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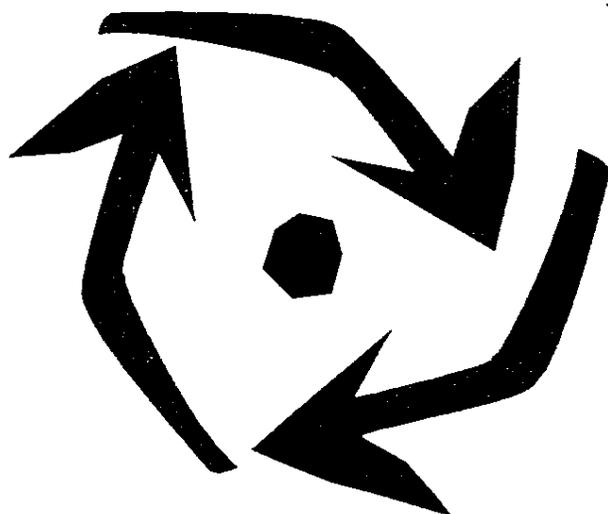
**UGNAYANG PANGKALUSUGAN SA  
LUNGSOD NG PASAY  
HEALTH REFERRAL MANUAL**

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# **UGNAYANG PANGKALUSUGAN SA LUNGSOD NG PASAY**

## **HEALTH REFERRAL MANUAL**



**Pasay City Health Office  
Pasay City General Hospital  
UP Manila – Philippine General Hospital  
Department of Health  
2002**

**UGNAYANG PANGKALUSUGAN  
SA PASAY CITY**

**Health Referral Manual**

**Pasay City Health Office  
Pasay City General Hospital  
UP Manila – Philippine General Hospital  
Department of Health**

2002

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## FOREWORD

It is with great pride for the City of Pasay to have developed this *Ugnayang Pangkalusugan Health Referral Manual*.

I hope that this manual will guide the different health care providers and stakeholders in the community in achieving synergy through the spirit of true networking or *ugnayan* where there is complementation, coordination, and collaboration in all our efforts in bringing about quality health care to our people.

I therefore commend the staff of the Pasay City Health Office under the leadership of Dr. Pilar Perez as well as the staff of the Pasay General Hospital under the watch of Dr. Oscar Linao for this laudable achievement.

I also would like to thank the University of the Philippines—Philippine General Hospital (UP-PGH) and the Department of Health through the Management Sciences for Health for their invaluable assistance to this project.

In the end, I hope that this manual will benefit most our constituents who should demand quality health care from all of us.

Mayor Wenceslao B. Trinidad

## ACKNOWLEDGEMENT

We would like to express our sincere gratitude and appreciation to:

All the participants and resource persons in the workshops for their valuable sharing of experiences and insights;

The City of Pasay Local Government Officials, most especially to Hon. Mayor Wenceslao B. Trinidad, for their support for the workshops and other Health Sector Reform activities;

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The United States Agency for International Development (USAID) for the support and cooperation to make possible the publication of this health referral manual;

The Management Sciences for Health, especially Dr. Eddie G. Dorotan, Local Health Systems Manager, Dr. Mary Angeles Pinero, Ms. Celia Marin and Ms. Mae Mesina for their technical guidance and administrative support.

## GLOSSARY

**Referral** – refers to the process of linking a consumer with a health service resource, which is a participating health agency.

**Referral Agency** – the health agency making the referral.

**Provider of Care** – the health agency to which a consumer is being referred for care. Also accepting agency.

**Outcome of a referral** – the result or manner of disposition of a referral. This is a function of the referral agency, the consumer, and the provider of care.

**Health/Medical problem** – refers to a diagnosis/impression or a description of patient's condition in terms of signs, symptom, physical, emotional and social status, or any other information gathered.

**Health services** – refer to more specific activities performed in relation to health/medical problem, (daily injection, urine testing). Services may be broadly categorized into preventive diagnostic, therapeutic, or rehabilitative.

**Maximum utilization of a health care resource** – refers to patient utilization of the health care resource, which is most appropriate to his/her problem. The primary objective of a referral system is to link a patient to the appropriate health care resource.

**Health Care Resource** – refers to the participating agencies in the inter-agency referral system. These are categorized into:

1. **Primary care center**– the **health centers** of the Pasay City Health Department. These are the patient's first points of contact in any episode of illness. The nature of their resource limits their services to the management of simple, uncomplicated conditions not requiring elaborate/sophisticated diagnostic/therapeutic facilities.

2. **Secondary care resource** – refers to an intermediate care resource capable of handling patients whose problems require moderately specialized knowledge and technical resources for diagnosis and therapy.
3. **Tertiary care facility** – refers to a health care facility equipped with highly technical/specialized human resources and equipment capable of handling complex disease conditions and problems.

**Government Hospital** – hospital-operated and maintained either partially or wholly by the national, provincial, municipal or city government or other political subdivision or by any department, division, board or other agency thereof.

**Private Hospital** – privately-owned, established and operated with funds raised or contributed through donations, or by private capital or other means, by private individuals, associations, corporation, religious firm, company, or joint stock association.

**General Hospital** – provides services for all kinds of illnesses, diseases, injuries, or deformities.

**Special Hospital** – provides hospital care for specialized groups of diseases and has the capacity to provide specialized form of treatment and specialized surgical procedures.

**Primary Hospitals** – hospital and “house-pitas” that provide hospital care for the more prevalent diseases that do not require any specialized form of treatment and major surgical intervention. Equipped with service capabilities needed to support licensed physicians rendering services in Medicine, Pediatrics, Obstetrics, and Minor Surgery.

**Secondary Hospital** – equipped with service capabilities needed to support licensed physicians rendering services in the field of Medicine, Pediatrics, Obstetrics and Gynecology, General Surgery, and other ancillary services.

***Tertiary Hospital*** – fully departmentalized and equipped with the service capabilities needed to support certified Medical Specialists and other licensed physicians rendering services in the field of Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, their subspecialties, and other ancillary services.

***First-Level Referral Hospital*** – provides hospital care for the more prevalent diseases and have capacities to provide specialized forms of treatment and general surgical procedures.

***Second- Level Referral Hospital*** – provides hospital care to most kinds of diseases and have the capacities to provide specialized forms of treatment and specialized surgical procedures, including intensive care facilities.

***Third-Level Referral Hospital***- in addition to the attributes of second-level referral hospital, has a medical training program and a track record in performing medical research.

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BRL	Bureau of Research and Laboratories
ARI	Acute Respiratory Infection
BCG	Bacillus Calmette Guerin
BFAD	Bureau of Food and Drugs
BHW	Barangay Health Worker
BP	Blood Pressure
BNS	Barangay Nutrition Scholar
CARI	Control of Acute Respiratory Infection
CBC	Complete Blood Count
CDD	Control of Diarrheal Diseases
CHD	Center for Health Development
CHO	City Health Office
CME	Continuing Medical Education
COH	Chief of Hospital
CVD	Cardio-Vascular Diseases
DOH	Department of Health
DOPS	Department of Outpatient Services
DOT	Directly Observed Treatment of SCC
DPT	Diphtheria Pertussis Tetanus
DSWD	Department of Social Welfare Development
ER	Emergency Room
EMS	Emergency Medicine Service
ENT	Ear, Nose, Throat
EPI	Expanded Program on Immunization
FP	Family Planning
HBMR	Home-Based Maternal Record
HIV	Human Immunodeficiency Virus
HR	Heart Rate
HRS	Health Referral System
HSRA	Health Sector Reform Agenda
IEC	Information, Education and Communication
ILHZ	Inter-Local Health Zone
IM	Internal Medicine
IPP	Individually Paying Program

IVP	Intravenous Pyelography
LAM	Lactation Amenorrhea Method
LGU	Local Government Unit
LHB	Local Health Board
MED	Medicine
MDT	Multi-Drug Therapy
MOA	Memorandum of Agreement
MOU	Memorandum of Undertaking
MWSS	Manila Waterworks and Sewerage System
NCR	National Capital Region
NGO	Non-Government Organization
NHIP	National Health Insurance Program
NTP	National TB Program
OB	Obstetrics
OPD	Outpatient Department
OPT	Operation Timbang
OPV	Oral Polio Vaccine
PCGH	Pasay City General Hospital
PCHO	Pasay City Health Office
PDI	Parallel Drug Imports
PED	Pediatrics
PGH	Philippine General Hospital
PHIC	Philippine Health Insurance Corporation
RR	Respiratory Rate
SI	Sanitary Inspector
STD	Sexually Transmitted Disease
TB	Tuberculosis
TC	Therapeutics Committee
TFAP	Targeted Food Assistance Program
UGIS	Upper Gastrointestinal Series
UP	University of the Philippines

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# INTRODUCTION

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The *Ugnayang Pangkalusugan sa PasaCity* is a result of several studies done on the health referral system between PGH and adjacent cities and municipalities. More recently, four researches were conducted from 1998-2000 in PGH, Pasay City General Hospital, and Pasay City Health Office. From the studies arose the need to institutionalize and implement a strengthened referral system. Thus, the Health Referral System Task Force emerged.

Pasay is one of the convergence areas of the National Health Sector Reform Agenda (HSRA). It has pledged its commitment to the Health Sector Reform targets, including the health referral system (See Annex 1, page 61).

The objectives of the inter-agency health referral system are to link consumers of health care to the appropriate health service resources; to ensure continuity of care from one health service resource or facility to another; and to maximize the utilization of existing health agencies and personnel.

The health referral manual's discussion points came from various workshop outputs, concept and policy papers, and the vast store of rich experiences of the health care providers from Pasay City and PGH.

As a guide for health administrators, health personnel and local government unit's executives and other officials, the manual contains the necessary forms, useful map, and handy directory of health facilities.

It is envisioned that the networking effort will produce a strong and healthy partnership that will optimize operations among the participating health facilities. Ultimately, it is the patient who will benefit most from this concerted effort.

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## BASIC FEATURES OF THE HEALTH REFERRAL SYSTEM

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### *What is the Ugnayang Pangkalusugan sa Pasay City?*

The Ugnayang Pangkalusugan sa Pasay City is the inter-agency health referral system among all the participating health facilities of Pasay City and the University of the Philippines – Philippine General Hospital (UP-PGH).

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### DEFINITION OF HEALTH REFERRAL SYSTEM

In health care delivery systems, *referral* is a set of activities undertaken by a health care provider or facility in response to its inability to provide the necessary intervention of patients' need, whether it is a real or just a perceived need.

In its wider context, this includes referral from the community level to the highest level of care and back (*two-way referral system*). Within the health facility (hospital or health center), there is also an internal system among the hospital departments or the health personnel in-

volved. It also involves not only *direct patient care* but *support services* as well, such as knowing where to get a transport facility to move the patient from one facility to the other.

The health referral system, therefore, is a two-way relationship that requires **cooperation, coordination, and exchange of information** between the *primary health facility* and the *first referral hospital* during the referral and discharge of the patient from the hospital. It is also an organizational structure for coordinating, linking, and possibly transferring of care for medical problems from generalist to specialist, or from specialist to another specialist.

## KINDS OF REFERRAL

The different kinds of referral are the following:

- Doctor to doctor
- Triage referral (within the hospital)
- Hospital to hospital
- Diagnostic referral

The purpose of the kinds of referral may be for one or several of the following:

- For second opinion
- For a specific procedure
- For co-management or further management
- For transfer of service
- For continuity and monitoring of care
- For support

In general, referral from a health center to higher levels should occur in

the following situations:

- When a patient needs expert advice;
- When a patient needs a technical examination that is not available at the health centers;
- When a patient requires a technical intervention that is beyond the capabilities of the health center; or
- When a patient requires in patient care.

## RATIONALE FOR THE HEALTH REFERRAL SYSTEM

### *Why do we need the Ugnayang Pangkalusugan sa Pasay City?*

By promoting inter-hospital and community linkages and facilitating immediate medical intervention to patients within Pasay City, the Ugnayang Pangkalusugan can assure the constituents that they will receive the best quality care from participating health facilities.

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The spectrum of diseases confronting health workers range from the *simplest* or *most common* everyday ailments to the *most complicated, complex, and life-threatening* conditions. Such diversity requires different health workers and health care facilities.

The magnitude of the *resources* required to provide the total services in one facility is not within the reach of the local government unit (LGU). In addition, either *time*, or *geographic location*, becomes a constraint in serving the needs of a patient.

In order to respond adequately to the varied types of patient conditions, the different health care providers/givers and other stakeholders in the community must achieve synergy through *cooperation, complementation, collaboration, and maximization* of resources.

As such, duplication of services is avoided. This will prevent wastage of scarce health resources. Efficiency will therefore improve. The sustainability of the different health facilities will also be enhanced.

The appropriate level of care is made available, with geographic factors, time, cost, and urgency being considered. Continuity of the patient's treatment is promoted. This results in improved effectiveness of the different health facilities.

### **FRAMEWORK FOR THE HEALTH REFERRAL SYSTEM AND THE INTER-LOCAL HEALTH ZONE**

The Inter-Local Health Zone (formerly District Health System) provides the strategic framework for the development of a functional two-way referral system. The components of the Inter-Local Health Zone (ILHZ) are the following:

- Core referral hospital
- Health centers
- The community (including barangay officials, non-government organizations, etc.)
- Private health facilities
- Health personnel.

Primary health care is most effectively delivered through **health centers**, the institutional base. The health centers are the first contact of the community with the formal health system. They serve as the **gatekeepers** for higher levels of health care.

For the referral system to function, the health centers must be operated by competent personnel whose roles and functions are clearly defined to avoid duplication. The hospitals, on the other hand, will ensure that referrals coming from health centers will receive prompt attention. Referral back to the health center should also be done as soon as the reason for

the referral to the hospital has been addressed.

Self-referral by individuals to hospitals bypass the lower levels based on perceived inadequacy in the lower levels. This perpetuates the vicious cycle of over-burdened hospitals and under-utilized health centers. The well-functioning referral system dissuades the practice of self-referral.

The referral mechanism will involve the different health facilities in the ILHZ – health centers, lying-in clinics, the core referral hospital, and eventually other tertiary care hospitals. The health referral system is the *key integrating factor* for the Inter-Local Health System.

### REQUISITES FOR THE HEALTH REFERRAL SYSTEM

A well-functioning comprehensive two-way health referral system requires the following elements:

- Well-defined levels of care and mix of services for each level of care
- Identified health service delivery outlets (public and private) and services provided
- Agreed roles and responsibilities of key stakeholders
- Agreed standard case management protocols (treatment protocols and guidelines)
- Agreed referral guidelines between levels of care
- Agreed referral policies, protocols, and administrative guidelines to support the referral system
- System to monitor, supervise, and evaluate the quality of care, referral practices, and support mechanisms
- Facilities and health workers capable of implementing the health referral system
- The health facilities must comply with PhilHealth standards for accreditation (in addition, the government facilities must comply with Sentrong Sigla certification standards).
- The core referral hospital must have at least four departments

(Medicine, Surgery, Pediatrics and OB-GYN), and must have basic ancillary services (Laboratory, X-ray unit).

***Who will benefit from the Ugnayang Pangkasugan sa Pasay?***

With a well-functioning health referral system, all the different stakeholders (families, communities, health personnel, health administrators, local government unit) will benefit due to improved efficiency and effectiveness of the health facilities. The hospitals will benefit from strong involvement and teamwork with the health centers especially in managing diseases whose etiologies have bearing on the public health system.

Ultimately, it is the *patient* who will benefit most.

**THE HEALTH REFERRAL MODEL**

Figure 1 on page 9 shows the proposed Health Referral Model. This model recognizes the BHWs as a vital part of the Health Referral System. Private and public health facilities are not separated, but rather combined according to the level of health care they can provide. It highlights the role of primary health care facilities (health centers and clinics) as the gatekeepers for higher levels of health care. This model also acknowledges the relationship between the Biomedical System and Traditional System of health care.



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## ESTABLISHING THE HEALTH REFERRAL SYSTEM

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### ORGANIZING THE REFERRAL SYSTEM

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The referral system initiative (*Ugnayang Pangkalusugan sa Pasay City*) is a joint program of Pasay City and UP Manila – PGH. It involves coordination of health facilities in providing medical services to ensure efficiency and quality delivery of health services.

The local health officer (in this case, the City Health Officer) may initiate the idea of setting up a referral system, with support from the technical staff of the Department of Health. Key individuals from different health facilities should be involved. The prerequisites for a functional referral system are: (1) an established Inter-Local Health Zone or its equivalent, and (2) a functional Inter-Local Health Board or Committee. In their absence, a *Task Force* can be created to spearhead the project. The task of the ILHZ Board is to do a situational analysis of the current state of health care in the area of responsibility, followed by a participative strategic planning session.

### PLANNING FOR THE REFERRAL SYSTEM

Planning for a comprehensive referral system involves the following

Members of the **Health Referral System Task Force** of Pasay City include staff of the City Health Office, health centers, Manila Sanitarium and Hospital, Air Force General Hospital, Pasay City General Hospital, UP-PGH; UP College of Medicine Department of Family and Community Medicine, Department of OB-GYN and Department of Pediatrics; representatives from NGOs, barangay health workers federation, and families.

phases: Preparatory Phase, Planning Proper Phase, and Implementation Phase.

### **Preparatory Phase**

- Seek a **mandate** from the local chief executive and officials – the City Mayor, the City Council;
- Craft a **Memorandum of Understanding (MOU)** or a **Memorandum of Agreement (MOA)** among the stakeholders as commitment, and ensure the parties follow the agreement;
- Set a **meeting of the stakeholders** to be attended by the chiefs or administrators of the facilities covered by the geographic area. The agenda may include services to be improved, prevalent cases to be addressed, needed drugs and medicines that should always be made available, etc. The meeting must be able to capture the interest of, and situation in the participating health facilities;
- Do a **mapping of facilities** to identify the levels of care available and validate the information provided during the meeting of stakeholders;
- Form the **core and technical working group** as management committee to implement and oversee the implementation of the referral system;
- Set up the ILHZ to determine the geographic boundary and the participating facilities;

### ***Planning Proper Phase***

- Document or review existing strategic and operational health plan;
- Accomplish a Work and Financial Plan for the referral system, with the stakeholders as participants; and
- Document the referral system (for example, a manual for the referral system).

### ***Implementation Phase***

- Scheduling of monitoring
- Periodic evaluation and refinement of the system

## **CATEGORIZING HEALTH SERVICE RESOURCES**

In order to delineate responsibility and divide labor among the existing health service resources, health agencies or facilities will be arbitrarily categorized into primary, secondary, and tertiary care agencies. The classification is based on the nature of facilities and the complexity of cases that an agency will be prepared to handle.

***Primary care agencies*** are those resources (facilities and human) that are capable of dealing with simple medical problems, which do not require specialized knowledge, facilities, and personnel. Such agencies are mostly concerned with health promotion, disease prevention, and treatment of simple medical conditions and chronic stabilized cases.

***Secondary care agencies*** are intermediate care resources capable of handling patients in the symptomatic stages of diseases, which require moderately specialized knowledge and technical resources for adequate treatment.

***Tertiary care agencies*** are resources that are capable of handling patients with complicated conditions.

Patients seeking care in any of the participating agencies will be evaluated in terms of the complexity of their medical problems and channeled accordingly to the appropriate health agency.

## LAUNCHING THE REFERRAL SYSTEM

A formal launching of the referral system may be in the form of a seminar to inform all those in the ILHZ of the existence of such a referral system and how it is going to work. Participants of the launching are government officials, barangay officials, and representatives from government agencies, non-government organizations, the communities, the participating health faculties, health personnel, barangay health workers, and other sectors. Eventually, all communities in the catchment area should be informed.

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## KEY PLAYERS AND PARTNERS IN THE HEALTH REFERRAL SYSTEM

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### PARTNERS IN THE REFERRAL SYSTEM

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Foremost partners in the health referral system are the local health officers (City Health Officer, City Health Office staff, Physicians-in-Charge of the health centers), as well as chiefs of participating health facilities. All health personnel and support personnel of the health centers, lying-in clinics, core referral hospital and other hospitals need to work synergistically in order for the referral system to function well.

The local chief executive and other government officials (City Mayor, City Council, and barangay chairpersons) provide the legal mandate and appropriate funds to support the delivery of health care.

The communities need to be thoroughly informed regarding the reasons for and procedures of the referral system. Participants in information and education campaigns would include the community members and families, Barangay Health Workers (BHW), Barangay Nutrition Scholars (BNS), and traditional or alternative medicine practitioners.

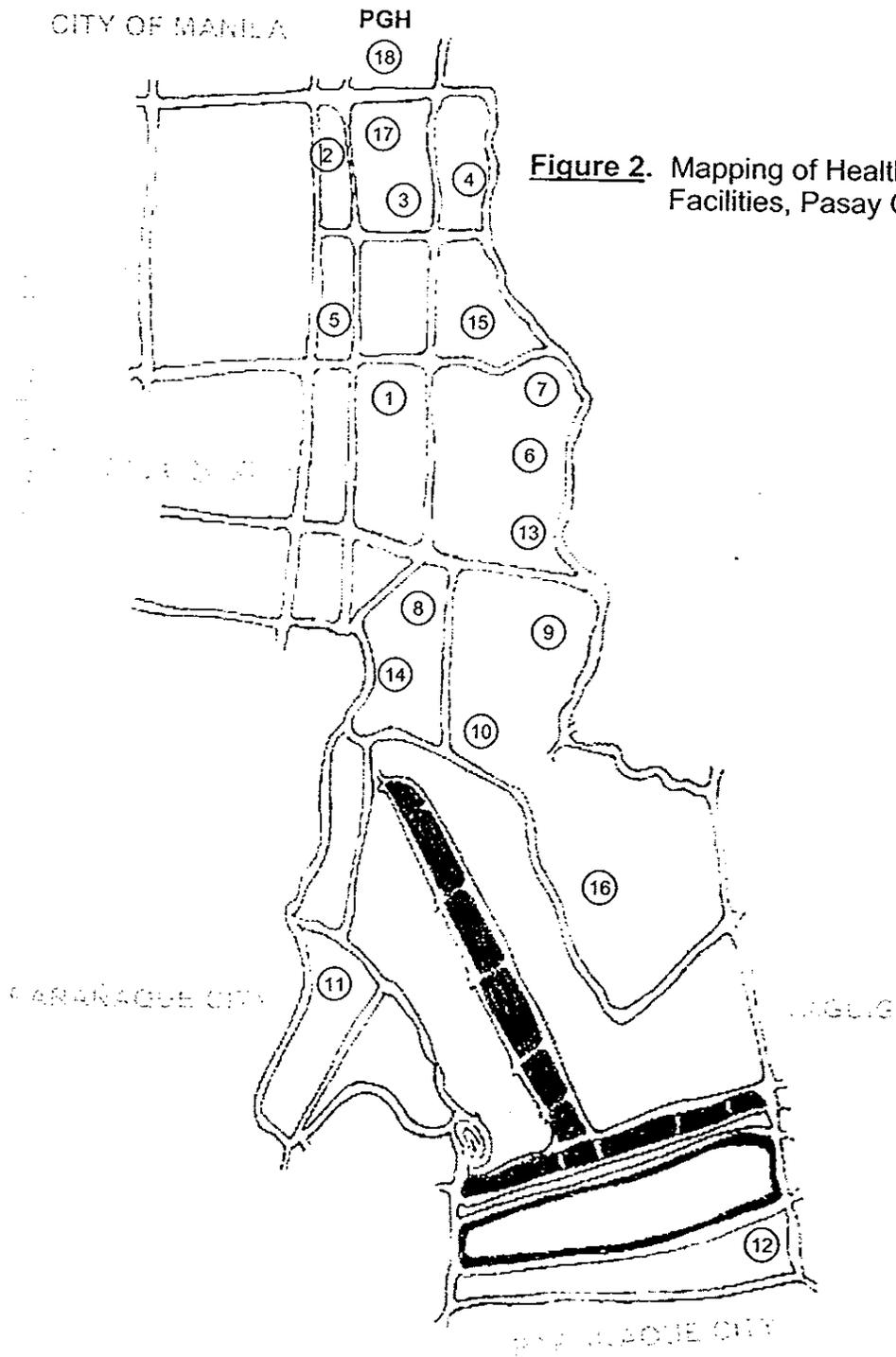
The private sector (private hospitals, clinics and laboratories) and non-government organizations (especially those with health service programs) are important partners in the referral system. Ugnayang Pangkalusugan sa Pasay City – PGH has three partner NGOs: Ina-Anak Foundation, Pilipinong May Kapansanan Foundation, and Bukas-Palad San Isidro.

The Department of Health provides technical support through the Center for Health Development – National Capital Region (CHD-NCR) and the Bureau of Local Health Development (BLHD). The Philippine Health Insurance Corporation (PHIC or PhilHealth) accredits the hospitals and clinics and provides universal coverage of social health insurance, especially for the poor.

## **PARTICIPATING HEALTH CARE FACILITIES**

These are the key players in the Ugnayang Pangkalusugan sa Pasay City:

1. Pasay City Health Office
2. Cuyegkeng Health Center
3. Leveriza Health Center
4. San Isidro Health Center
5. Main Health Center
6. Ventanilla Health Center
7. M. De la Cruz Health Center
8. Dona Marta Health Center
9. Malibay Health Center
10. San Pablo Health Center
11. MIA Health Center
12. Kalayaan Health Center
13. San Roque Health Center (soon to open)
14. Dona Marta Lying-In Clinic
15. Pasay City General Hospital (PCGH)
16. Air Force General Hospital
17. Manila Sanitarium and Hospital
18. University of the Philippines –Philippine General Hospital (UP-PGH)



**Figure 2.** Mapping of Health Facilities, Pasay City

## PACKAGES OF SERVICES

The essential health services or minimum packages of services that a health facility can provide must be defined to ensure that limited resources are maximized and not unnecessarily wasted. This is also to ensure that appropriate services are given at different levels of the referral facilities.

The range of services of the health facilities must correspond with an adequate and appropriate *personnel complement*. Likewise, this should be supported with the necessary *infrastructure* and *logistics*. These include buildings, beds, transport and communication facilities, power and water supply, etc. (See Table 1 on page 25 for personnel complement of the Pasay City Health Department).

## PASAY CITY HEALTH OFFICE AND HEALTH CENTER

Services	Programs and Activities
Maternal Care Services	<p><b><i>Pre-Natal Care Program</i></b></p> <ul style="list-style-type: none"> <li>• Hemoglobin Determination</li> <li>• Urinalysis</li> <li>• Tetanus Toxoid Immunization</li> <li>• Dietary Advice</li> <li>• Home-Based Maternal Record (HBMR)</li> <li>• Physical Examination &amp; Leopold's Maneuver</li> </ul> <p><b><i>Natal Care Program</i></b></p> <ul style="list-style-type: none"> <li>• Normal Spontaneous Delivery</li> <li>• Health Education on Babies' Care</li> <li>• Initiated Exclusive Breastfeeding – "<i>Mother-Baby Friendly</i>"</li> <li>• Lactation Amenorrhea Method (LAM)</li> <li>• Cord Care</li> </ul>

Continuation: Pasay City Health Office and Health Centers

Services	Programs and Activities
<b>Maternal Care Services</b>	<p><b><i>Postnatal Care Program</i></b></p> <ul style="list-style-type: none"> <li>• Hemoglobin Determination</li> <li>• Urinalysis, Tetanus Toxoid Follow-up</li> <li>• Dietary Advice</li> <li>• Breastfeeding</li> <li>• Safe Motherhood Counseling</li> <li>• Responsible Parenthood</li> </ul> <p><b><i>Nutrition Program</i></b></p> <ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Iron Supplementation</li> <li>• Iodine Supplementation</li> <li>• Vitamin A Capsule</li> <li>• 100% Utilization of Iodized Salt for the Community</li> <li>• Targeted Food Assistance Program (TFAP)</li> </ul> <p><b><i>Family Planning Program (Safe Motherhood and Planned Parenthood)</i></b></p> <ul style="list-style-type: none"> <li>• Family Planning Counseling</li> <li>• Modern Artificial Methods</li> <li>• Natural Family Planning Methods</li> <li>• Permanent Methods Education</li> <li>• Pap Smear</li> </ul> <p><b><i>Dental Health Program</i></b></p> <ul style="list-style-type: none"> <li>• Preventive (Oral examination, prophylaxis, health education)</li> <li>• Curative (Tooth extraction, oral filling – permanent/temporary)</li> </ul>

Continuation: Pasay City Health Office and Health Centers

Services	Programs and Activities
<p><b>Child Care Services</b></p>	<p><b><i>Under Five Clinic</i></b></p> <ul style="list-style-type: none"> <li>• Provision of Growth Monitoring Charts</li> <li>• Expanded Program on Immunization (EPI) – BCG, DPT, OPV, Hepatitis B, Anti-Measles – “Everyday is Well-Baby Day”</li> </ul> <p><b><i>Control of Acute Respiratory Infection (CARI) Program</i></b></p> <ul style="list-style-type: none"> <li>• CARI Management Protocol</li> <li>• Home Care Management</li> <li>• Provision of Cotrimoxazole Tablet</li> <li>• Provision of Salbutamol Syrup</li> <li>• Nebulization (i.e., Salbutamol, etc.)</li> </ul> <p><b><i>Control of Diarrheal Diseases (CDD) Program</i></b></p> <ul style="list-style-type: none"> <li>• Physical Examination</li> <li>• Laboratory Examination – Fecalysis</li> <li>• Oral Rehydration Therapy (ORESOL)</li> <li>• CDD Management 3F's</li> <li>• Health Education on Preventive Interventions</li> </ul> <p><b><i>Nutrition Program</i></b></p> <ul style="list-style-type: none"> <li>• Breastfeeding for Infants</li> <li>• Growth Monitoring &amp; Promotion</li> <li>• Operation <i>Timbang</i></li> <li>• Complementary Feeding</li> <li>• Micronutrient Supplementation (Vitamin A Capsule, Ferrous Sulfate Drops, Ferrous Sulfate Syrup)</li> <li>• Deworming Activities</li> <li>• Targeted Food Assistance Program (Milk Supplementation, Supplementary Feeding Program)</li> <li>• Diet Slips/Counseling to Mothers &amp; Caretakers</li> <li>• Health/Nutrition Education</li> <li>• Play Corner (Safe Toys for Children, Guidelines in Choosing Toys)</li> </ul> <p><b><i>Dental Health Program</i></b></p> <ul style="list-style-type: none"> <li>• Oral prophylaxis</li> <li>• Fluoridization</li> <li>• Preventive Dentistry</li> </ul>

Continuation: Pasay City Health Office and Health Centers

Services	Programs and Activities
<p><b>Communica- ble Diseases</b></p>	<p><b><i>Disease Surveillance</i></b></p> <p><b><i>National TB Control Program (NTP)</i></b></p> <ul style="list-style-type: none"> <li>• Passive Case Finding, Case Holding</li> <li>• Sputum Microscopy for Symptomatic Patients</li> <li>• Directly Observed Treatment of SCC (DOTS) – “<i>Tutok-Gamutan</i>”</li> <li>• Provision of Anti-TB Drugs</li> <li>• Record Keeping</li> <li>• Monitoring/Evaluation</li> <li>• Health Education on Prevention and Control</li> </ul> <p><b><i>National Leprosy Control Program</i></b></p> <ul style="list-style-type: none"> <li>• History and Physical Examination</li> <li>• Slit-Skin Smear –every Wednesday and Friday</li> <li>• Case Finding and Case Holding</li> <li>• Provision of Multi-Drug Therapy (MDT)</li> <li>• Monitoring of Household Contacts</li> </ul> <p><b><i>STD/HIV/AIDS Program</i></b></p> <ul style="list-style-type: none"> <li>• Screening of Commercial Sex Workers – Gram Staining</li> <li>• History and Physical Examination</li> <li>• Laboratory Examination (Urinalysis, Gram Stain, Urethral Smear)</li> <li>• Management of STD Cases</li> <li>• Health Education on Prevention and Protection (HIV/AIDS Seminar to all health certificate applicants every Wednesday and Friday under Ordinance 236 series of 1993)</li> </ul> <p><b><i>National Rabies Control Program</i></b></p> <ul style="list-style-type: none"> <li>• Proper Care and Dressing of Wounds</li> <li>• Provision of Post-Exposure Vaccination (<i>Animal Bite Center – San Isidro Health Center</i>)</li> </ul> <p><b><i>Dengue Control Program</i></b></p> <ul style="list-style-type: none"> <li>• History and Physical Examination</li> <li>• Laboratory Examination</li> <li>• Health Education</li> <li>• 4 O'clock Habit</li> <li>• Dengue Surveillance Information</li> <li>• Dengue Prevention and Control</li> </ul>

Continuation: Pasay City Health Office and Health Centers

Services	Programs and Activities
<b>Non-Communicable Diseases</b>	<p><b><i>Diabetes Control Program</i></b></p> <ul style="list-style-type: none"> <li>• Diabetes Screening</li> <li>• Dietary Advice/Diet Slips</li> <li>• Management at Primary Level</li> <li>• Health Education</li> </ul> <p><b><i>Mental Health Program</i></b></p> <ul style="list-style-type: none"> <li>• History and Physical Examination</li> <li>• Referral to Mental Health Program Coordinator</li> </ul> <p><b><i>National Cancer Control Program</i></b></p> <ul style="list-style-type: none"> <li>• Screening</li> <li>• Breast Self Examination</li> <li>• Pap Smear</li> <li>• Counseling</li> </ul> <p><b><i>Prevention of Blindness Program</i></b></p> <ul style="list-style-type: none"> <li>• Screening of Error of Refraction Using Snellen's Chart</li> <li>• Cataract Screening</li> <li>• Management of Eye Diseases</li> <li>• Provision of Eye Medications (Ophthalmic Ointment/Drops)</li> </ul>

Special Services and Programs	Activities
<b>National Voluntary Blood Program</b>	<ul style="list-style-type: none"> <li>• Donor Recruitment and Retention</li> <li>• History and Physical Examination</li> <li>• Blood Letting</li> <li>• Blood Typing</li> <li>• Screening</li> </ul>
<b>Dental Health Program</b>	<ul style="list-style-type: none"> <li>• Curative – Extraction, Filling (temporary/permanent)</li> <li>• Preventive – Oral Prophylaxis, Oral Examination</li> <li>• Gum Treatment</li> </ul>

Continuation: Pasay City Health Office and Health Centers

Special Services and Programs	Activities
<b>Environmental Health (Environmental Sanitation Office)</b>	<ul style="list-style-type: none"> <li>• Water sampling analysis (for MWSS and deep well)</li> <li>• Bacteriological water analysis (care of BRL)</li> <li>• Water source disinfection, provision of chlorine tablets</li> <li>• Inspection of food establishments</li> <li>• Issuance of health certificate for food handlers</li> <li>• Issuance of sanitary permit/order</li> <li>• Training of food handlers/operators</li> <li>• Food testing</li> <li>• Fogging and spraying</li> <li>• Health education</li> </ul>
<b>Nutrition</b>	<p><b><i>Micronutrient Supplementation and Food Fortification</i></b></p> <ul style="list-style-type: none"> <li>• Salt testing</li> <li>• <i>Pan de bida</i> products (Vitamin A fortified bread)</li> </ul> <p><b><i>Food Assistance</i></b></p> <ul style="list-style-type: none"> <li>• Supplementary food feeding program</li> <li>• Dry food rationing</li> </ul> <p><b><i>Nutrition Education</i></b></p> <ul style="list-style-type: none"> <li>• Mothers'/Parents' Classes</li> <li>• Provision of IEC materials</li> </ul>
<b>Laboratory Examinations</b>	<ul style="list-style-type: none"> <li>• Routine urinalysis, fecalysis, CBC, Hemoglobin determination, Blood typing</li> <li>• Slit skin smear test</li> <li>• Sputum examination</li> </ul>

Continuation: Pasay City Health Office and Health Centers

Special Services and Programs	Activities
<b>Employees Clinic</b>	<ul style="list-style-type: none"> <li>• Medical consultation and provision of medical certificate for employees</li> <li>• Dental consultation</li> <li>• Scheduled annual physical examination for regular and casual employees</li> <li>• Provision of essential drugs, when available</li> <li>• Pre-marriage counseling on responsible parenthood, safe motherhood, and family planning</li> <li>• Issuance of Pre-Marriage Counseling certificate of attendance</li> <li>• Health education and promotion</li> </ul>
<b>Doña Marta Maternity Lying-In Clinic</b> (24 hours)	<ul style="list-style-type: none"> <li>• General consultation (after 5:00 PM, Saturdays, Sundays, holidays, and in times of calamity)</li> <li>• Prenatal at 7 months gestation and above</li> <li>• Rooming-in and promotion of exclusive breastfeeding</li> <li>• BCG immunization of the newborn</li> <li>• Domiciliary obstetrical services</li> <li>• Health education</li> </ul>
<b>Disaster Preparedness</b>	<ul style="list-style-type: none"> <li>• Disaster assessment and response technique</li> <li>• Provision of medical services to victims of calamity/disaster</li> <li>• Provision of contingency plan (<i>Emergency/Contingency Team</i>)</li> </ul>

**Table 1. Personnel Complement of Pasay City Health Department**

Health Facility	Physicians	Dentists	Nurses	Midwives	Technical Staff	Administrative
Pasay City Health Office	6	1	2	2		13
Cuyegkeng Health Center	1	2	1	4	Med Tech – 1 Lab Aide – 1	1
Leveriza Health Center	1	1	1	2		1
San Isidro Health Center	1	2	2	4	Med Tech – 1 Lab Aide – 1	1
Main Health Center	1	1	1	3		1
Ventanilla Health Center	1	1	1	4	Med Tech – 1 Lab Aide – 1	1
M. De la Cruz Health Center	1	2	2	4	Lab Aide – 1	1
Dona Marta Health Center	1	3	3	3	Lab Aide – 1	1
Malibay Health Center	1	1	2	5	Med Tech – 1 Lab Aide – 1	1
San Pablo Health Center	1	2	2	4	Med Tech – 1 Lab Aide – 1	1
Kalayaan Health Center	1	1	1	2	Lab Aide – 1	1
MIA Health Center	1	2	1	3	Lab Aide – 1	1

Continuation....Personnel Complement of Pasay City Health Department

Health Facility	Physicians	Dentists	Nurses	Midwives	Technical Staff	Administrative
Employees Clinic	1	1		1		
Pharmacy					Pharmacist – 2	2
Environmental Sanitation Service		1	1	2	Sanitary Inspector – 11	2
Lying-In Clinic	6		2	13		6
Public Laboratory		1	1		Med Tech – 3 Lab Aide – 1	
Nutrition					Nutritionist – 3	
Social Hygiene Clinic	1		1			
CESU	1		1	1		
<b>Total</b>	26	22	25	57	Med Tech – 8 Lab Aide – 10 Pharmacist – 2 Sanitary Inspector – 11 Nutritionist – 3	34

Note: Pasay City has 350 Barangay Health Workers and 25 Barangay Nutrition Scholars.

**Table 2. PASAY CITY GENERAL HOSPITAL PACKAGE OF SERVICES**  
Authorized bed capacity: 150 beds

Staff Complement	Public Health Services	Medical Services/Units
<p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• Consultants 53 (various specialties and sub-specialties)</li> <li>• Resident Physicians 37</li> <li>• Chief residents 4</li> </ul> <p>Total: 94</p> <p><b>Administrative</b> 49</p> <p><b>Nursing</b> 85</p> <p><b>Ancillary</b> 27</p>	<ul style="list-style-type: none"> <li>• School-based Services—reproductive health education and information</li> <li>• Family Planning and Reproductive Health—family planning methods</li> <li>• Essential individual clinical services—maternal and child health, acute childhood and malnutrition-exacerbated illnesses</li> <li>• Non-communicable—diabetes mellitus, osteoarthritis, dialysis units</li> <li>• Communicable—tuberculosis</li> <li>• Laboratory</li> <li>• Minor surgery</li> <li>• Lying-in</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Intensive Care Unit</li> <li>• Neonatal/Pediatric Intensive Care Unit</li> <li>• Hemodialysis Unit</li> <li>• Complete Laboratory Services</li> <li>• Complete X-ray Services</li> <li>• Ultrasound/2-D Echo</li> <li>• Emergency Room Services</li> <li>• Outpatient Department</li> <li>• Dental Services</li> <li>• Nursing Services</li> <li>• Dietetic Services</li> <li>• Ambulance Services</li> <li>• Clinical Charity Wards</li> <li>• Medical Wards</li> <li>• Pay/Private Wards</li> </ul>
<b>Medical Departments and Sections</b>		
<p><b>Surgery</b></p> <ul style="list-style-type: none"> <li>• General Surgery</li> <li>• Orthopedic</li> <li>• Urology</li> <li>• Thoracic and Cardiovascular</li> <li>• Oncology</li> <li>• Pediatric</li> <li>• ENT Section</li> <li>• Ophthalmology Section</li> <li>• Visiting Consultants: Colorectal, Head and Neck</li> </ul>	<p><b>Medicine</b></p> <ul style="list-style-type: none"> <li>• Internal Medicine</li> <li>• Pulmonology</li> <li>• Gastroenterology</li> <li>• Dermatology</li> <li>• Nephrology</li> <li>• Cardiology</li> <li>• Infectious</li> <li>• Visiting Consultants: Diabetology, Neurology</li> </ul>	<p><b>Pediatrics</b></p> <ul style="list-style-type: none"> <li>• General Pediatrics</li> <li>• Neonatology</li> <li>• Intensivist</li> <li>• Pulmonology</li> <li>• Visiting Consultants: Infectious, Cardiology, Hematology/Oncology, Nephrology, Neurology, Gastroenterology, Pediatric Surgery</li> </ul>
<p><b>Obstetrics and Gynecology</b></p> <ul style="list-style-type: none"> <li>• Infertility</li> <li>• Oncology</li> <li>• Ultrasonography</li> <li>• Visiting Consultants: Perinatology</li> </ul>	<p><b>Anesthesia</b></p>	<p><b>Physical Therapy and Rehabilitation Medicine</b></p>

**Table 3. MANILA SANITARIUM AND HOSPITAL PACKAGE OF SERVICES**  
Bed Capacity: 152 beds

Medical Departments	Surgery, Pediatrics, OB-GYN, Internal Medicine, Anesthesiology, ENT, Rehabilitation Medicine
Diagnostic Services	Complete Laboratory, Radiology, Ultrasonography, CT Scan
Special Procedures	Mammography, UGIS, Barium Enema, IVP, Gastroscopy, Colonoscopy

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## POLICIES AND GUIDELINES OF THE HEALTH REFERRAL SYSTEM

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The *City Health Board* shall issue administrative and technical policies agreed upon regarding the health referral system.

The administrative policies may pertain to networking of health facilities, use of transport (ambulance), transport of patient, extension of services outside the catchment area, attendance of medico-legal cases, issuance of medical certificate, and attendance of court hearing of medico-legal cases.

The technical policies may deal with accidents, gunshot wounds, stab wounds, action on rape cases, alcohol verification, drug test policy, autopsy for medico-legal cases, and conduct of autopsy.

### GUIDING PRINCIPLES OF THE REFERRAL SYSTEM

1. The referral system shall work for the benefit of both the referring institution and the recipient of the referral process, taking into consideration the best interest for the patient.
2. The referral process shall be channeled through the appropriate office of person(s) only as deemed fit by both institutions.

3. There shall be mutual *respect* and *collegiality* in the manner of conducting referrals and transfers.
4. *Sanctions* may be set as agreed upon by both institutions for any violations in the guiding principles.
5. Services to be rendered to a patient shall depend on the facilities, capabilities, and human resources of the health agency.
6. It is the responsibility of health agencies to provide the best care, in terms of quality, within the limits of their resources.
7. Patients need guidance from the providers of care in the proper utilization of available resources for health care.

#### **ADMINISTRATIVE POLICIES**

1. Hospital and health center personnel are expected to maintain proper decorum at all times in their relationship with patients, relatives, and with each other.
2. All employees or staff both in hospitals and health centers shall be given proper orientation and training in the operationalization of the comprehensive referral system.
3. Coordination and teamwork among all health providers shall serve as a common approach to attain overall goals and objectives.
4. Clear, written health referral policies and guidelines shall be available at all levels of health facilities.
5. Two-way referral system must be observed.
6. Task at any level of health care facility shall be spelled out and mutually understood, reasonably quantified, and actual performance evaluated regularly.
7. Continuous training and updating of capabilities of the health service providers shall be of utmost consideration.

8. All patients shall be immediately attended to upon arrival, giving preference to emergency cases or seriously ill patients, at all levels.
9. A two-way referral form shall accompany the patient being referred to next level of health facilities. Vital information shall be written completely, legibly, and in duplicate.
10. Patients may be conducted to and from health facilities using a service ambulance or whatever means of transport is available. Ambulance fee must be determined and charged according to the capacity of the user/patient to pay.
11. For **emergency cases**, the doctor-in-charge should contact the receiving institution and should **personally or directly communicate** with the receiving physician. The patient's stability for transport is assured and the receiving physician should be agreeable to the transport.
12. If the patient is unstable but needs to be transferred immediately (e.g., toxicology, trauma, CVD bleed), a physician should accompany the patient to monitor and administer medical management in case the patient deteriorates during transport.
13. If the health care facility is capable of managing the patient's medical problem, the patient is referred back for follow-up care. The attending physician shall offer the option and encourage the patient to continue his/her consultation and care at the said health care facility. At all times, the patient's decision shall be respected.
14. Essential drugs and medicines shall be available at any given time at all levels of health facilities.
15. A separate logbook shall be maintained for monitoring and evaluating referral records of all patients.
16. Each level of health care unit shall have a list of essential equipment it is responsible for.

## **GUIDELINES FOR MEDICO-LEGAL CASES**

1. All medico-legal cases encountered at the health centers and lying-in clinic must be referred to the Pasay City General Hospital.
2. The Medico-Legal Officer of the hospital shall attend to all medico-legal cases.
3. All requests for medico-legal examinations must be accompanied by an official request from the police authorities of the barangays concerned.
4. Medico-legal request not within the capability of the Medico-Legal Officer concerned should be immediately referred to the National Bureau of Investigation (NBI) together with corresponding reasons for referral.
5. All medico-legal records must contain complete data such as date and time of incidence, findings including anatomical chart.
6. The Medico-Legal Officer and hospital medical staff (surgical and OB staff) must sign all medico-legal records.
7. The attending physician must sign the medico-legal certificate. However, both medical officers must sign the referral for further management.
8. In the absence of an attending physician, the senior resident and immediate supervisor may sign the medico-legal certificate.
9. For death occurring in transit, the Medico-Legal Officer of the place where the patient came from or the place where the cadaver will be buried must sign the death certificate.
10. Death certificate must be issued immediately.
11. The attending physician must sign consent for medico-legal cases requiring surgery (in the absence of a companion).

12. Blood transfusion will not be given where it becomes a religious issue. (The patient should sign a waiver.)
13. All other policies not included herein in relation to the above-mentioned subject matter shall be referred to the Medico-Legal Officer for evaluation and approval and subsequent inclusion in this general policy guidelines on referral of medico-legal cases.

## HEALTH REFERRAL MANAGEMENT ACTIVITIES

1. Information, Education and Communication
  - Orient all stakeholders on the policies, procedures, and practices regarding the referral system.
  - Disseminate inventory of health facility capacities to all Pasay City barangays.
  - Post health services "menu" as **signage** in all facilities.
  - Publish a health **newsletter** to update constituents on current programs, improvements, and initiatives regarding health.
  - Conduct barangay-based information campaigns.
2. Training of health personnel
  - Include HRS policies and process as part of curriculum of BHWs, health center physicians, hospital-based physicians, and administrators.
  - Conduct CME sessions to update and hone clinical skills of all health care providers, including BHWs, nurses, and midwives.
  - Conduct sessions on Health Information Management.
3. Create and institutionalize the **referral information system** (PCHO has three computers under Phase I of the computerization program of Pasay City).

4. Organize **socials** for the participating health facilities. Clearer referral ensues if the doctors and other health personnel are friends and they know one another.
5. Conduct monthly meetings between and among health providers to:
  - Get feedback on disposition of referred patients
  - Assess the health referral activities/performance
  - Assess coordination mechanisms
  - Assess procedure and guidelines
  - Review standard operating procedures and packages of services
  - Resolve issues and concerns.
6. Patients shall be referred after the following have been satisfied:
  - Assessment of patient
  - Decision whether nurse or doctor shall accompany the patient
  - Availability of transport/ambulance
  - Facility to be referred to has been identified.

## SUPPORT MECHANISMS

### ***Community Level:***

- Orientation and training of BHWs on the system of referral (referral flow, where, what, who, and how)
- Barangay council to provide means of referring patient (***transport and communication***)
- Barangays/communities to provide ***trust groups***, especially during emergency referrals
- Advocacy and health promotion through IEC.

### ***Health Center Level:***

- Orientation of health center staff
- Referral flow (external and internal)
- Provision of ambulance, communication, and support.

***Hospital Level:***

- Ambulance and communication
- Training of hospital staff, residents, and affiliated students

***LGU Level***

- Functional City Health Board with regular meetings to draw relevant health policies
- Legislative support to institutionalize worthy health programs
- Support for fiscal autonomy of PCGH
- Better financial support for health personnel at PCGH and PCHO/health centers

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## HEALTH CARE FINANCING AND THE HEALTH REFERRAL SYSTEM

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### HEALTH INSURANCE THROUGH PHILHEALTH

One major health insurance scheme is through the enrollment of indigents and the self-employed group to PhilHealth. This will allow cost recovery of budget for health in the hospital and health centers through the reimbursement scheme and capitation fund, which can be spent to further improve health services in both facilities. More importantly, this will increase access to health services by the poor.

PhilHealth's *Universal Health Insurance Coverage* has three components: financing, access, and delivery.

*Financing* is through payroll deduction of the formal sector (Government and private employees), NGO, and LGU subsidies for indigents, informal sector premiums, interest income of reserves, and consolidation of community, NGOs, and charitable funds.

*Access* is through the PhilHealth Plus (or Plan 500). Among the strategies are:

- Enroll at least 85% of families in the National Health Insurance Program (NHIP). This is done by assisting LGUs to access additional funding sources for indigent and informal sectors, and to integrate local health insurance schemes with the NHIP for efficiency and sustainability.
- Expand and develop local outpatient and inpatient benefit packages to address site-specific health problems. This aims to integrate public health services in hospitals, and incorporate public health packages and outpatient services under PhilHealth.
- Ensure quality of health services. This seeks to advocate compliance with Sentrong Sigla standards, improve health facility referral and networking, provide funding support to LGUs to meet Sentrong Sigla standards, and provide capability-building assistance to LGUs.

**Delivery** of PhilHealth Plus (or Plan 500) outpatient benefits is through PhilHealth-accredited health centers with outpatient benefits and government and private hospitals.

The **Indigent Program (Medicare para sa Masa)** is a component of the National Health Insurance Program that provides for social health insurance for the indigent sector. As a joint undertaking of the LGU and PhilHealth, premium payments for the indigent members are shared by both parties. Indigent members and their beneficiaries are entitled to the Medicare benefits enjoyed by regular (employed sector) members. In addition, they may avail of an outpatient consultation and diagnostic package, which is exclusively for indigent members.

In PGH, indigent patients are encouraged to avail of PhilHealth privileges especially for medicines (up to 1,500 pesos per patient versus the PGH allotment of 1,000 pesos per patient).

*Health insurance for indigents.* Pasay City was the very first area in Metro Manila where PhilHealth implemented the health insurance scheme for indigents. The MOA, signed on June 23, 2000, adopted outpatient benefit services. All 11 health centers were PhilHealth-accredited, and 10 were Sentrong-Sigla certified by the DOH. Families identified to be indigents by the Pasay DSWD and CHO were given 'passports' and later IDs that are renewed yearly. LGU budgetary support for the Indigent Program increased to P5 Million in 2001. This program also established a referral system with Pasay City General Hospital, PGH, San Juan de Dios Hospital, and Manila Sanitarium and Hospital. Presently, 8,000 indigent families have been enrolled in 11 health centers. 10,000 indigent families are targeted to be covered in 2002.

# 6

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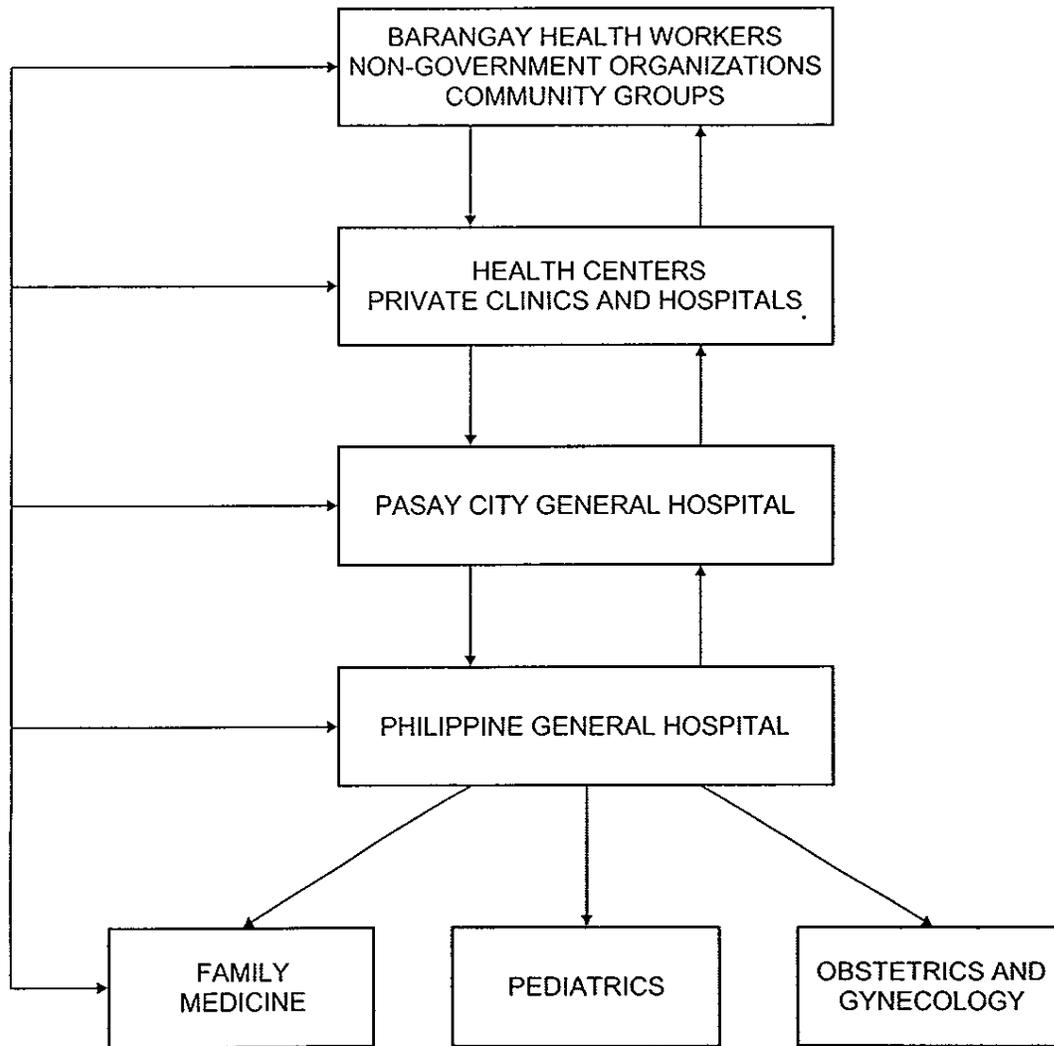
## THE HEALTH REFERRAL FLOW

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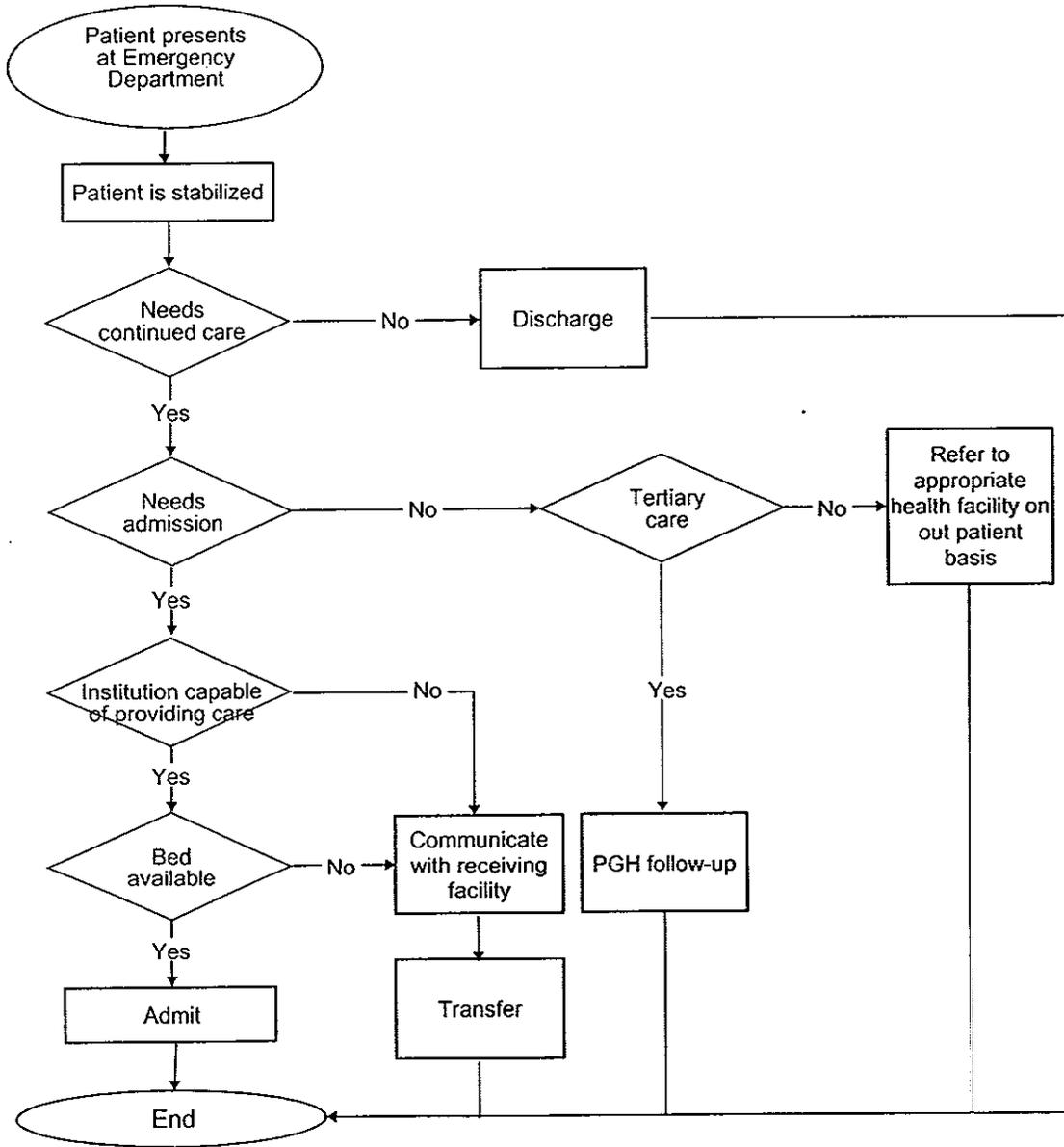
The health referral flow is subdivided into two parts. The external referral flow begins with the patient in the community, and passes through the different health facilities concerned. The internal referral flow deals with the channels within a particular health facility. Figures 3, 4, 5 on pages 42 to 44 illustrate the referral flows in the different health facilities and within PGH. Figure 6 on page 45 shows the referral form to be utilized in the health centers and hospitals of the Ugnayang Pangkalusugan sa Pasay City.

## EXTERNAL REFERRAL FLOW

**Figure 3. External Referral Flow, Ugnayang Pangkalusugan sa Pasay City**



**Figure 4. Flow for Transfer of Emergency and Obstetric Patients at PGH**



## INTERNAL REFERRAL FLOW

Figure 5. Flow for Referral of Outpatient to and from DOPS, PGH

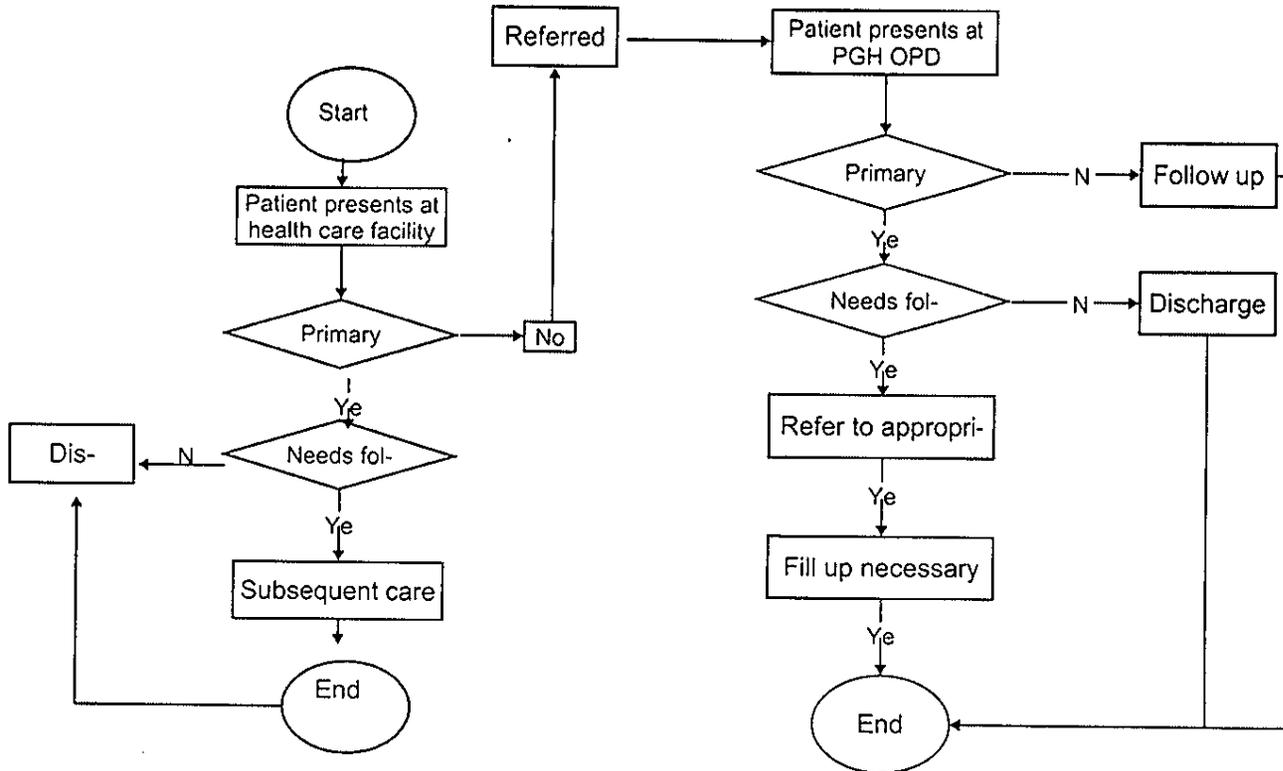


Figure 6. Referral Form

Republic of the Philippines  
Pasay City, Metro Manila  
*Ugnayang Pangkalusugan sa Pasay City*

**REFERRAL FORM**

Priority/Emergency

Outpatient

(Please accomplish 2 copies)

Referring Institution		Date/Time	Receiving Institution		Date/Time
Referring MD (Printed name, signature and designation)		Contact #	Receiving MD (Printed name, signature and designation)		Contact #
Name (Surname, First Name, Middle Name)			Address (#, Street, Barangay, Municipality/City)		
Parent/Guardian (in case of minor)			Zone # ____ Barangay # ____ Family #		
Age	Sex <input type="checkbox"/> Male	Civil Status Religion	<input type="checkbox"/> PHIC ID # <input type="checkbox"/> Non-PHIC	Occupation	Date/Time Admitted (for hospital only)
Chief Complaint and History			Past Medical Hx, Family Hx, Personal/Social Hx		
Physical Examination BP ____ HR ____ RR ____ Temp ____ Wt ____			Treatment Administered and Response of Patient (include fluids)		
Current Working Impression/Diagnosis					
Reason for Referral		<input type="checkbox"/> further evaluation and management <input type="checkbox"/> diagnostic procedure only <input type="checkbox"/> lack of equipment <input type="checkbox"/> lack of diagnostics <input type="checkbox"/> for follow-up care		<input type="checkbox"/> medico-legal <input type="checkbox"/> per patient's request <input type="checkbox"/> financial <input type="checkbox"/> no vacancy <input type="checkbox"/> other: _____	
				Mode of Transport (for emergency cases only) <input type="checkbox"/> ambulance <input type="checkbox"/> other: _____	
Laboratories Done (Attach copy of results)			Roentgenograms Done (Attach plates, if possible)		
Action Taken (for follow-up/# cases)					
Recommendation/Instructions (for follow-up cases)					

## CASE MANAGEMENT PROTOCOLS

### PASAY CITY HEALTH STATISTICS

Population	422, 599	<b>Leading Causes of Morbidity</b> (rate per 10,000 population)	
Population density	22,668/sq. km	• Cough and Colds	185
Crude birth rate (1996-2000):	24	• Pneumonia	161
Infant mortality rate (2000):	15	• Bronchitis	109
Under 5 mortality rate (2000):	below 3	• Diarrhea	81
Fully immunized children		• Urinary Tract Infection	27
1996:	100%	• Dermatitis	
1998:	90%	• TB Respiratory	
		• Hypertension	
		• Acute Tonsillopharyngitis	
		• Intestinal Parasitism	
<b>Leading Causes of Infant Mortality</b> (rate per 10,000 live births)		<b>Leading Causes of Mortality</b> (rate per 10,000 population)	
• Pneumonia	38	• Heart Disease	8
• Sepsis	36	• Vascular Disease	7
• Congenital abnormality	13	• Cancer all forms	4
• Prematurity	10	• Pneumonia	4
• Dehydration	7	• Septicemia	3
• Measles		• Hypertensive Disease	3
• Asphyxia		• Accidents	3
• Respiratory distress syndrome		• TB Pulmonary	2
• Disseminated intravascular coagulation		• Kidney Disease	1
• Hypoxic ischemic encephalopathy		• Bronchial Asthma, Status Asthmaticus	1

## CLASSIFICATION OF DISEASES

**Primary care** – refers to services rendered to an individual in fair health and the patient with a disease in the early symptomatic stage. There is really no need for consultation with the specialists unless a problem arises in the diagnosis and treatment. This type of service may be rendered by *health centers*.

- Anemia, iron deficiency and nutritional
- Anxiety reactions
- Allergic reactions
- Acid peptic disease, mild
- Bronchial asthma, mild; acute bronchitis
- Diarrheal diseases, controllable
- Gastritis, acute
- Glomerulonephritis
- Hypertension, mild
- Influenza
- Intestinal parasitism
- Migraine, tension headache
- Myalgias
- Pulmonary tuberculosis
- Scabies
- Sexually transmitted diseases
- Upper respiratory tract infection, mild
- Viral exanthems without complications

**Secondary care** – refers to service rendered to patients in the symptomatic stage of disease that requires moderately specialized knowledge and technical resources for adequate treatment.

- Acid peptic disease, uncontrolled
- Acne
- Alcoholic cirrhosis
- Amoebiasis
- Anemia, etiology undetermined
- Angina pectoris
- Arthritis

- Completed strokes
- Chronic lung disease
- Diabetes mellitus, uncomplicated
- Exfoliative dermatitis
- Fever of unknown origin
- Malaria
- Obesity/underweight
- Pneumonia
- Psoriasis
- Schistosomiasis
- Viral hepatitis

**Tertiary care** – includes the levels of disease, which are seriously threatening the health of the individual and require highly technical and specialized knowledge, facilities, and personnel.

- Arrhythmias
- Arteriosclerotic heart disease
- Bell's palsy
- Blood dyscrasia
- Bleeding peptic ulcer
- Bronchogenic carcinoma
- Bronchial asthma, severe or status asthmaticus
- Cholera
- Cerebrovascular disorders, in evolution
- Congenital health disease
- Congestive heart failure, all causes
- Cor pulmonale
- Diabetes mellitus, with complications
- Diffuse non-toxic goiter
- Diffuse toxic goiter
- Diabetes mellitus, with complications
- Endocrine metabolic disorders
- Hepatoma
- Hypertension, uncontrolled
- Hypertensive heart disease

- Hyperthyroidism
- Malignancy
- Nodular non-toxic goiter
- Nodular toxic goiter
- Poisoning
- Pott's disease
- Pyelonephritis
- Rheumatic heart disease
- Salmonellosis, complicated
- Seizure disorder
- Urinary tract infection, complicated, severe

A patient in secondary or tertiary care may be reclassified to primary care when controlled, all workup done, and there is no more perceived problem.

**Emergency Drugs: Pasay City General Hospital**

Emergency Drugs	
Epinephrine amp	Ketorolac trometamol (Toradol) amp
Atropine sulfate amp	Diclofenac sodium amp
Terbutaline (Bricanyl) amp	Humulin R inj.
Aminophylline amp	Humulin N inj.
Chlorpheniramine maleate (Antamin) amp	Hydrocortisone 100 mg and 250 mg vial
Dobutamine vial	Vitamin K amp
Paracetamol amp	Nifedipine 5 mg & 60 mg amp
Furosemide amp	ASA (Aspirin) 100 mg and 300 mg tab
Metoclopramide amp	Isosorbide dinitrate (Isordil) SL 10 mg
Hyoscine-N-butyl Bromide	Salbutamol nebule
D50W-50 ml glucose solution	Terbutaline (Bricanyl) nebule
Tranexamic acid (Hemostan) 250 mg and 500 mg amp	Combivent nebule
Sodium bicarbonate vial	Adrenaline amp
Digoxin (Lanoxin) 0.25 mg amp	Pethidine (Demerol) amp
Hydralazine amp	Lidocaine vial
Magnesium sulfate vial	Dexamethasone amp
Morphine amp	Paracetamol oral – 500 mg tab, 250/125 ml suspension, drops
Phenobarbital amp	Ampicillin vial
Diazepam amp	Penicillin-G-sodium vial
Nalbuphine (Nubain) amp	Chloramphenicol vial
Phenytoin (Dilantin) amp	Cloxacillin vial

## TREATMENT AND MANAGEMENT PROTOCOLS

Service	Program	Cases	Interventions/Actions
Maternal Care	Prenatal Care	High risk pregnancies	HC → PCGH DM Lying-In → PCGH
	Natal Care	NSD With complications	HC → DM Lying-In DM Lying-In → PCGH
	Postnatal Care	With complications	DM Lying-In → PCGH
	Family Planning	Voluntary surgical contra- ception (vasectomy, bi- lateral tubal ligation)	HC/DM Lying-In → PCGH
Child Care	CARI	Severe pneumonia	HC → PCGH
	CDD	Severe dehydration	HC → PCGH
	Nutrition	3 <sup>rd</sup> degree malnutrition	HC → PGH Malnutrition Ward
Communicable Diseases	NTP	For chest X-ray	HC → Pasay Chest Clinic
		With complications	HC → PCGH, SLH
	Leprosy	With complications	HC → Tala Leprosarium
	STD/HIV/ AIDS		HC → STD Clinic, Public Health Laboratories, PCGH, San Lazaro Hospital
	National Rabies Control	Post-exposure vaccina- tion	HC → Animal Bite Center (San Isidro Health Center) → RITM
	Dengue Control	With complications	HC → PCGH
Non-Communicable Diseases	Diabetes Con- trol	With complications	HC → PCGH
	Mental Health		HC → Mental Health Coordina- tor (Kalayaan Health Center) → National Center for Mental Health (NCMH)
	National Cancer Control		HC → PCGH
	Prevention of Blindness	Cataract surgery	HC → PCGH

Service	Program	Referral
Special Services	National Voluntary Blood Program	All HCs → Main HC → Philippine National Red Cross (PNRC)
	Environmental Health	Environmental Sanitation Office (ESO) → BRL (DOH) → BFAD
	Disaster Preparedness	HC → PCGH/ PGH/ PNRC/ DSWD

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## MONITORING AND EVALUATION OF THE HEALTH REFERRAL SYSTEM

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### MONITORING AND EVALUATION ACTIVITIES

The manner of the implementation of the referral system will be monitored and evaluated periodically.

It is important to determine the proper persons responsible for this particular task. The following health personnel may be designated for the corresponding level of health facility:

- Health Center – Public Health Nurse
- Hospital – Emergency Room Nurse on duty and Ward Nurse on duty

An *information system* is developed to track movement of patients from health facility or department (in case of intra-hospital referrals in tertiary hospital). Reports should include the following information obtained from checklists and logbooks (See Figures 7 to 10 on pages 55 to 58 for the monitoring forms.)

- Referred cases
- Number of referrals
- Proper filling up of forms
- Return slips
- Areas where referrals came from

These reports will be submitted to the City Health Office where a **Monitoring and Evaluation Team** has been organized and designated to review and assess referrals.

The mode of review is up to the discretion of the Monitoring and Evaluation Team. This may be through random review and field visits for validation. Other teams may suggest periodic conferences for participating health facilities (e.g., medical/referral audit, medical case conference, continuing medical education sessions) where they can meet and socialize.

## CRITERIA FOR EVALUATION

Some **qualitative** parameters to gauge the referral system are:

- Efficiency
- Effectiveness
- Accessibility
- Appropriateness
- Responsiveness
- Good interpersonal relationship

Four **objective indices** of the referral system's success or failure may be utilized:

1. **Volume** of referrals – the number of referrals to and from the various participating health care facilities.
2. **Outcome** of the referrals – the proportion of satisfactory outcomes compared to inadequate and unsatisfactory outcomes. Any one of three outcome statuses can result from a referral:

- Status I – ***Satisfactory Outcome*** – when the consumer/patient showed for care and was given care for the referral problem.
  - Status II – ***Inadequate Outcome*** – when the consumer/patient showed for care but was not given care for the referral problem.
  - Status III - ***Unsatisfactory Outcome*** – when the consumer/patient did not show for care and therefore, was not given care.
3. The ***nature of problems*** and ***services*** extended to patients referred in the participating agencies.
  4. Increased ***utilization rate*** of the health facilities (especially the lower levels).



**Figure 8.** Monitoring Form for Incoming Referrals

DATE & TIME	NAME OF PATIENT	A G E	S E X	COMPLETE ADDRESS	MEDICAL IM- PRESSION/ DIAGNOSIS	REFERRED FROM	REASON FOR REFER- RAL	MODE OF TRANS- PORT	RETURN SLIP (Returned or not)

**Figure 9.** Quarterly Report Form for Outgoing Referrals

AGE	SEX		MUNICIPALITY/ BARANGAY	REFERRED FROM	SPECIFIC REASON FOR REFERRAL				CLASSIFICATION OF CASE					REMARKS	
	M	F			MEDICO- LEGAL	ADMISSION (for hospital only)	OPD CASE	OTHER	MED	PED	OB- GYNE	SUR- GERY	OTHER		
Below 1 yr															
1 - 4 yr															
5 - 14 yr															
15 - 19 yr															
20 - 64 yr															
65 yr & above															

TOP TEN LEADING REFERRED CASES (For All Facilities) No. of Cases

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Number of Referred Cases: \_\_\_\_\_  
 Total Number of PHIC Patients: \_\_\_\_\_

Prepared By: \_\_\_\_\_  
 (Printed Name & Signature)

Approved By: \_\_\_\_\_  
 (Printed Name & Signature)

**Figure 10. Quarterly Report of Incoming Health Referrals**

AGE	SEX		MUNICIPALITY/ BARANGAY	REFERRED FROM	SPECIFIC REASON FOR REFERRAL				CLASSIFICATION OF CASE					RE- MARKS
	M	F			MEDICO- LEGAL	ADMIS- SION (for hospital only)	OPD CAS E	OTHER	MED	PED	OB- GYN E	SUR- GER Y	OTHER	
Below 1 yr														
1 - 4 yr														
5 - 14 yr														
15 - 19 yr														
20 - 64 yr														
65 yr & above														

TOP TEN LEADING REFERRED CASES (For All Facilities) No. of Cases

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Number of Referred Cases: \_\_\_\_\_  
 Total Number of PHIC Patients: \_\_\_\_\_

Prepared By: \_\_\_\_\_  
 (Printed Name & Signature)

Approved By: \_\_\_\_\_  
 (Printed Name & Signature)

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# ANNEXES

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## Annex 1.

### PLEDGE OF COMMITMENT TO THE HEALTH SECTOR REFORM TARGET OF PASAY CITY BY 2004

Committed to the national vision of providing quality, equitable, and accessible health services for all as a fundamental human right of every person, especially the underprivileged sectors of our society;

Responsive to the changing needs of time, and the challenges brought about by the devolution of health services, cognizant of the need for vital reforms in the health sector and the importance of synergy of its key players and supportive to the output of the Health Sector Convergence Workshop held in the City of Pasay on October 11 to 12, 2001;

We, the city and barangay government officials of Pasay City in partnership with the Department of Health (DOH), the Philippine Health Insurance Corporation (PHIC), the communities, the non-government organizations, and the private sectors, do hereby pledge our solemn commitment to support the following health sector reform targets by 2004 in Pasay City during this occasion of the Health Summit at the Heritage Hotel in Pasay City on October 12, 2001.

#### SOCIAL HEALTH INSURANCE

1. 15,000 indigent households covered by health insurance (100% urban poor)
2. 100% of all business establishments are PhilHealth-registered
3. Increased enrolment of IPP by 20% in 2004
4. Expanded benefits to indigents
5. Monitoring functional PhilHealth Office

#### DRUG MANAGEMENT

1. Purchase Parallel Drug Imports (PDI)

2. Government prices for supplies and drugs should be lower than private
3. Procurement should be based on selection
4. Reconstitute and revitalize Therapeutics Committee (TC)
5. Rationalize drug selection and use
6. Procurement lead time (from ordering to delivery) three months, at most

#### HOSPITAL REFORMS

1. Institutionalize networking between government and private health facilities
2. Attain full political support from local government
3. 20% increase in budget per year
4. Establish an integrated and comprehensive hospital system
5. Pasay City General Hospital financially autonomous, hospital allowed to use income.

#### PUBLIC HEALTH

1. Effective logistics management systems
2. Institutionalized networking and partnership among different stakeholders
3. Effective health management information systems in place
4. Manpower compensation scheme at par with other similar urban health units
5. Sustained/maintained Sentrong Sigla health facilities providing quality health service
6. Sustained/maintained the promotion, prevention, and control of communicable and non-communicable disease.

#### LOCAL HEALTH SYSTEMS

1. To increase health budget up to 20% by year 2004
2. Full implementation of Magna Carta for BHWs
3. 100% of all newly hired health personnel have undergone proper selection/process based on needs
4. Strengthen referral system and include at least two private hospitals and 50% of private clinics.
5. Institutionalized multi-sectoral integrated planning annually

We, the local government officials and the stakeholders of Pasay City, hereby adopt this Pledge of Commitment 2001 and affix our signatures to this Health Sector Reform Targets by 2004 on October 12, 2001 here in the City of Pasay.

Hon. Wenceslao B. Trinidad  
Mayor of Pasay City  
Hon. Antonio Calixto  
Vice Mayor of Pasay City

Sangguniang Panglunsod

Hon. Reynaldo Padua

Hon. Emi Calixto-Rubiano

Hon. Marlon Pesebre

Hon. Moti Arceo

Hon. Bing Petallo

Hon. Jose Antonio Roxas

Hon. Levine Cuneta

Hon. Allan Panaligan

Hon. Eduardo Advincula

Hon. Jonathan Cabrera

Hon. Arvin Tolentino

Hon. Reynaldo Mateo

Hon. Edith Vergel de Dios

Barangay Captains

Hon. Generoso Cuneta  
Liga President

Hon. Joseph Saria

Hon. Alberto Ong

Hon. Catalina Belamide

Hon. Ernesto Aguila

Hon. Ernesto Solis

Hon. Emeterio Catabona

Hon. Mariano Batolome

Hon. Napoleon Tumambin

Hon. Eusebio Logro

Hon. Richard Advincula

Hon. Arthur Galica  
Dr. Lydia Milan  
Ina-Anak Foundation

Mr. Sidfry Panganiban  
PhilHealth Area Supervisor – NCR

Dr. Felisa Tahir  
Pasay City Chest Clinic

David Lozada, MD, MPA  
Director IV – CHD

Mrs. Rufina Manuel  
Red Cross PC Chapter

**Annex 2. DIRECTORY OF PARTICIPATING HEALTH FACILITIES**  
**Ugnayang Pangkalusugan sa Pasay City**

Health Facility	Address	Contact Person(s)	Contact #
Pasay City Health Office	Pasay City Hall, F. B. Harrison St., Pasay City	Dr. Pilar A. Perez (City Health Officer)	831-8201
Cuyegkeng Health Center	Cuyegkeng St. cor. Layug St., Pasay City	Dr. Marilyn M. Leoncio (Physician-in-Charge)	526-5283
Leveriza Health Center	Leveriza St. cor. Gil Puyat Ave., Pasay City	Dr. Luis M. Sy, Jr. (Physician-in-Charge)	526-5517
San Isidro Health Center	Dominga St., Pasay City	Dr. Rebecca F. Bolilia (Physician-in-Charge)	831-5275
Main Health Center	Pasay City Sports Complex, F. B. Harrison St., Pasay City	Dr. Ma. Irene R. Sy (Physician-in-Charge)	551-1652
Ventanilla Health Center	Ventanilla St., Pasay City	Dr. Mercedes T. Sallenoble (Physician-in-Charge)	887-1967
M. De la Cruz Health Center	M. De La Cruz St., Pasay City	Dr. Dirk Roland B. Ragasa (Physician-in-Charge)	
Dona Marta Health Center	Don C. Rivilla St., Pasay City	Dr. Manuel Dubongco, Jr. (Physician-in-Charge)	851-7804
Malibay Health Center	Malibay Plaza, Pasay City	Dr. Alfredo M. Barranco (Physician-in-Charge)	854-2864
San Pablo Health Center	St. Peter St., Maricaban, Pasay City	Dr. Madonna Felisa C. Abad (Physician-in-Charge)	854-0684
MIA Health Center	MIA Road cor. NAIA Avenue, Pasay City	Dr. Leslie Joy D. Tolentino (Physician-in-Charge)	851-9707
Kalayaan Health Center	Kalayaan Village, Pasay City	Dr. Armando C. Lee (Physician-in-Charge)	824-5552
Dona Marta Lying-In Clinic	Dona Marta Health Complex, Don C. Rivilla St., Pasay City	Dr. Ruby Rose Barranco (Physician-in-Charge)	851-7804
Pasay City STD Clinic	Pasay City Hall, F. B. Harrison St., Pasay City	Dr. Rosalinda L. Mangonon (Physician-in-Charge)	551-4180

Health Facility	Address	Contact Person(s)	Contact #
Pasay City Employees Clinic	Pasay City Hall, F. B. Harrison St., Pasay City	Dr. Eduardo Cabildo (Physician-in-Charge)	551-4180
Pasay City ESU	Pasay City Hall, F. B. Harrison St., Pasay City	Dr. Anthony Z. San Juan	531-4180
Pasay City General Hospital	P. Burgos St., Pasay City	Oscar C. Linao, MD (Medical Director))	<i>Information:</i> 551-4664 <i>Admin:</i> 833-6022 <i>Director's Office:</i> 831-3285 <i>OR:</i> 831-3330 <i>Pedia:</i> 834-0807 <i>Medicine:</i> 834-0603 <i>Surgery:</i> 832-0897 <i>OB-GYN:</i> 834-2432
Air Force General Hospital	Villamor Air Base, Pasay City	Lt. Col. Edgar Erediano, MD (Medical Director) Medical Services – Lt. Carlos B. Alberto, MD	853-4932
University of the Philippines – Philippine General Hospital	Taft Ave., Manila	Napoleon M. Apolinario, MD (Medical Director); Armando C. Crisostomo, MD (Assistant Director for Health Operations); Teodoro Herbosa, MD (Dept of Emergency Medical Services); Roberto L. Ruiz, MD (Dept of Outpatient Services)	<i>Trunk line connecting all departments:</i> 521-8450
Manila Sanitarium and Hospital	1975 Donada St., Pasay City	Dr. Bibly S. Macaya (Medical Director)	<i>Trunk line:</i> 525-9201 to 09 <i>Operator:</i> 536-3680

**Annex 3. Directory of Private Clinics, Pasay City**

Catchment	Health Facility	Address	Contact Person
Cuyegkeng Health Center	Bautista Clinic	F. B. Harrison Street	Dr. Bautista
	Magdalena Casuela Clinic	27 Balagtas St. cor. F. B. Harrison Street	Dr. Magdalena Casuela
	Our Mother of Perpetual Help Clinic	1949 F. B. Harrison Street	
	Harrison Medical Clinic Specialist and Lying-In Clinic	2155 F. B. Harrison Street	
	Balbido's Clinical and X-ray Laboratory	117 Gil Puyat Ave.	
Leveriza Health Center	Lupisan Medical Clinic	190 P. Medina Street	Dr. Marilou Lupisan-Ocampo
San Isidro Health Center	Medical Clinic	2009 Dominga Street	Dr. Rodolfo de Jesus
	Medical Clinic	G. Villanueva Street	Dr. Rose Riel
	Medical Clinic	2031 Sandejas Street	Dr. Saldajemio
	Medical Clinic	Libertad Street	Dr. Roberto Solis
	Medical Clinic	G. Villanueva Street	Dr. Dolina
	Medica Leonardia	P. Burgos Street	Dr. Robina Feralvero
	Medica Leonardia	P. Burgos Street	Dr. Roland Saulog
M. De la Cruz Health Center	Beatrice Clinic	2472 Valerio Street	Dr. Dirk Roland Ragasa
	Dominguez Maternity Clinic	Bo. Filipino, Don Carlos Village	Dr. Cabinte

Catchment	Health Facility	Address	Contact Person
Ventanilla Health Center	Pasay Doctors Polyclinic and Diagnostic Center	Taft Avenue	Dr. Jean Chua
	Pasay Doctors Maternity and Polyclinic Center	Taft Avenue	Dr. Cirilo Chua
	Dr. Mendoza Clinic	Vergel Street	Dr. Conrado Mendoza
	Acosta Medical Clinic	EDSA cor. Zamora Street	Dr. Antonio Reyes Acosta
	Cena Medical Clinic	Libertad Street	Dr. Antonio Cena
	Family Medical Clinic	Arnaiz Avenue	Dr. Mary Jane Manela
	St. Eymard Clinic	Facundo St. cor. Tolentino St.	Dr. Delfin Santos
	Medical Clinic	16 de Agosto St. cor. L. Medina St.	Dr. Mercedes S. Noble
Dona Marta Health Center	Divine Mercy Clinic	Bo. Filipino, Don Carlos Village	Dr. Cabinte
	Tramo Medical Clinic	102 Virata St.	Dr. Danilo Baldemor
Malibay Health Center	Family Medical Clinic	C. Jose Street, Malibay	Dr. Galang; Dr. Erlinda Pecho; Dr. Jovito Claudio; Dr. Roxas
	Medical Clinic	70-A C. Jose St., Malibay	Dr. Dinah S. Corpuz
	Medical Clinic	103 C. Jose St., Malibay	Dr. Janette Jao
	Medical Clinic	830 Apelo Cruz Ext., Malibay	Dr. Nenita Decipulo
San Pablo Health Center	Medical Clinic	St. Augustine Street, Maricaban	Dr. Nick Roxas
	St. Raphael Pediatrics Clinic	89-05 3 <sup>rd</sup> St., Villamor Air Base	Dr. Ma. Theresa Azores
	Medical Clinic	10 <sup>th</sup> -11 <sup>th</sup> St., Villamor Air Base	Dr. Bautista
MIA Health Center	Medical Clinic	Road 3, Pildera II, MIA	Dr. Senena
	CSC Lying-in and Medical Clinic	Baltao Road, Sun Valley, MIA	Dr. Carmencita Sigue
	Medical Clinic	17 Electrical Road	Dr. Angelina Jimenez

Catchment	Health Facility	Address	Contact Person
Kalayaan Health Center	Medical and Children's Clinic	9 Balagbag Market	Dr. Parnel Gonzales
	CTEC Polymedic and Lying-in Clinic	Block 28 Lot 7 Kalayaan Village	Dr. Rita Aurelio-Catly Dr. Jesus Adflo-Inciong Dr. Ma. Lourdes Paglinawan Dr. Anna Liza Tulod-Inciong Dr. Rosemarie Vida-Gonzales Dr. Myrna Guaplo-Tangan Dr. Hicoblino A. Catly, Jr.
	St. Joseph Medical Clinic	Saint Joseph St., Kalayaan Village	Dr. Donato A. Baldozo
	Child Care Clinic	Balagbag Access Road	Dr. Loma Silvosa-Silvestre

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# Tulong-Sulong sa Kalusugan

HEALTH SECTOR REFORM AGENDA