of social services to service patients.

II. POLICY GUIDELINES

1. There shall be permanent uniform to be worn by ER social worker on duty as prescribed by the hospital administration.

2. A permanent Medical Social Worker shall be assigned from Monday to Friday; one (1) Medical Social Worker on rotation duty from 8:00AM – 5:00PM on Saturdays. After duty hours, MSW shall be on call duty from 5:00PM – 8:00PM. MSW supervisor shall be on call duty on Sundays from 8:00AM – 5:00PM.

2.1. Policy on Reliever

2.1.1. During Calamities and Suspension of Office

2.1.1.1. ER Social Service Office (located at the basement near the Pharmacy Division) shall be opened from 8:00AM – 5:00PM.

2.1.1.2. In case of absence due to unavoidable circumstances such as natural calamities like typhoon, the MSW on duty the following week shall take over. It is the responsibility of the former to coordinate this matter ahead of time, with the MSW supervisor and/or the division chief for proper action and monitoring.

2.1.2. During Regular Working Day

2.1.2.1. The office shall be opened from 8:00AM – 5:00PM daily with one MSW on duty.

2.1.2.2. In case of absence due to unavoidable circumstances, the MSW assigned on the same day the following week shall take over.

2.1.2.3. It is the responsibility of the MSW on duty to call up the Emergency Room first hour in the morning about her incapacity to report to the office on that day.

2.1.2.4. The MSW on duty is not authorized to leave her post without proper notification.
with the supervisor or the division chief. She shall be held responsible for any adversity that may arise during course of her duty.

2.1.2.5. Any changes in the schedule of duty shall be properly channeled to the supervisor/ SSD chief for appropriate action.

3. MSW on duty shall submit a daily report to the SSD Chief.
I. STATEMENT OF THE POLICY

This policy on Credit Suspended and Overstaying Patients is formulated to assist Credit and Collection Division facilitate necessary assistance and for patients beset with financial problems.

II. POLICY GUIDELINES

1. Credit & Collection Division shall provide List of Credit Suspended patients to Medical Social Workers.
2. Medical Social Worker shall gather information with family members using the appropriate form and submit copy of the report to Credit and Collection Division for further action.
3. Medical Social Worker shall perform crisis intervention and mobilize resources to assist patient with hospital expenses, and shall coordinate with other disciplines to help patient address his/her problem.
4. Credit and collection shall perform all activities pertaining to collection of payments.
FLOWCHART OF CREDIT SUSPENDED & OVERSTAYING PATIENTS

PROCESS FLOW  LOCUS OF RESPONSIBILITY  KEY TASKS

**PREPARING**

Credit & Collection Staff

1. Prepares and issues Notice of Credit Suspension to patient's watcher and explains reason for credit suspension

2. Issues copy of List of Credit Suspended Patients to Medical Social Workers at the Patient Business Office

**CASE MANAGEMENT**

Medical Social Worker

1. Conducts ward rounds and sets appoint with family member

2. Gathers information from family member, performs crisis intervention, and mobilize resources as the need arises.

3. Prepares and submits report to Chief,

**DECIDING**

Chief Credit & Collection Division

Receives report directs final action

---

Reviewed by: MA. JACINTA VICTORIA T. LUAHLATI, Ph.D
Assistant Director for Administrative Services

Approved by: MANUEL T. CHUACHIACO JR, M.D
Executive Director
I. STATEMENT OF THE POLICY

This policy on Program for Pedia Playroom is issued to utilize the playroom as a place where the children can engage in self expression and other creative and recreational activities and also for the parents' better understanding of the child's illness, attitudes and problems.

II. POLICY GUIDELINES

1. The Pedia Social Worker shall set a creativity workshop.
   1.1. Suggested activities:
      1.1.1. Picture projection
      1.1.2. Self-sketches, drawing, coloring books
      1.1.3. Games (mimicry or phantominies)
      1.1.4. Playhouse-doll house, hospital – rules and procedures, doctor and nurse – patients (role playing games)
      1.1.5. Reading and writing

2. To develop motor skills.
   2.1. Suggested activities:
      2.1.1. Tower-building from blocks an education toys
      2.1.2. Singing with some body movements
      2.1.3. Cutting out paper dolls
      2.1.4. Puppet show

3. To improve aesthetic aspect of the hospital playroom
   3.1. Putting up of colorful posters
   3.2. Hanging of mobiles
   3.3. Exhibits (from the works for the children)

4. To provide toys and games for the playroom
   4.1. Solicitation of crayola, pencils, watercolors, books, story, storybooks, coloring books, puzzles
   4.2. Personal contribution
   4.3. Solicitation from known institution like National Bookstore, etc.

5. To organize informal group session among parents/guardians of patients to share experiences and
Volunteer Staff
1. Parents/guardians of patients.
2. Student groups – social work students
3. Organize Heart Club members who are post-operative patients.

Structural Playroom activities to promote the following purposes:
1. To understand the child's self image before and during hospital admission as it relates to the child's health behavior.
2. To identify strengths and weaknesses of the child.
3. To provide the child with creative outlets for expressions.
4. To permit expression of feelings as an individual & as peer group member.
5. To provide information to the child's family or other concerned professionals as to the child's coping mechanism regarding their illness.
6. To recommend family or clinical involvement with the child. Include follow-up interpretation of medical recommendations and post-op case specially post-op needing continuous check-up, regular mediation, laboratory tests, sanitation, dental follow-up and prevention of infection and other illnesses.

Suggested activities:
1. Self-image exercises
   - collages
   - body tracings
   - using coins, shells, stones, animals, etc. to relate to oneself
2. Expressions of feelings
   - clay pounding
Program for Pedia Playroom

1. Movement
   - pillow pounding
   - balloons toss, breaking
   - finger painting
   - use of music and dance
   - homemade instruments

2. Simple activities
   - storytelling about common objects in the environment
   - use of art medium with fantasy

3. Fantasy trips
   - story telling about common objects in the environment
   - use of art medium with fantasy

4. Group activities
   - sharing groups with peers
   - group singing
   - puppet show
   - play production
I. STATEMENT OF THE POLICY

This policy on Social Work Students' Field Practice Training is issued to incorporate social work academic learning of BS Social Work students with field work training and experience in the medical setting at Philippine Heart Center.

II. POLICY GUIDELINES

1. Medical Social Worker (MSW) shall supervise the Social Work Student on field placement.
2. MSW shall train the student on skills in interviewing and casework.
3. MSW coordination with the agency supervisor of the student shall assign cases to be handled by the student within the prescribed period of the field placement.
4. MSW shall evaluate the student on the following:

   4.1. Case Performance
      4.1.1. Effectiveness of casework relationships
      4.1.2. Diagnostic skills
      4.1.3. Treatment skills
      4.1.4. Selection and presentation of casework materials
      4.1.5. Ability to relate training and experience to the current situations

   4.2. Use of supervision
      4.2.1. Preparation for supervisory conferences
      4.2.2. Evidence of Professional growth
      4.2.3. Improved practice
      4.2.4. Increased initiative

   4.3. General performance
      4.3.1. Handling of mechanics - routine
      4.3.2. Utilization of time and organization
      4.3.3. Handling of emergencies and pressure situation
      4.3.4. Flexibility
4.4. Adjustment as a staff member

4.4.1. Working relationship with the hospital staff and other personnel
4.4.2. Staff participation, contribution to hospital socials service program
4.4.3. Community relationships and activities
4.4.4. Leadership

4.4.4.1 Acceptance of responsibility to: a) the agency and b) the departments
## PHILIPPINE HEART CENTER

**East Avenue, Quezon City**

### MSWD PATIENT ASSESSMENT TOOL

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<thead>
<tr>
<th>Date Interviewed</th>
<th>Date of Admission/Consultation</th>
<th>Type</th>
<th>Hospital Number</th>
<th>Social Service No</th>
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<tr>
<th>Source of Referral</th>
<th>Address of Referral/Tel No.</th>
<th>MSS Classification</th>
<th>Valid Until</th>
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### DEMOGRAPHICS DATA

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<th>Place of Birth</th>
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### MONTHLY EXPENSES

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<th>Total Monthly Expenditures</th>
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### ADMITTING DIAGNOSIS

### FINAL DIAGNOSIS

### DURATION OF PROBLEM / SYMPTOMS

### PREVIOUS TREATMENT / DURATION
<table>
<thead>
<tr>
<th><strong>PHILIPPINE HEART CENTER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>East Avenue, Quezon City</td>
</tr>
</tbody>
</table>

**PRESENT TREATMENT PLAN**

**HEALTH ACCESSIBILITY PROBLEM**

**RECOMMENDATION:**

- [ ] Patient is eligible
- [ ] is not eligible for MSS assistance

MSS policies & procedures were interpreted & explained very well to the patient and relative which they understood.

---

Medical Social Worker
License No.

MARGARET ROSE R. CLAVEJO, RSW  
Chief, Social Service Division  
Lic. No. 003257-2013  

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Reviewed by [MA. JACINTA VICTORIA T. LUALHATI, PH.D.]
Approved by [MANUEL T. CHUA CHIACO, JR., M.D.]
<table>
<thead>
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<td>S.S. No.:</td>
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**PROGRESS NOTE**

Submitted by: ___________________________ R.S.W.
Medical Social Worker
License No.: ___________________________

Approved by: MARGARET ROSE R. CLAVEJO
Chief, Social Service Division
Lic. No. 003267-2016

Reviewed by MA. JACINTA VICTORIA T. LUALHATI, PH.D.
Approved by MANUAL T. CHUA CHIACO, JR., M.D.
Routing Slip

To:
From:
RE:

For approval please
For appropriate action
For correction
For retrieval of record
For your information
For referral
For final category
For comment
For typing
Note and Return
For attachment to chart/record
Please return call
_____________ others, specify

Initials and Date

Routing Slip

To:
From:
RE:

For approval please
For interview
For follow-up
For re-eval.
For correction
For signature
For your information
For reply
For final category
As requested
Per Conversation
Pls. explore
For attachment to chart/record
Please return call
_____________ others, specify

Initials and Date

PHILIPPINE HEART CENTER
Social Services Division

TO: Blood Bank
RE: Blood Bank
DATE:

Please furnish us the following information:
No. of units deposited
No. of units used
No. of hepa tests done
Use of pheresis machine

Medical Social Worker

Reviewed
by
MA. JACINTA VICTORIA T. LUALHATI, PH.D.
Approved
by
MANUEL T. CHUA CHIACO, JR., M.D.
## Policy Title

**Forms**

### Policy Information

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Reviewed by: MA. JACINTA VICTORIA T. LUALHATI, PH.D.
Approved by: MANUEL T. CHUA CHIACO, JR., M.D.
### KASUNDUNGAN PARA SA MGA SERVICE PATIENT
(Contract of Responsibility)

1. Ako/Kami ay nagpasanmnay sa lahat ng ibinigay kong/himing impormasyon sa Medical Social Service ng PHC tungkol sa aking/aming familiya at pangkabuhayan ay pawang katotohanan at binigyan ko ng pahehehutag ng Hope ng Medical Social Service o simulan sa kanyang Medical Social Workers na gagawa ng karampang imbuongayon o paguiyasat upang patumayan lahat ang aking/aming ipinagpatatag.

Kung sakaling mapatunay na ako/kami ay nagayos o hindi nagpatatag o hindi tumapad sa pagasa ayos ng mga papeles o dokumentong kinikailangan ng Social Service, sumasang-ayon ako/kami na basaran o halikin ang kabuuang nagastos ng pasyente sa ospital.

2. Tinatanggap ko at aking susunding ang mga patasaran ng Philippine Heart Center.

3. Nasasalam ko at tinatanggap ko na ako ay gaganunin ng mga House Staff at mga Consultants ng Philippine Heart Center.

4. Nasaalwain ko at tinatanggap ko na lng Philippine Heart Center ay isang institusyon ng pagtuturo at pananaliksik.

5. Tinatanggap ko na ang aking kaalaman tungkol sa aking sakit ang aking makatulog sa samahan, kasama ang aking makatulog pati na aking anak. Kung kaya:

1. Isinasaalang ko ang aking sakit at lahat ng aking pagpatatag sa paggaganon sa aking sakit at kung kinikailangan natin sa aking operasyon.

2. Pagpapasa ako sa mga gawaing nauukol sa pananaliksik ng may karampang patasawat ng Philippine Heart Center.


**SUMASANG-AYON:**

Lagda ng Pagyasay sa ibabaw ng istinit na pangalawa o (legal na Tagapag-alaga) R.S.W.

**MGA SAKSI:**

Medical Social Worker Lic No.: __________

Reviewed by MA. JACINTA VICTORIA T. LUALHATI, PH.D. 
Approved by MANUEL T. CHUA CHIACO, JR., M.D.
PHILIPPINE HEART CENTER
SOCIAL SERVICES DIVISION

E.R. MEDICAL SOCIAL WORKER’S CASE REPORT

Patient ____________________ Age ________ Diagnosis ____________________ Date Admitted ________ Date Discharged ________ Status at E.R.: ________ New Case ________ Re-evaluation ________

DATE & SWO ON DUTY

PATIENT’S CONCERNS / SOCIAL WORKER’S INTERVENTION

DONATION (Pls. Specify if PDAF, PCSO GLLOA, HMO)

TOTAL E.R. BILL

QFS

Prepared by: ________________________________ Noted by: ________________________________

Social Welfare Officer ________________________________ MARGARET ROSE R. CLAVEJO, RSW

Chief, Social Services Division

Reviewed by MA. JACINTA VICTORIA T. LUALHATI, PH.D.  Approved by MANUEL T. CHUA CHIACO, JR., M.D.
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Reviewed by: MA. JACINTA VICTORIA T. LUALHATI, PH.D.  
Approved by: MANUEL T. CHUA CHIACO, JR., M.D.
PHILIPPINE HEART CENTER
ADMINISTRATIVE SERVICES
POLICY MANUAL

PHILIPPINE HEART CENTER
East Avenue, Quezon City

SOCIAL SERVICES DIVISION

KASUNDUAN UKOL SA PAGPAPAGAMOT O PAGPAPA-OPERA NG PASYENTENG HUMIHINGI NG TULONG SA SOCIAL SERVICE
(Contact of Agreement for Treatment)

(Petsa)
Ako si ___________ Edad __ SS No. _________ ay kusang loob na nanalang sa mga sumusunod na gastusan ng pasyente:

P. ____________________ Pagpapagamot (Medical Management/Total Hospitalization)
P. ____________________ Cardiac Catheterization/ Coronary-Angiogram, P Specify___________________/ Hepa C-test
P. ____________________ Operasion (Open) Specify___________________
P. ____________________ Operasion (Close) Specify___________________
P. ____________________ PDA (Patent Ductus Arteriosus) by Amplater/Occluder
P. ____________________ Stent’s c/o Family
P. ____________________ PTCA (Percutaneous Trans-catheter Angioplasty)
P. ____________________ Pulmonary Surgery: Specify___________________
P. ____________________ PPI (Single) P _____________ PPI (Dual) _____________
P. ____________________ Pacemaker c/o Family
P. ____________________ CCCREPh. 1&II (Comprehensive Cardiac Rehabilitation Program)
P. ____________________ Pediare P 720.00 C/O SANOFI + P _____________
Others: ____________________

Nangangako rin akong ibigay ko ang kompletong papeles ng Philhealth sa una o ikalawang araw pagkapasok ng pasyente sa hospital at ang kasalukuyang halaga na makikuhang sa Philhealth ay idadagdag sa donasyon ng pasyente at hindi maaring itoaw sa maipagpapalit.

Kung ang pasyente o miyembro ng pamilya naman ay may group hospitalization plan o benepisyong pang-medikal, tayo rin ay magpunta sa hospital. Sa kaso ng Social Service kung ang kasalukuyang donasyon ay magaling, lahat o hindi ng naturang insurance o benepisyong pang-medikal.

Naintindihan ko rin ang patakaran ng hospital na hindi pinapayagan ang “REFUND” ng donasyon kung:
1) Ang operasion ay hindi nagawa sa kadahlanan medikal
2) Mga pagkakataon hind na controlled sa hospital
3) Ang labasan ng hospital ay higit pa sa donasyon ng pasyente

Obligasyon dim ng pasyenta na magdala ng 8-10 o higit pang blood donors alinunod sa dami ng magagamit na dugo ayon sa talaan ng Blood Bank kung ang pasyente ay kakalagang operahan o salinan ng dugo. Naunawaan ko ring isa lang ang pinapayagang bantay ng pasyente sa hospital.

Araw ng Pagpasok: ____________________________________________ / Emergency / Re-admission / House Case
Diagnosis: ____________________________________________
Rekomendasyon: ____________________________________________ / with Philhealth

TESTIGO:

________________________ , RSW

Social Welfare Officer
LIC. NO. ____________________________

MARGARET ROSE R. CLAVEJO, RSW
Chief, Social Services Division
LIC. NO. 003257

Reviewed by MA. JACINTA VICTORIA T. LUALHATI, PH.D.
Approved by MANUEL T. CHUA CHIACO, JR., M.D.
PHILIPPINE HEART CENTER
ADMINISTRATIVE SERVICES
POLICY MANUAL

DEPARTMENT/DIVISION
ADMINISTRATIVE FINANCE SERVICES/
SOCIAL SERVICE

Policy Number: ADM-FIN-SSD-FRM-001
Effective Date: January 2000
Date Reviewed: 2006, 2010, June 2014
Date Revised: June 2014
Revision Number: 3
Date Of Next Review: June 2016

FORMS

PHILIPPINE HEART CENTER
Social Services Division

PHILHEALTH TRANSMITTAL
PHC AR-121

TO: Billing Section

SS No. ______ Category: ( ) C ( ) D ( ) E

Patient’s Name: ____________________________

Patient’s Age: __________

Philhealth Forms Completed and Filed:

( ) Yes ( ) No

Received by (Philhealth Clerk):

Date Received: ____________________________

RETURN TO SOCIAL SERVICE

PHILIPPINE HEART CENTER
East Avenue, Quezon City

REQUEST FOR SOCIAL SERVICE ASSISTANCE FOR PHC PATIENT

(Revised Form)

I. Endorsing:

__________________________

PATIENT’S NAME

Age: ___ Sex: ___ OPD: __ In patient: ___ Room: ___

Working Diagnosis:

__________________________

Resident-in-Charge

__________________________

Attending Physician

III. Social Service Action and Recommendation:

Date received for evaluation: ____________________________

( ) Approved Category: ____________________________

( ) Disapproved Remarks: ____________________________

__________________________

Medical Social Worker

Approved by: ____________________________

Chief, Social Services Division

Office of the Asst. Director for Administrative Services

( ) Approved ( ) Disapproved

Comments: ____________________________

__________________________

MA. JACINTA VICTORIA T. LUALHATI, PH.D.

Reviewed by: ____________________________

Approved by: ____________________________

MANUEL T. CHUA CHIACO, JR., M.D.
 Philippine Heart Center
SOCIAL SERVICE DIVISION

IN-PATIENT APPOINTMENT SLIP
Date: ___________ Time: ___________
PATIENT'S NAME: ___________________________
New ___ Follow-up ___ Submit only ___
See: __________________________ R.S.W.
/ / Bring OPD card, Yellow card
/ / Submit Financial Assistance Form
/ / Submit Social Service requirements

 Philippine Heart Center
SOCIAL SERVICE DIVISION

OUT-PATIENT APPOINTMENT SLIP
Date: ___________ Time: ___________
PATIENT'S NAME: ___________________________
New ___ Re-eval. ___ House Case ___
See: __________________________ R.S.W.
/ / Bring OPD card
/ / To inquire House Case approval
/ / Submit Social Service requirements

Reviewed by MA. JACINTA VICTORIA T. LUALHATI, PH.D.
Approved by MANUEL T. CHUA CHIACO, JR., M.D.
PHILIPPINE HEART CENTER
ADMINISTRATIVE SERVICES
POLICY MANUAL

DEPARTMENT/DIVISION
ADMINISTRATIVE FINANCE SERVICES/
SOCIAL SERVICE

Policy Number: ADM-FIN-SSD-FRM-001
Effective Date: January 2000

POLICY TITLE

Date Reviewed: 2006, 2010, June 2014
Date Revised: June 2014
Revision Number: 3
Date Of Next Review: June 2016

POLICY TITLE

INTER-AGENCY NETWORKING REFERRAL REQUEST

TO: 

Date: ________________

REQUEST FOR: ________________________________

Name of Patient: _____________________________ Age: _____ Sex: ___ Status: ______

Address: ________________________________

CLINICAL DATA:

Clinical Impression: ________________________________

Recommended by: ________________________________

Requesting Physician: ________________________________

MEDICAL SOCIAL PROBLEM:

______________________________, R.S.W.

Medical Social Worker

Approved by: ________________________________

MARGARET ROSE R. CLAVEJO, R.S.W.
Chief, Social Services Division
Lic. #0003257-

MANUEL T. CHUA CHIACO JR., MD
Director
SSD OPD ORIENTATION

DATE: _______
TIME: _______

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Conducted By: ___________________________

Social Welfare Officer
Lic# ___________________________

Noted By: ___________________________

MARGARET ROSE R. CLAVEJO, RSW
Chief, Social Service Division
Lic#3257-______
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</table>

Reviewed by **MA. JACINTA VICTORIA T. LUALHATI, PH.D.**

Approved by **MANUEL T. CHUA CHIACO, JR., M.D.**
TO WHOM IT MAY CONCERN:

This is to certify that ______________________, ___ yrs old, from ______________________, has been a service patient at the Out Patient Department of the Philippine Heart Center last ______. Patient is diagnosed having ______________________.

This certification is being issued this 23rd day of July 2014 upon the request of patient's wife, Mary Jane Saluta, for seeking Financial Assistance from the office of ______________________ for patient's ______________________.

Thank you very much.

__________________________
Social Welfare Officer

__________________________
Noted by:

__________________________
R.S.W

MARGARET ROSE R. CLAVEJO, R.S.W.
Chief, Social Services Division

LIC. NO. __________

LIC. NO. 0003257-2016

(Note: This form is neither transferable nor duplicatable. Only the original copy should be honored.)

PHILIPPINE HEART CENTER
East Avenue, Quezon City
Routing Slip

TO: ______________________
RE: ______________________
DATE: ______________________

__________________________
Medical Social Worker
PHILIPPINE HEART CENTER
East Avenue, Quezon City

SS RECOMMENDATION
TO : CASHIER / BILLING
RE :
DATE :

, RSW
Medical Social Worker
Lic# 

, RSW
Chief, Social Service Division
Lic# 3257-20

PHILIPPINE HEART CENTER
East Avenue, Quezon City

TO : ATTENDING PHYSICIAN
RE :
DATE :

SS RECOMMENDATION:

Approved by:

MARGARET ROSE R. CLAVEJO, RSW
Chief, Social Service Division

Reviewed by
MA. JACINTA VICTORIA T. LUALHATI, PH.D.

Approved by
MANUEL T. CHUA CHIACO, JR., M.D.

PHILIPPINE HEART CENTER
ADMINISTRATIVE FINANCE SERVICES/ SOCIAL SERVICE
DEPARTMENT/DIVISION
Policy Number
ADM-FIN-SSD-FRM-001
Effective Date
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PICKLICY TITLE
Date Reviewed
2006, 2010, June 2014

FORMS
Date Revised
June 2014

Revision Number
3

Date Of Next Review
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PHILIPPINE HEART CENTER
ADMINISTRATIVE SERVICES
POLICY MANUAL
POLICY NUMBER
ADM-FIN-SSD-FRM-001

Effective Date
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Date Reviewed
2006, 2010, June 2014

Revision Number
3

Date Of Next Review
June 2016

Reviewed
by
MA. JACINTA VICTORIA T. LUALHATI, PH.D.

Approved
by
MANUEL T. CHUA CHIACO, JR., M.D.

POLICY TITLE
Date Revised
June 2014

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MA. JACINTA VICTORIA T. LUALHATI, PH.D.

Approved
by
MANUEL T. CHUA CHIACO, JR., M.D.
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Noted by:

MARGARET ROSE R. CLAVEJO, RSW
Chief, Social Services Division
Lic. # 3257-2016
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PHILIPPINE HEART CENTER
ADMINISTRATIVE SERVICES
POLICY MANUAL

DEPARTMENT/DIVISION
ADMINISTRATIVE FINANCE SERVICES/ SOCIAL SERVICE

Policy Number: ADM-FIN-SSD-FRM-001
Effective Date: January 2000

Policy Title: FORMS

Date Reviewed: 2006, 2010, June 2014
Date Revised: June 2014
Revision Number: 3
Date Of Next Review: June 2016

Reviewed by: MA. JACINTA VICTORIA T. LUALHATI, PH.D.
Approved by: MANUEL T. CHUA CHIACO, JR., M.D.

---

PHILIPPINE HEART CENTER
East Avenue, Quezon City

FOR: HON. MARGARITA P. JUICO
Chairwoman
Philippine Charity Sweepstakes Office

THRU: DR. LARRY R. CEDRO
Department Manager
Philippine Charity Sweepstakes Office

FROM: The Officer-in-Charge, Social Service Division
Philippine Heart Center

DATE: 

SUBJECT: REFERRAL FOR FINANCIAL ASSISTANCE

---

SOCIAL CASE HISTORY

PERSONAL DATA:
Name of Patient: 
Home Address: 
Religion: 
Date of Birth: 
Age: 
Place of Birth: 

FAMILY MEMBERS:

MEDICAL SOCIAL PROBLEM:
Diagnosis: 

RECOMMENDATION:
Thank you very much.

__________________________________________
Medical Social Worker, RSW

MARGARET ROSE R. CLAVEJO, RSW
CHIEF, Social Service Division
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**Policy Title:**

**Forms**

**Temporary Social Service Card**

- **Name of Patient:**
- **Date Interviewed:**
- **Initial OPD Schedule:**
- **Temporary Classification:**
- **Valid Until:**

**Medical Social Worker**

**Note:** For ER use only

(Hindi na kailangan kumusta sa priority number para paminta sa araw ng pagbabalik sa biga ng Social Service, MAB Annex Bldg)

**Margaret Rose R. Clavejo, RSW**

Chief, Social Services Division

---

Reviewed by **MA. JACINTA VICTORIA T. LUALHATI, PH.D.**

Approved by **MANUEL T. CHUA CHIACO, JR., M.D.**
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**PHILIPPINE HEART CENTER**  
**Medical Social Service Section**  
East Avenue, Quezon City  

**TO:**  
**RE:**  
**DATE:**  
This patient will be referred to ________  

**for financial assistance for:**  
// Cath/Angio // Surgery  
// PTMC // Others  

Please give us a copy of:  
// Protocol  
// Clinical Abstract  
// Cover letter  
// Xerox copies of latest tests and lab. works  

so that we can endorse his/her case for sponsorship for the above mentioned procedure.  

Thank you very much.  

___________________________________________  
R.S.W.
1. Ano ang mga naintindihan nila sa mga patakaran ng Social Service?
   a. 
   b. 
   c. 
   d. 

2. Ano ang masasabi nila sa mga patakaran nanggaling ng Social Worker?

3. Ano-anong mga problema ang iyong nararanasan dito sa Philippine Heart Center?

4. Ano-anong mga suhestyon para makatulong at mapaganda ang aming serbisyo?

Maraming Salamat po!!