

VII. LCP's
OPERATIONS
MANUAL

LCP OPERATIONS MANUAL

I. INTRODUCTION

A. SCOPE:

This manual applies to the Health Service Systems of the Lung Center of the Philippines, including its history, mandate and background as well as its organizational structure and functions. It also describes the different medical and surgical services and the support services being provided to all its patients, clients, customers and stakeholders.

B. CONTENT:

1. Definition of Terms and Acronyms
 - a. Definition of Terms
 - b. Acronyms
2. General Information about the Agency
 - a. History, Mandate and Background
 - b. Quality Management System (QMS) Model
 - c. Process Map
 - d. LCP Services
3. Organization and Responsibilities
 - a. Organizational Structure
 - b. The Offices
4. Operational Control and Supervision
 - a. Management Commitment
 - b. Responsibility, Authority and Communication
 - c. Management Review
5. Standard Operating Procedures of the Different LCP Offices
6. Control of Documents and Records
 - a. Document Control Procedure
 - b. Records Control Procedure

C. SYSTEM OF AMENDMENT AND REVISION, AND DISTRIBUTION

1. Creation or Revision of Documents

1.1. The management and concerned process owners initiate all creation/revision of documents as follows:

Document Type	Medium of Communication
1. Quality Manual 2. Quality Procedures 3. Quality Core Procedures 4. Standard Operating Procedures	<ul style="list-style-type: none"> Document Review and Approval Request Form (DRAR)
5. Quality Plan 6. Policy 7. Forms 8. IEC Materials	<ul style="list-style-type: none"> Letter of Request Letter of Request/Memo Letter of Request Letter of Request

A **Memo** is a document that originates from the Senior Officer down to the subordinate.

A **Letter of request** is a document that originates from the subordinate to the Senior Officer.

1.2. All draft documents shall be printed with stamp “**DRAFT**” at the top portion of each page. Since the said document is not yet final, this should not be used as references for current work purposes. For economical and environmental purposes, the draft document may be printed on used paper. In the case of IEC materials, while the documents are being reviewed, a note “for comments or review” shall be stamped.

2. REVIEW AND APPROVAL OF DOCUMENT

Document Type	Process Owner/ Initiator	Review	Approval
● Quality Manual	QMS Core Team	QMR/DQMR MANCOM	Executive Director
- Quality Procedures			

- Document Control	Documents and Records Control Team / QMS Core Team	QMR/DQMR MANCOM	Executive Director
- Records Control	Documents and Records Control Team / QMS Core Team	QMR/DQMR MANCOM	Executive Director
- Control of Non-Conformity	IQA Team/ QMS Core Team	QMR/DQMR MANCOM	Executive Director
● CAPA	IQA Team/ QMS Core Team	QMR/DQMR MANCOM	Executive Director
● IQA	IQA Team/ QMS Core Team	QMR/DQMR MANCOM	Executive Director
● Quality Core Procedures	QMS Core Team	QMR/DQMR MANCOM	Executive Director
● SOPs	Department / Division / Section / Unit	QMR/DQMR MANCOM	Executive Director
● Policies	Department / Division / Section / Unit	QMR/DQMR MANCOM	Executive Director
● IEC Materials	Department / Division / Section / Unit	QMR/DQMR MANCOM	Executive Director
● Forms	Department / Division / Section / Unit	Forms Committee and/or MANCOM	Executive Director
● Quality Plans	Department / Division / Section / Unit	QMR/DQMR	Executive Director

2.1. The process owner shall attach the Document Review and Approval Request (DRAR) form/ Memo/ Letter of Request to the new or enhanced document and

forwards the same for review and approval.

2.2. The reviewing authorities shall evaluate the suitability of the information contained within the draft document. (including the responsibility of the Forms Committee)

2.3. All inputs and comments shall be consolidated by the Document Control Team and integrated in the final draft for approval

2.4. If the authority finds the document acceptable he/she shall sign as appropriate.

3. REGISTRATION AND STAMPING

3.1. Upon approval of the document, the document controller shall confirm the creation/revision of the document and assigns an identification number as appropriate. All documents shall be given a unique reference number for identification and control. Specific document-naming conventions shall be used in naming documents to denote the type of documents being named, to wit:

DOCUMENT	IDENTIFICATION NUMBER	DESCRIPTION
Quality Manual	LCP-QM-XX	Agency-Quality Manual- Series No.
Quality Procedures	LCP-QP-XX	Agency-Quality Procedures- Series No.
Quality Core Procedures	LCP-QCP-XX	Agency-Quality Core Procedures- Series No.
Standard Operating Procedures	LCP- Department- Section-XXX	Agency-Quality Manual- Series No.
Forms	LCP- Department- XXX	Agency-Quality Manual- Series No.
Policies	Pls. check Center Order no.	Agency-Quality Manual- Series No.
IEC Materials	LCP- Department- IEC-XXX	Agency-Quality Manual- Series No.

3.2. The Document Controller shall enter/update the details of the document in the

Masterlist of Documents. Safekeeping of the master copy shall be as follows:

DOCUMENT	Responsible
Quality Manual	Document Controller
Quality Procedures	Document Controller
Quality Core Procedures	Document Controller
Standard Operating Procedures	Department / Division / Section/ Unit Heads
Policies	Department / Division / Section/ Unit Heads
IEC Materials	Department / Division / Section/ Unit Heads
Forms	Forms Committee
Quality Plans	Department / Division / Section/ Unit Heads

3.3. All reproduced copies of the documents are stamped with “Controlled Copy” prior to distribution (See Table below for Specimen of Official Document Stamps).

3.4 Copies shall be reproduced from the master copy and shall be controlled as follows:

DOCUMENT	Means of Identification
Quality Manual	Triangle stamped with letter “C”
Quality Procedures	Triangle stamped with letter “C”
Quality Core Procedures	Triangle stamped with letter “C”
Standard Operating Procedures	Triangle stamped with letter “C”
Policies	NA
IEC Materials	NA
Forms	NA
Quality Plans	NA

3.5. Stamps that will be marked to the documents shall appear as follows:

Specimen	Name	Description
Triangle Stamped with letter “C”	Controlled Copy	Color: Blue Stamp Area: Lower rightmost part of every page
Circle Stamped with letter “X”	Obsolete Copy	Color: Red Stamp Area: Center part of every page

4. DISTRIBUTION, ACCESS AND MAINTENANCE

4.1. The Executive Director shall issue a memorandum to all personnel notifying them of new and revised documents.

4.2. The Document Controller shall update the Masterlist of Documents and revision history.

4.3. The Document Distribution List for the Quality Manual, Quality Procedures and Quality Core Procedures shall be prepared by the Document Controller to guide the distribution of documents; and by the Central Records Section for the Standard Operating Procedures, Policies and other documents.

DOCUMENT	Distribution List Prepared by
Quality Manual	Document Controller
Quality Procedures	Document Controller
Quality Core Procedures	Document Controller
Standard Operating Procedures	Central Records Section
Forms	Not applicable
Policies	Central Records Section
IEC Materials	Not applicable
Quality Plan	Not applicable

4.4 The Document Controller / Central Records Section shall provide controlled copies and makes sure that recipients sign on the columns for “Received by” on the distribution list.

4.5. Any interested personnel not on the distribution list shall coordinate with the Document Controller / Central Records Section to secure copies of documents. A controlled copy can be reproduced which will be treated as Uncontrolled Document.

4.6. The approval of the Document Controller and the Deputy Director shall be required for the external distribution of the QM, QP, QCP and SOP.

4.7. Only printed copies shall be considered official references. Printing of the documents shall be considered “uncontrolled copy”.

4.8. For electronic copies:

4.8.1. The finalized e-copy of all documents shall be kept by the QMS office.

4.8.2. Only authorized personnel shall have read-only access to documentation placed on the network.

4.8.3. External documents received via electronic mail and retrieved by areas concerned shall be forwarded to the Document Controller. He/She shall register such to the external document masterlist.

II. DEFINITION OF TERMS AND ACRONYMS

A. DEFINITION OF TERMS

1. **Demographic Profile** – refers to patient personal data
2. **Income Center** – area responsible in charging and giving services to the patient/s
3. **Out Patient** – refers to a patient who receives treatment at a hospital for diagnosis or treatment without being admitted
4. **Pay Patient** – refers to patient who pays out of pocket for a health-related service in absence of insurance to cover the medical or surgical procedure performed
5. **Registration** – is a process of collecting and entering detailed patient information
6. **Service Patient** – refers to underprivileged patients; patients who cannot afford to pay professional fees and services
7. **Walk in Patient** – refers to patient who arrives without an appointment and assigned doctor.
8. **Availment** – process of obtaining the needed services
9. **Screening** – is the process of determining the correct allocation of patient appropriate to the mandate of the Lung Center of the Philippines in managing pulmonary and other chest diseases.
10. **Disposition** - is the information given to the patient as to his/her clinical diagnosis either initial or final based on appropriate assessment. treatment and diagnostic results.
11. **Department of Health (DOH) employees**- DOH employees with plantilla positions.
12. **Lung Center of the Philippines (LCP) Employees**- LCP employees with plantilla positions.
13. **Other Government Employees** are employees with plantilla positions working in other government agencies.
14. **Relatives of LCP and Other Government Employees** are first degree relatives of employees with plantilla positions in the LCP and other government offices.
15. **Service Patients** are patients diagnosed with pulmonary disease(s) and eligible for admission to the service ward.
16. **Pay Patients** are patients admitted at the payward attended to by affiliated consultant(s).
17. **Retired LCP and other Government Employees** are employees of LCP and other

government agencies who have retired from the service at the age of 65.

18. **Rooms** are places where patients stay during their confinement in the LCP.

19. **Patient's Rights and Responsibilities** are the rights of patients as embodied in the Magna Carta. The responsibilities of the patients are the duties that the patients must do during their confinement.

20. **Patients** are clients of the hospital who seek to confinement in the hospital.

21. **Representative** is a member of the family or an authorized individual who will represent the patient.

22. **Patient** – person who is under medical care or treatment.

23. **Request Form** – a form filled up by the attending physician to indicate the procedure required to be done by the patient .

24. **Attending Physician** – Licensed Medical/Surgical doctor providing medical knowledge and skills to the diagnosis, prevention and management of disease.

25. **Procedure** – any kind of medical test performed to aid in the diagnosis or detection of disease.

26. **Specimen** – a portion or quantity of material for use in testing, examination, or study.

27. **Discharge Instruction** - a list of instruction prepared by the attending physicians given before patient's discharge. It contains the medicines which the patient has to take at home with attached prescription/s. It also bears other instructions such as diet, exercises, activity restrictions, and schedule of check-up (LCP Form No.41-022).

28. **Clearance Slip** - a form given by the Cashier (in duplicate) to the patient's relative after settlement of hospital bill.

29. **Room Inventory Checklist** - a Nursing Service form containing a checklist of available equipment/furniture/appliances/supplies inside the patient's room acknowledged by the patient/relative by affixing his/her signature on the form. This is done on the time that the patient is admitted, and shall be rechecked just before he is discharged (LCP Form, No. 41-021).

30. **Hospital wastes**

> Refer to all wastes, biological or non-biological, discarded and are not intended

for further use.

31. Infectious wastes

> All wastes suspected to contain pathogens (or their toxins) in sufficient concentration to cause diseases to a potential host. These are solid wastes from patients with infectious disease (e.g. dressings, swabs, blood bags, urine bag, sputum cups)

> Discarded materials used for diagnosis, treatment and prevention of disease of patient with infectious diseases such as liquid wastes from patients with infectious disease (e.g. feces, urine, blood or other body secretion).

> Highly infectious wastes include microbial cultures and stocks or highly infectious agent form medical analysis laboratories and biofluids from patients with highly infectious diseases. (These require disinfection at source). Food wastes (liquid or solid) or patients with highly infectious disease are also highly infectious.

> Sharps are items that can cause cuts or puncture wounds such as used or expired sharps e.g. hypodermic, intravenous or other needles; auto-disable syringes with attached needles; infusion sets, scalpels; pipettes; knives; blades; broken glass; wet ampules;

32. Pathological and Anatomical Wastes

> Refers to tissue sections and body material derived for biopsies or surgical procedures that are then examined in the laboratory. Examples are internal organs, tissues used for diagnostic procedures such as biopsy and blood.

> Anatomical waste is a subgroup of pathological waste. This types of waste refers to recognizable human body parts such as amputated limbs, etc. amputated body parts like legs.

33. Pharmaceutical wastes

> Refers to expired, split and contaminated pharmaceutical products, drugs and vaccines. Also refers to discarded items used in handling pharmaceutical such as empty vials, bottles, connective tubing.

> Pharmaceutical wastes include antineoplastic, cytotoxic, and genotoxic waste. Drugs usually used in oncology (antineoplastic drugs) or radiotherapy units have a high hazardous mutagenic or cytotoxic effect. Examples are medical supplies containers of cytotoxic drugs of chemical.

34. Chemical wastes

> Discarded chemical (solid, liquid, or gaseous) generated during disinfecting and sterilizing procedures such as laboratory reagents films developer, disinfectants soaking solutions, solvents.

> Chemical wastes can be further classified into corrosive, reactive toxic and flammable. These are concentrated ammonia solutions, concentrated hydrogen

peroxide, chlorine, silver nitrate.

> Chemical wastes also include wastes with high content of heavy metals and their derivatives such as cadmium, mercury from broken thermometers. Sphygmomanometers.

35. Radioactive wastes

> Wastes exposed to radionuclide Residues from shipment of radioactive materials and unwanted solution of radionuclides intended for diagnostic or therapeutic use. Examples are Cobalt (60 Co) Technetium (99 Tc) Iodine (131I) and Iridium (192 Ir).

> Liquids, gas and solids contaminated with radionuclide whose ionizing radiations have genotoxic effects such as contaminated waste, patient's excretion and all materials used by patients exposed with radionuclides within 48 hours.

36. Non-Hazardous or Non-Infectious General Wastes

> Waste that has not been in contact with communicable or infectious agents hazardous chemicals or radioactive substances, and does not pose a hazard such as papers, cardboards, empty bottles, tetrapacks, office wastes, food waste and other materials of patients with non-communicable disease.

37. Segregation is the process of separating different type of waste at the point of generation and keeping them isolated from each other until disposal.

38. Nosocomial Infection (NI) – an infection occurring 48 hours after admission of a patient in a hospital or other health-care facility and in whom the infection was not present or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge, and also occupational infections acquired by staff as a result of working at the facility.

39. Nosocomial Infections Surveillance (NIS) – process of systematic information collection, collation, analysis, interpretation of nosocomial infections data, and dissemination of information to those who need to know so that action can be taken.

40. Infection Control Physician (ICP) - a member of the hospital staff with experience and training in infection control; he/she is usually designated as the chairman of the LCP-ICC.

41. Infection Control Nurse (ICN) – a member of the nursing staff with experience and training in infection control, who has the primary responsibility of surveillance and monitoring of nosocomial infections in the hospital and ensuring compliance with Infection control policies and procedures.

42. **All-hazard** – An approach to emergency management based on the recognition that there are common elements in the management of responses to virtually all emergencies, and that by standardizing a management system to address the common elements, greater capacity is generated to address the unique characteristics of different event

43. **Capacity/readiness** – An assessment of local capacity to respond to an emergency (a risk modifier)

44. **Casualty** – Victims both dead and injured, physically and/or psychologically.

45. **Disaster** – Any actual threat to public safety and/or public health where local government and the emergency services are unable to meet the immediate needs of the community; and event in which the local emergency management measures are insufficient to cope with a hazard,

46. **Emergency** – Any situation in which there is imminent or actual disruption or damage to communities, i.e., any actual threat to public health and safety.

47. **Emergency preparedness** – An integrated program of long-term, multisectoral development activities whose goal are the strengthening of the overall capacity and capability of a country to ready to manage efficiently

48. **Hazard** – Any potential threat to public safety and/or public health; any phenomenon which has the potential to cause disruption or damaged to people, their property, their services or their environment. i.e., their communities. The four classes of hazards are natural, technological, biological and societal hazards.

49. **Risk** – Anticipated consequences of a specific hazards affecting a specific community (at a specific time); the level of loss of damage that can be predicted to result from a particular hazard affecting a particular place at a particular time; probable consequences to public safety of a community being exposed to a hazard (i.e., death, injury, disease, disability, damage, destruction, displacement)

- Type of hazard determines the kind of risk, e.g., floods cause few deaths but earthquake cause many.
- Vulnerabilities and capacity to respond determine how much risk is in the community, i.e., how many deaths are likely, where they will occur and the kind of people likely to be killed (e.g., old, disabled)

50. **Vulnerabilities** – Factors that increase the risks arising from a specific hazard in a specific community (risk modifiers)

B. ACRONYMS

1. **LCP** – Lung Center of the Philippines
2. **CSSS** – Central Supply and Sterilization Service
3. **HRDD** – Human Resource Development Division
4. **ITSS** – Information Technology Service Section
5. **MMD** – Materials Management Division
6. **NRL** – National Reference Laboratory
7. **OPD** – Out Patient Department
8. **ER** – Emergency Room
9. **PETS** – Professional Education and Training Services
10. **NCPR** – National Center for Pulmonary Research
11. **PHDU** – Public Health and Domiciliary Unit
12. **PRMO** – Patient's Relation and Marketing Office
13. **QMS** – Quality Management Systems
14. **R & D** – Research and Development
15. **MSSS** – Medical Social Service Section
16. **SRS** – Section of Respiratory Services
17. **ICC** – Infection Control Committee
18. **MICU** – Medical Intensive Care Unit
19. **RICU** – Respiratory Intensive Care Unit
20. **STU** – St. Therese Unit
21. **PICU** – Pediatric Intensive Care Unit
22. **GSD** – General Services Division
23. **OR** – Operating Room
24. **PACU** – Post-Anesthesia Care Unit
25. **DDMS** – Deputy Director for Medical Services
26. **DDHSS** – Deputy Director for Hospital Support Services
27. **DO** – Director's Office
28. **AAD** – Administrative and Ancillary Department
29. **CCU** – Credit and Collection Unit
30. **COPD** – Chronic Obstructive Pulmonary Disease
31. **HPCC** – Hospice and Palliative Care Center

32. **AMTMC** – Aerospace, Maritime and Traud Medicine Center
33. **PMDT** – Programmatic Management of Drug-Resistant TB
34. **DOTS** – Directly Observed Treatment Short Course
35. **VATS** – Video-Assisted Thoracic Surgery
36. **LCPEA** – Lung Center of the Philippines Employees Association
37. **LCP-EMPCI** – Lung Center of the Philippines Employees' Multi-Purpose Cooperative Incorporated
38. **LCPPA** – Lung Center of the Philippines Physicians' Association
39. **GOCC** – Government-owned and Controlled Corporation
40. **ECG** – Electrocardiogram
41. **SICU** – Surgical Intensive Care Unit
42. **CT** – Computerized Tomography
43. **HEMS** – Health Emergency Management Service
44. **ABG** – Arterial Blood Gas
45. **PFT** – Pulmonary Function Test
46. **SPTR** – Section of Physical Therapy and Rehabilitation
47. **MANCOM** – Management Committee
48. **BAC** – Bids and Awards Committee
49. **PQE** – Post-Qualification Evaluation
50. **PRAISE** – Program or Awards and Incentives for Service Excellence
51. **PBB** – Performance-Based Bonus
52. **SPMS** – Strategic Performance Management System
53. **PMT** – Performance Management Team
54. **OPCR** – Office Performance Commitment and Review
55. **IPCR** – Individual Performance Commitment and Review

III. GENERAL INFORMATION ABOUT THE AGENCY

A. HISTORY, MANDATE AND BACKGROUND OF THE LUNG CENTER OF THE PHILIPPINES

I. HISTORY, MANDATE AND BACKGROUND

The Lung Center of the Philippines (LCP) is a government owned and controlled corporation (GOCC) and was established through Presidential Decree No. 1823 on January 16, 1981 to provide the Filipino people state-of-the-art specialized care for lung and other chest diseases.

The Center was conceptualized in the early 1970s under the “New Society” of the Marcos Administration. It can be claimed that it had a vision and history that belonged to a gracious lady and a dedicated surgeon who devoted his last few years in making a dream come true. It was on Valentine's Day in 1974, when Dr. Enrique M. Garcia, then Director of the Quezon Institute, approached then First Lady Imelda R. Marcos for assistance to rehabilitate the hospital. Aware of the deteriorating physical set-up and the financial difficulties being encountered by the Quezon Institute, she offered some support but expressed her vision of putting up specialty medical institutions, which included a Lung Center. With 48.4% of the yearly deaths due to respiratory ailments, it indeed seemed to be the sensible thing to do.

By 1979, Dr. Garcia received glad tidings that the project would push through. Construction work began on a 12-hectare lot donated to the Lung Center of the Philippines, Inc. by the National Housing Authority. The Philippine Charity Sweepstake Office financed the building and the equipping of the Institution. The fruit of over seven long years of waiting, planning and hoping was finally realized.

The Center was inaugurated on January 23, 1982 as a tertiary level hospital, with the view of "meeting the anticipated health problems of respiratory nature on a national coverage as a coordinated effort of the them Ministry of Health, other government agencies and the private sector committed to health." Unfortunately, the late Dr. Enrique M. Garcia, the former Minister of Health, a prominent thoracic surgeon and the first President and Director-designate, did not witness the opening of the Center.

Through the years since it opened in 1982, LCP has been responding resolutely to the challenges of providing effective pulmonary care to patients, posting impressive gains in virtually all services being rendered.

In a tragic twist of events that happened on May 16, 1998, all the glory and fame that the LCP had achieved practically went up in smoke. A fire that gutted 80% of the hospital building and facilities temporarily set back the time table for more ambitious research

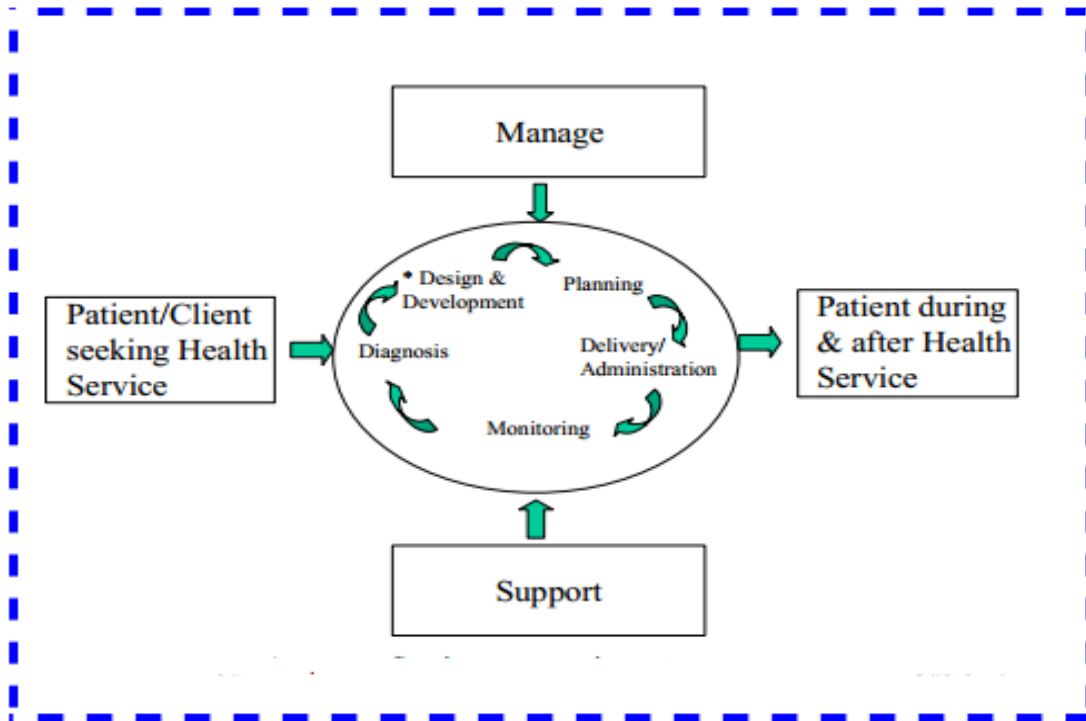
developments and promotive health programs. The Center's immediate rehabilitation was needed to be able to continue its vital services, considering that most of its patients come mostly from the masses. Thus, to initiate the restoration of the hospital, then President Estrada ordered the release of initial funds amounting to P200 million.

The reopening of the Center last March 1, 1999 was an occasion for rejoicing and relief, especially by those who depended on the hospital because they could not get the specialized treatment they needed anywhere else. The Center, then, has been providing basic services such as the 24-hour Emergency Room; the laboratory, radiology and pharmacy services; the in-patient and out-patient services; the ECG and ultra-sound equipment; the central supply room; the nursing care services; and the ambulance service. It started with two operating rooms (OR), and an intensive care unit (ICU). These services and facilities were gradually transferred to the new building with the completion of the reconstruction.

As of 2013, under the Aquino Administration, the Center has a bed capacity of 258. Most of its medical equipment and services, health and training programs and research activities have been restored or resumed, and new ones have been added. It is in the process of acquiring more state-of-the-art equipment and facilities, including those for radiotherapy, for stem cell research and for mycobacterial diagnosis. As it approaches its 32nd year of existence, the Center is determined to continue to carry on the legacy of commitment, excellence and top-quality, affordable medical care to thousands of Filipinos.

B. QUALITY MANAGEMENT SYSTEM (QMS) MODEL

The Lung Center of the Philippines adopts a process-based QMS model for hospitals (Figure 4.1).



Using the Model for Health Service Organizations IWA1: 2005 and ISO 9001 QMS Model, the LCP establishes documents, implements and maintains a QMS and continually requires its effectiveness in accordance with international standards. The process involves the provision of quality health care to clients and/or patients who need to know the nature and status of their health conditions specifically the respiratory system. The sequence and interaction would require that a diagnosis be arrived at through several tests and procedures. These methods and require that a diagnosis be arrived at though several tests and procedures.

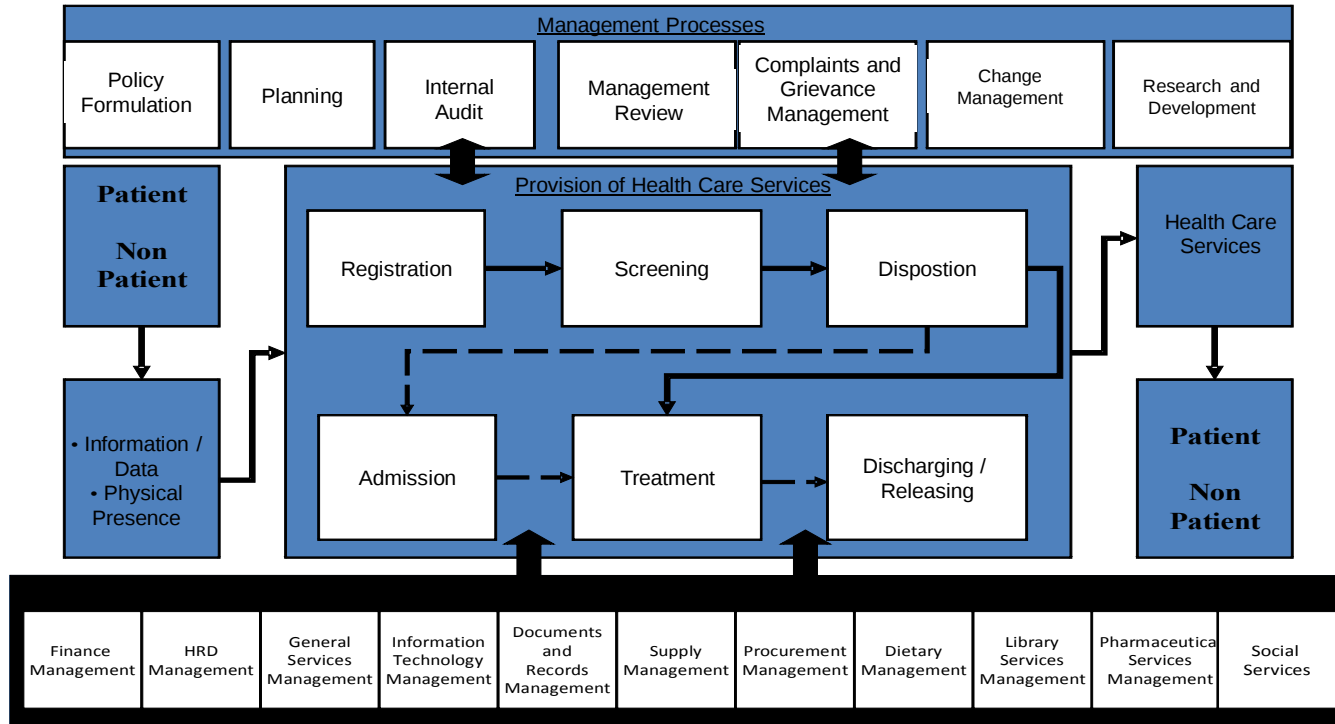
These methods and criteria are determined by the different specialty departments which apply accepted clinical guidelines and pathways to ensure that the administration and delivery of these processes are effective. Guidelines used have been designed and developed from previous clinical studies. Management plans are individualized according to the needs of each situation. During the actual implementation, the department concerned sees to it that the necessary resources and information are available to support the operation. They also monitor, measure, and analyze the tests and procedures involved in the process. Actions are taken to achieve the planned and desired results while steps to introduced also continually improve the process.

The whole operation is managed by the institution, with an option to outsource some of the

processes; control over the performance of the external parts is, however, strictly observed.

C. PROCESS MAP

Lung Center of the Philippines' Health Service Systems



D. LCP SERVICES

The Lung Center of the Philippines provides specialty health care to problematic and difficult pulmonary and thoracic cases, particularly in the service wards. In the pay rooms and clinics, patients may be attended to by practicing specialists not only in chest medicine but also in other fields of specialization.

Activities in the Lung Center are programmed along the three (3) major areas mentioned in the vision statement: service, training and research. The delivery of the specialty health care services, however, remain the selling concerns of the institution. Procedures under the services include the provision of preventive, promotive, diagnostic, therapeutic and rehabilitative practices. Pay or service cases are either seen as outpatients or confined as in-patients and are afforded the best medical care possible.

The core process involves the registration of patients who need admission and confinement or of clients who only seek consultation or undergo certain medical procedures without being confined. They are initially assessed by the physicians on call or duty, then sent to the department concerned for the planned activity.

The Emergency Room (ER) -Outpatient Department (OPD) provides consultation, diagnostic workup, treatment, and follow up of ambulatory patients. The services rendered include: an ER which is open at all times to cater for emergency care management, general clinics for the service patients, specialty clinics for the patients with specific lung ailments, and the Doctors' clinics where the pay patients can choose their attending physician from among the various specialists and consultants available thereat.

A Health and Fitness Office is located in the OPD area to provide pre-employment evaluation and to issue medical clearance for school, sports, travel, and other medical-fitness purposes.

The TB (Tuberculosis) DOTS (Directly Observed Treatment Short Course) Center or TB-DOTS Center in short, also under the OPD, provides the immediate link with the community in the delivery of health services for the National TB Program of the DOH. The Center also runs the Programmatic Management for Drug Resistant TB (PMDT) nationwide under a grant from the Global Fund.

The Department of Pathology and Laboratories provide clinical laboratory examinations to aid physicians in the diagnosis and management of various disease entities.

Laboratory services provided consist of Clinical Microscopy, Blood Bank, Clinical Chemistry, Histopathology, Immunology and Serology, Hematology and Microbiology.

A Molecular Diagnostic and Cellular Therapeutics Laboratory is under this department to provide cell-based immunology to stimulate the patient's immune system against cancer and other diseases through the use of vaccine.

The National Reference Laboratory (NRL) for Clinical Chemistry is also under this department and performs monitoring, licensing and regulatory functions for the DOH.

The Department of Radiology provides diagnostic services in the form of: a) stationary radiographic machines, diagnostic fluoroscopy, portable x-ray machines and contrast studies; b) ultrasound facilities; and c) Computed Tomography (CT) scan.

The department also has a therapeutic section which consists of radiation therapy, brachytherapy simulation and treatment planning.

The Department of Pulmonary Medicine delivers specialized medical services in the diagnosis and management of chest diseases. It also provides state-of-the-art training for medical and allied health professionals in the care of patients with chest diseases.

Among the services provided by the department are the Section of Respiratory Services (SRS) which performs Arterial Blood Gas (ABG) determination, Electrocardiogram (ECG), Pulmonary Function Tests (PFT), Polysomnography, Pulse Oximetry and Stress Test as diagnostic procedures, as well as Inhalation Therapy, Sputum Induction and Ventilation Support as therapeutic procedures; and the Section of Physical Therapy and Rehabilitation (SPTR) which undertakes chest physiotherapy and therapeutic and rehabilitative exercises.

The department also provides patient support programs for patients and caretakers who wish to participate in educational endeavors such as Asthma Club, COPD (Chronic Obstructive Pulmonary Disease) Support Group, Smoking Cessation Program, Pain Management, Wellness Program for Chronic Lung Diseases, etc.

The Pediatric Unit was established recently to provide care to children and infants. Specialty medical services consist of Pediatric Pulmonology, Infectious Diseases, Cardiology, Critical Care, Neurology, Allergology, Oncology, Hematology and Nephrology. Focus has been on the management of outpatient cases and admissions, general internal care and pulmonary critical care, Thoracic Surgery, Bronchoscopy, DOTS in children, and MDRTB.

The Department of Thoracic Surgery and Anesthesia performs all the major and minor surgical operations in the LCP. Under the department are the Operating Rooms (OR) which are equipped to handle Thoracic and Cardio-Surgery, a Surgical Intensive Care Unit (SICU) and a Post-Anesthesia Care Unit (PACU).

The Nursing Service continues to set the standards for safe practices in patient care, in collaboration with the other health personnel. Nurses provide most of the front line staff in the processes involving direct interaction with the patients.

Support processes, to ensure that the core processes are implemented, are provided by other areas under the Administrative and Ancillary Department. These processes include: Human Resource Development; Financial Management; General Services; Information Technology; Documents and Records Management; Supply and

Procurement; and Dietary Service, Pharmaceutical Service and Medical Social Service.

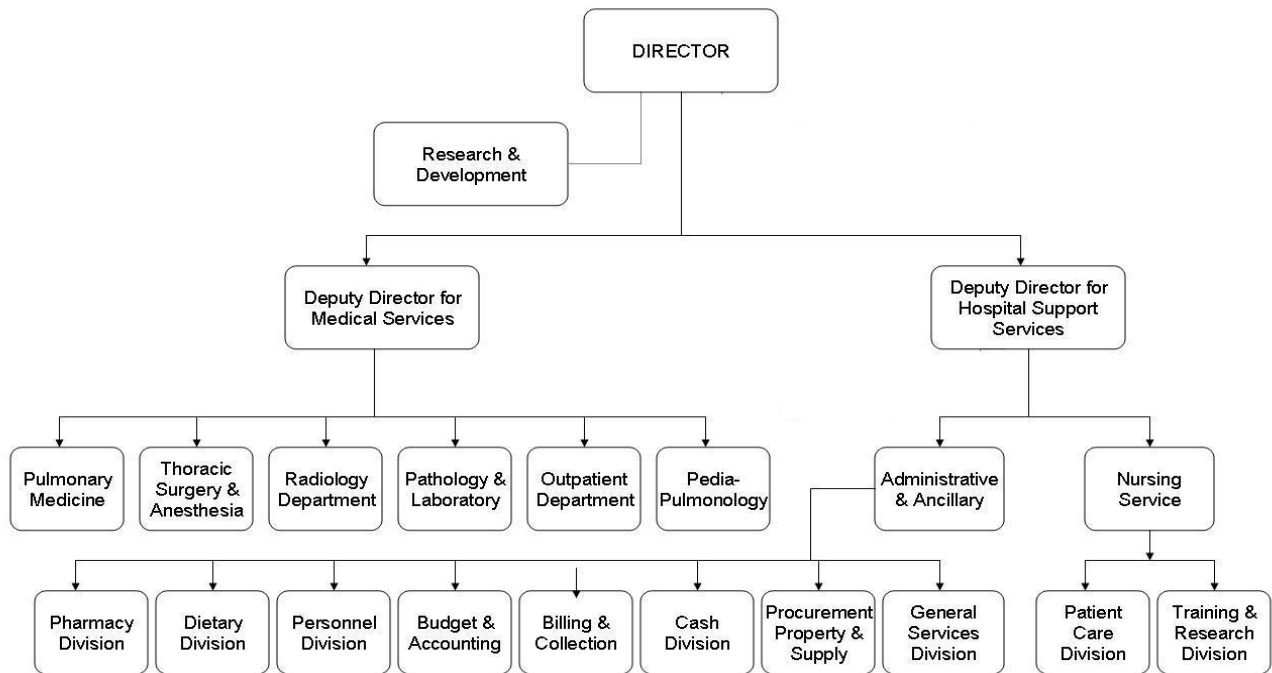
Processes involving management are usually performed at the level of the Management Committee (MANCOM). These include: Policy Formulation, Planning, Internal Audit, Management Review, Complaint and Grievance Management, Change

Management and Research and Development,

IV. ORGANIZATION AND RESPONSIBILITIES

A. ORGANIZATIONAL STRUCTURE

ORGANIZATIONAL CHART OF THE LUNG CENTER OF THE PHILIPPINES



B. THE OFFICES

1. OFFICE OF THE EXECUTIVE DIRECTOR

The Office of the Executive Director provides leadership to the hospital and policy directions based on the official charter of the institution. Directly reporting to the Office of the Executive Director is the Department of Research and Development.

a. DEPARTMENT RESEARCH AND DEVELOPMENT (R&D)

The department establishes policies, guidelines and standard operating procedures (SOPs) for the development, writing, presentation and approval of research and the corresponding budget proposals, and sees to it that these are adhered to and disseminated to those needing them. It also provides research, training and technical support services. Under this department are the Medical Records Section (MRS) which is the repository of all patients' records and provides data to the hospital staff directly responsible in patient care management as well as information to decision-makers that serves as tool for sensible planning and evidence-based decision-making; and the Medical Library Unit (MLU) which is the repository of knowledge that should be available to the hospital staff and the public and endeavors to provide materials and services that will meet their needs in terms of patient care, training and research.

2. DEPUTY DIRECTOR FOR MEDICAL SERVICES

The Deputy Director For Medical Services supports and assists the Executive Director in administering, directing and coordinating the operations and activities of the medical services of the LCP.

a. PULMONARY MEDICINE DEPARTMENT

The department is responsible for the delivery of services needed in the care of adult patients. Under this office are the sections on Bronchoscopy, Intensive Care, Respiratory

Care, Physical Therapy and Rehabilitation, Oncology, Isolation, and all other diagnostics not under the Pathology and the Radiology departments. It is also in charge of the training and certification of fellows undergoing specialization in Pulmonary Medicine.

b. THORACIC SURGERY AND ANESTHESIA DEPARTMENT

The department is responsible for the delivery of services pertaining to the Operating Room (OR), Surgical Intensive Care Unit (SICU), Post-Anesthesia Care Unit (PACU), and surgical

wards. It is also in charge of the training and certification of fellows undergoing specialization in Thoracic Surgery and Anesthesia. The Department of Thoracic Surgery and Anesthesia is dedicated to be at the forefront in the surgical management of thoracic diseases and their post-operative care. The Department also offers a three year training program for thoracic cardiovascular surgery and for anesthesia

c. RADIOLOGY DEPARTMENT

The department is responsible for the carrying out of procedures pertaining to Diagnostic Radiology, CT Scan, Ultrasound, Radiotherapy and Interventional Radiology. The Radiology Department confines its share in patient care to providing quality radiological service at all times to patients needing them, particularly those suffering from pulmonary diseases, through accurate and reliable reading of radiological films by dedicated radiology experts equipped with technologically updated diagnostic instruments, equipment and facilities.

d. PATHOLOGY AND LABORATORY DEPARTMENT

The department provides a range of laboratory examinations which aid the clinicians in the diagnosis, treatment, and assessment of prognosis, of a disease. It acts as the technical arm in clinical researches and engages in collaborative work with other specialties. It is composed of two (2) divisions, namely: Clinical Pathology and Anatomic Pathology. It has also a National Reference Laboratory.

e. ER- OUT-PATIENT DEPARTMENT (ER-OPD)

The ER-OPD undertakes consultation, diagnostic workup, treatment, and follow-up of both pay and service patients. Under this office are the ER which is available at all times to provide for the emergency care management and the General Clinics, Specialty Clinics, and Doctor's Clinics. The Lung Center of the Philippines' Emergency Room (ER is manned 24 hours a day by a team of dedicated and specialized medical and allied health personnel. The ER is committed to providing the highest quality of emergency care to patients in need of urgent medical attention. The unit is also part of HEMS (Health Emergency Management Staff) of the DOH - a Metropolitan wide system of providing personnel, communications, logistics and other resources to meet the demands of mass casualty situations epidemics and disasters.

f. PEDIATRIC UNIT

The Pediatric Unit provides care to children and infants. Under this office are the various specialty medical services, namely: Pediatric Pulmonology, Infectious Diseases, Cardiology,

Critical Care, Neurology, Allergology, Oncology, Hematology and

Nephrology. The Pediatric Unit is responsible for providing quality health service to children through the service of pediatricians with various sub-specializations such as pulmonary medicine, infection disease, cardiology, neurology, hematology, neurology and others.

3. DEPUTY DIRECTOR FOR HOSPITAL SUPPORT SERVICES (DDHSS)

The Deputy Director For Hospital Support Services exercises full authority over, and directs, the day to day operations of the paramedical and administrative support services in accordance with the LCP policies and SOPs.

a. ADMINISTRATIVE AND ANCILLARY DEPARTMENT

The department plans, directs and supervises the hospital administrative services; assists the Executive Director in coordinating hospital functions; and recommends needed changes in administrative policies.

1. PHARMACY DIVISION

The division is responsible for the procurement, storage and dispensing of drugs and the preparation of inventory and sales reports for consigned drugs and medicines. The Division is responsible for the procurement and stocking of all medicines needed in the hospital and dispenses them to both in-patients as prescribed by physicians.

2. DIETARY DIVISION

The division promotes healthy foods and provides proper nourishment and other dietary needs for the patients and the participants in meetings, celebrations or other special functions. The Nutrition and Dietetics Division has the main concern of improving the patient's health through effective nutritional care program, engaging in the regular deliver of quality food to the patients, proper storage of food and in the production of high-quality and nutritious foods.

The division is in charge of the personnel management services of the LCP. It provides each and every official and employee the required quality service on personnel matters. Personnel Division is in-charge of the personnel management services of the LCP, with the main thrust of providing each and every official and employee the required quality service personnel matters for the maintenance and safekeeping of all administrative records created in the

hospital.

4. BUDGET AND ACCOUNTING DIVISION

The division ensures the integrity and the sound use of the hospital's financial resources by maintaining and improving its fiscal management infrastructure. Its functions include the systematic recording of all financial transactions, the preparation of financial statements and related reports, and the maintenance and safe-keeping of the Center's books of accounts. It prepares the Work and Financial Plan and provides fund estimates for the Center's programs and projects. It also prepares the budget involving corporate planning to establish the plans and programs for the Budget Year based on the approved macro-economic and fiscal framework of the government in accordance with the Budget Call issued by the Department of Budget and Management (DBM). Lastly, it prepares the budget proposals, transforming the corporate and financial plans and the budgets to the DBM forms to facilitate the DBM's analysis and evaluation.

5. BILLING AND COLLECTION DIVISION

The division oversees the charging activities of the hospital. It prepares the statement of accounts of each patient and maintains the individual patient's bill; processes payment claims chargeable against the funds of the PHIC (Philippine Health Insurance Commission), PCSO (Philippine Charity Sweepstakes Office), DSWD (Department of Social Welfare and Development), HMO (Health Management Organizations) or other funding agencies sponsoring the bill of patients; and furnishes any requesting pay patient with a copy of his/her tentative hospital bill.

6. CASH DIVISION

The division is in charge of the collection of all receivable income of the hospital. It takes custody of all cash collections, checks, certificates, salaries and benefits. It is responsible for depositing and disbursing cash collections and checks, payment of salaries and benefits of employees, and release and liquidation of petty cash advances.

7. PROCUREMENT AND PROPERTY DIVISION

The division is in-charge of the evaluation, canvassing and acquisition of equipment and other products of the hospital, as well as the distribution and control of supplies and equipment to end-users. The Division shall have the overall responsibility for managing the supply chain in the hospital. This includes procurement, dissemination of information on procurement, and its monitoring. It shall also take charge in undertaking and coordinating all detailed procurement

activities of the hospital.

8. GENERAL SERVICES DIVISION

The division is responsible for the planning and developing the construction projects of the hospital, as well as the technical and preventive maintenance of its facilities. The Division is responsible for providing the necessary support services in terms of engineering works, housekeeping, laundry, communication, transport and security for the hospital to efficiently and effectively deliver quality service to all its patients and client.

b. NURSING DEPARTMENT

The department is tasked with setting the standards for safe nursing practice and providing comprehensive quality care to all patients, in collaboration with the other health personnel. Quality nursing care is the result of coordination among the administrative, clinical, planning, training, and research functions of the hospital.

1. PATIENT CARE DIVISION

The division is mainly responsible for formulating, planning, organizing and supervising the activities of the Nursing Service in order to provide quality patient care. As an essential component of the hospital patient management, the Nursing Patient Care Division provides safe, quality, effective, and efficient, nursing care at all times to all patients, especially those suffering from pulmonary diseases through sincere and

genuine concern for patients by kind, courteous, considerate, compassionate and highly competent nurses.

2. TRAINING AND RESEARCH DIVISION

The division conducts training, researches and studies to identify opportunities to improve the nursing service. The Nursing Training Division provides "Structured Learning Experience" and training activities to all nursing service personnel for their professional development.

V. OPERATIONAL CONTROL AND SUPERVISION

A. MANAGEMENT COMMITMENT

It is the policy of the LCP management to provide services that meet the requirements of the LCP and its clients, and are in accordance with laws and other regulations. The management is actively involved and committed to the effective implementation and continual improvement of LCP Quality Management System (QMS) by:

1. Communicating organizational and strategic directions and values regarding quality, as well as considering the importance of complying with clients and legal requirements,;
2. Setting objectives at various levels and functions;
3. Providing the necessary structure and resources to support the strategic plans; and
4. Creating an environment that encourages involvement of people.

To continually monitor the changing needs and requirements of its customers, the LCP conducts regular feedback from them through, but not limited to, the following:

- Medical Assemblies;
- Flag Ceremonies; and,
- Support Group Association Meetings

Data from these are analyzed and action plans are prepared to address areas for continuous improvement and to attain/maintain customer satisfaction.

Process owners are responsible to take the necessary actions based on the feedback gathered and analyzed. The unit head ensures that these actions are implemented.

B. RESPONSIBILITY, AUTHORITY AND COMMUNICATION

The Management ensures that responsibilities are defined and communicated within the Center. Internal communication is through procedures and manuals, policies in the bulletin boards and/or website, distribution and signing of job descriptions, publication services and issuances of memoranda.

1. RESPONSIBILITY AND AUTHORITY

Consultants and patients' responsibilities regarding the procedures to be done on the patient are stated in the consent form. The patient and his/her relatives are also informed, during the personal interaction, of such responsibilities and of what to expect from the standard operating procedures. For outsourced or partner doctor, responsibilities are stipulated on the signed contract and/or on the terms of reference

The responsibilities and authorities of all personnel and their functions within the LCP are defined in functional charts and in job/position descriptions. These are communicated through the quality/procedure manuals and the orientation sessions held prior to and during the implementation of the QMS.

2. INTERNAL COMMUNICATION

The LCP Management, through the Training and Education Team, promotes awareness on the Quality Policy and, disseminates the progress and effectiveness of the QMS performance. This is done through, but not limited, to the following: meetings, posting in bulletin boards, issuance of memos, intranet and web posting, and status reporting.

It utilizes appropriate communication processes such as, but not limited to, the following: employees' general assembly; conferences; regular meetings; written communications; posting in bulletin boards, intranet and website; paging system; SMS (Short Message Service) texting; announcement during flag ceremonies; and the like.

C. MANAGEMENT REVIEW

Management Review includes both input review and out-put review.

1. GENERAL CONSIDERATIONS

The LCP management reviews the QMS to determine its continued suitability, adequacy and effectiveness. This review includes assessment of opportunities for improvement and an evaluation of the need for changes to the QMS, including the quality policy and objectives.

The Management Review, which is conducted semi-annually, is chaired by the LCP Executive Director and participated in by the Core Team members and the heads of departments, divisions, sections and other units of the LCP. A directive/notice of meeting is issued at least one month prior to the scheduled management review.

2. INPUT REVIEW

This review pertains to the current performance and improvement opportunities that may include, but not limited to, the following:

- Results of internal and external audits,
- Customer Feedback Results
- Accomplishments vs. Quality Objectives and Targets
- Status of Corrective Actions Taken
- Status of Preventive Actions Taken
- Follow-up Actions of previous management review/s
- Changes that could affect the QMS
- Recommendations for improvement
- Suitability of the Quality Policy

3. OUTPUT REVIEW

Outputs from the management review involve decisions and actions that may include, but not limited to, the following:

- Improvement of the effectiveness of the QMS and its processes;
- Improvement of products and services related to customer needs; and

- Resource needs.

Actions, identified from these reviews, are forwarded to the department concerned for their timely implementation and evaluation of the effectiveness of planned actions.

Management review records are generated and maintained in such a way that they sufficiently provide for their traceability and facilitate for the evaluation of the review process itself. This is done to ensure the continued effectiveness of, and the added value to, the management review.

VII. CONTROL OF DOCUMENTS AND RECORDS

A. DOCUMENT CONTROL PROCEDURE

1. PURPOSE

This procedure aims to establish the control of documents and ensure that only appropriate versions of the documents needed for effective planning, operation and control of healthcare service processes are available at points of use.

2. SCOPE

The procedure involves the creation, review, revision, registration, distribution and retrieval of internal documents, as well as the control of external documents.

3. DEFINITION OF TERMS

CONTROLLED COPY – is a reproduced copy of the original document representing the latest issued document, indicated by “Controlled Copy” stamp and to be distributed to the personnel as indicated in the Distribution List.

DOCUMENTS – refer to the QMS quality manual, quality procedures manual, core procedures manual, standard operating procedures manual, standard operating instructions, quality plans, policies, forms, IEC (information, education and communication) and other information materials (i.e. protocols and standards, checklists, program manuals, and directives and issuances that are permanent in nature).

MASTERLIST OF DOCUMENTS – A list of the documents being controlled by the Documents Controller in terms of creation, approval, revision, coding, distribution, and access.

DOCUMENT REVIEW AND APPROVAL REQUEST (DRAR) – a form accomplished

by the end-user to be attached to the documents which are for review and enhancement.

OBSOLETE COPY – is a superseded document, indicated by an “**Obsolete Copy**” stamp.

ORIGINAL COPY – is an original document bearing the original signatures in black ink maintained by the Document Controller.

EXTERNAL DOCUMENTS – are documents that are received by the different offices of the LCP and are being logged or recorded for control in the Masterlist of External Documents and Distribution List i.e. manuals, other guidelines from other Bureaus and the Philippine National Standards (PNS) Quality Management System.

UNCONTROLLED COPY – are copies of documents provided to stakeholders and partners, reproduced from **controlled** copies; need not be retrieved or updated.

REVISION HISTORY – compiled list of different versions of a document.

DISTRIBUTION LIST – refers to a list of recipients of a document.

IEC MATERIALS – refer to information, education and communication materials in the form of flyers, brochures and the like for information dissemination.

MEMORANDUM – is a brief informal communication typically written for inter-office circulation on paper to give directions and to exchange essential information.

QUALITY PROCEDURES – refer to the following procedures: Control of Documents, Control of Records, Control of Nonconformance, Internal Quality Audit, Corrective and Preventive Actions, Waste Management, Infection Control, Preventive Maintenance,

Recruitment and Disaster Preparedness.

CORE PROCEDURES – refer to the following procedures: Registration, Screening, Disposition, Admission, Treatment, and Discharging/Releasing.

STANDARD OPERATING PROCEDURES – Specified way to carry out an activity or a process. It may be a Standard Operating Procedure (SOP) or a Standard Operating Instruction (SOI). A SOP describes multiple tasks, performed by more than one person or unit while a SOI describes a specific task in detail, performed by one person or unit.

4. RESPONSIBILITIES

Document Controller (DC) – ensures that controlled documents are properly identified, updated, approved, and made available at relevant areas for use. The DC is also responsible for the maintenance and implementation of this procedure. He/She ensures that obsolete documents are identified and restricted from unintended use.

Copy Holder – LCP Officer and/or Staff assigned to maintain controlled copies of documents and who shall be responsible for its use. He/she shall ensure that the copy is used only for reference of concerned group and not for reproduction unless authorized by the DC.

Originator/Process Owner – LCP Officer and Staff who initiated the document in the creation/revision, who shall fill-out the “Prepared by:” portion of the document’s approval section.

5. POLICY

All essential documents shall be controlled and maintained.

6. PROCEDURE FLOW

Responsible Persons	Key Steps	Forms/Records
End-user	<ul style="list-style-type: none"> • Revision or Creation of Document 	<ul style="list-style-type: none"> • Document Review and Approval Request (DRAR) Form • Memo • Letter of Request Form
QMR/DQMR MANCOM Director	<ul style="list-style-type: none"> • Review and Approval of Document 	<ul style="list-style-type: none"> • DRAR Form • Memo Form • Letter of Request Form
Document Controller	<ul style="list-style-type: none"> • 3. Registration and Stamping of Documents 	Specimen of Official Document Stamps and Masterlist (See Sec. 7.3)
Document Controller	4. Distribution, Access and Maintenance of Copies	<ul style="list-style-type: none"> • Distribution List Form
Document Controller	5. Retrieval of Obsolete Documents	<ul style="list-style-type: none"> • Distribution List Form
Document Controller	6. Control of External Documents	<ul style="list-style-type: none"> • Distribution List of External Documents Form
Document Controller	7. Control of Electronic Copies	<ul style="list-style-type: none"> • n/a

7. PROCEDURE DETAILS

7.1. Creation or Revision of Documents

7.1.1.The management and concerned process owners initiate all creation/revision of documents as follows:

Document Type	Medium of Communication
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<ul style="list-style-type: none"> 1. Quality Manual 2. Quality Procedures 3. Quality Core Procedures 5. Standard Operating Procedures 	<ul style="list-style-type: none"> • Document Review and Approval Request Form (DRAR)
<ul style="list-style-type: none"> 5. Quality Plan 6. Policy 7. Forms 8. IEC Materials 	<ul style="list-style-type: none"> • Letter of Request • Letter of Request/Memo • Letter of Request • Letter of Request

A **Memo** is a document that originates from the Senior Officer down to the subordinate.

A **Letter of request** is a document that originates from the subordinate to the Senior Officer.

7.1.2. All draft documents shall be printed with stamp “**DRAFT**” at the top portion of each page. Since the said document is not yet final, this should not be used as references for current work purposes. For economical and environmental purposes, the draft document may be printed on used paper. In the case of IEC materials, while the documents are being reviewed, a note “for comments or review” shall be stamped.

7.2. REVIEW AND APPROVAL OF DOCUMENT

Document Type	Process Owner/ Initiator	Review	Approval
● Quality Manual	QMS Core Team	QMR/DQMR MANCOM	Executive Director
- Quality Procedures			
- Document Control	Documents and Records Control	QMR/DQMR MANCOM	Executive Director

	Team / QMS Core Team		
- Records Control	Documents and Records Control Team / QMS Core Team	QMR/DQMR MANCOM	Executive Director
- Control of Non-Conformity	IQA Team/ QMS Core Team	QMR/DQMR MANCOM	Executive Director
● CAPA	IQA Team/ QMS Core Team	QMR/DQMR MANCOM	Executive Director
● IQA	IQA Team/ QMS Core Team	QMR/DQMR MANCOM	Executive Director
● Quality Core Procedures	QMS Core Team	QMR/DQMR MANCOM	Executive Director
● SOPs	Department / Division / Section / Unit	QMR/DQMR MANCOM	Executive Director
● Policies	Department / Division / Section / Unit	QMR/DQMR MANCOM	Executive Director
● IEC Materials	Department / Division / Section / Unit	QMR/DQMR MANCOM	Executive Director
● Forms	Department / Division / Section / Unit	Forms Committee and/or MANCOM	Executive Director
● Quality Plans	Department / Division / Section / Unit	QMR/DQMR	Executive Director

7.2.1. The process owner shall attach the Document Review and Approval Request (DRAR) form/ Memo/ Letter of Request to the new or enhanced document and

forwards the same for review and approval.

7.2.2. The reviewing authorities shall evaluate the suitability of the information contained within the draft document. (including the responsibility of the Forms Committee)

7.2.3. All inputs and comments shall be consolidated by the Document Control Team and integrated in the final draft for approval

7.2.4. If the authority finds the document acceptable he/she shall sign as appropriate.

7.3. REGISTRATION AND STAMPING

7.3.1. Upon approval of the document, the document controller shall confirm the creation/revision of the document and assigns an identification number **as appropriate**. All documents shall be given a unique reference number for identification and control. Specific document-naming conventions shall be used in naming documents to denote the type of documents being named, to wit:

DOCUMENT	IDENTIFICATION NUMBER	DESCRIPTION
Quality Manual	LCP-QM-XX	Agency-Quality Manual- Series No.
Quality Procedures	LCP-QP-XX	Agency-Quality Procedures- Series No.
Quality Core Procedures	LCP-QCP-XX	Agency-Quality Core Procedures- Series No.
Standard Operating Procedures	LCP- Department- Section-XXX	Agency-Quality Manual- Series No.
Forms	LCP- Department- XXX	Agency-Quality Manual- Series No.
Policies	Pls. check Center	Agency-Quality Manual- Series No.

	Order no.	
IEC Materials	LCP- Department- IEC-XXX	Agency-Quality Manual- Series No.

7.3.2. The Document Controller shall enter/update the details of the document in the Masterlist of Documents. Safekeeping of the master copy shall be as follows:

DOCUMENT	Responsible
Quality Manual	Document Controller
Quality Procedures	Document Controller
Quality Core Procedures	Document Controller
Standard Operating Procedures	Department / Division / Section/ Unit Heads
Policies	Department / Division / Section/ Unit Heads
IEC Materials	Department / Division / Section/ Unit Heads
Forms	Forms Committee
Quality Plans	Department / Division / Section/ Unit Heads

7.3.3. All reproduced copies of the documents are stamped with “Controlled Copy” prior to distribution (See Table below for Specimen of Official Document Stamps).

7.3.4. Copies shall be reproduced from the master copy and shall be controlled as follows:

DOCUMENT	Means of Identification
Quality Manual	Triangle stamped with letter “C”
Quality Procedures	Triangle stamped with letter “C”
Quality Core Procedures	Triangle stamped with letter “C”
Standard Operating Procedures	Triangle stamped with letter “C”
Policies	NA
IEC Materials	NA
Forms	NA
Quality Plans	NA

7.3.5. Stamps that will be marked to the documents shall appear as follows:

Specimen	Name	Description
Triangle Stamped with letter “C”	Controlled Copy	Color: Blue Stamp Area: Lower rightmost part of every page

Circle Stamped with letter "X"	Obsolete Copy	Color: Red Stamp Area: Center part of every page
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7.4. DISTRIBUTION, ACCESS AND MAINTENANCE

7.4.1. The Executive Director shall issue a memorandum to all personnel notifying them of new and revised documents

7.4.2. The Document Controller shall update the Masterlist of Documents and revision history

7.4.3. The Document Distribution List for the Quality Manual, Quality Procedures and Quality Core Procedures shall be prepared by the Document Controller to guide the distribution of documents; and by the Central Records Section for the Standard Operating Procedures, Policies and other documents.

DOCUMENT	Distribution List Prepared by
Quality Manual	Document Controller
Quality Procedures	Document Controller
Quality Core Procedures	Document Controller
Standard Operating Procedures	Central Records Section
Forms	Not applicable
Policies	Central Records Section
IEC Materials	Not applicable
Quality Plan	Not applicable

7.4.4. The Document Controller / Central Records Section shall provide controlled copies and makes sure that recipients sign on the columns for "Received by" on the distribution list.

7.4.5. Any interested personnel not on the distribution list shall coordinate with the Document Controller / Central Records Section to secure copies of documents. A controlled copy can be reproduced which will be treated as Uncontrolled Document.

7.4.6. The approval of the Document Controller and the Deputy Director shall be required for the external distribution of the QM, QP, QCP and SOP.

7.4.7. Only printed copies shall be considered official references. Printing of the documents shall be considered “uncontrolled copy”.

7.4.8. For electronic copies:

7.4.8.1. The finalized e-copy of all documents shall be kept by the QMS office.

7.4.8.2. Only authorized personnel shall have read-only access to documentation placed on the network.

7.4.8.3. External documents received via electronic mail and retrieved by areas concerned shall be forwarded to the Document Controller. He/She shall register such to the external documents masterlist.

7.5. RETRIEVAL OF OBSOLETE COPIES

7.5.1. The Document Controller shall obtain all previously issued copies of the document from the copy holders when possible. He/She shall ensure that recipients countersign on the columns for “Retrieved” on the Distribution List of the superseded document to ensure that obsolete controlled copies are retrieved. Copies to be retrieved are those with “controlled copy” stamp.

7.5.2. All retrieved obsolete copies shall be stamped with “Obsolete Copy” in red ink and archived in accordance with the Control of Records Procedure.

7.5.3. Obsolete electronic documents shall not be deleted but will be marked as “obsolete”.

7.6. CONTROL OF EXTERNAL DOCUMENTS

7.6.1. For the externally-generated documents, an External Document Distribution List is used to register and monitor the receipt and distribution of externally generated documents. Said documents received by the organization and deemed relevant shall be maintained.

7.6.2. External documents include:

7.6.2.1. Government Circulars;

7.6.2.2. Policies from other agencies

7.6.2.3. Equipment Manual

7.6.2.4. Publications

7.6.3. Recording upon receipt and turnover of the externally-generated documents to concerned unit and/or staffs shall be done immediately. The responsibility for the maintenance and updating of the External Document Distribution List is entrusted to the Document Controller.

7.6.4. Externally generated documents received through e-mail shall likewise be recorded in the External Document Distribution List. These shall be forwarded by the recipient to the Document Controller. He/She registers such documents to the masterlist.

8. ATTACHMENTS

1. DRAR Forms
2. RFA Forms

3. RFA Registry Forms
4. Letter of Request Form
5. Memorandum Form
6. IEC Masterlist Form
7. Revision History Form
8. Masterlist of Documents Form
9. Distribution List of External Documents Form
10. Distribution List of Internal Documents Form
11. Center Order Form
12. Center Circular Form

9. REFERENCES

- Administrative Issuances from authorized government agencies
- Technical Guidelines from the Department Of Health (DOH), the World Health Organization (WHO), and the private local and international organizations with expertise in the hospital operations.
- Researches – local and international
- Medical Journals – local and international
- Medical Textbooks
- Technical Papers from seminar – workshops and related activities
- Minutes of intra-inter Consultative Meetings

B. RECORDS CONTROL PROCEDURE

1. PURPOSE:

This procedure aims to establish the control of records and ensure that the management, disposal, and archival of records/documents resulting from the delivery of healthcare service processes are in compliance with the provisions of Republic Act No. 9470, otherwise known as “The National Archives Of The Philippines (NAP) Act Of 2007”.

2. SCOPE

The procedure covers the control needed for the identification, storage, protection, retrieval, retention, and disposition of records. It also covers the handling of electronic records and data provided by external stakeholders.

3. DEFINITION OF TERMS:

- **Record** – is a document that states results achieved or provides evidence of activities performed.
- **Current Records** – are records that have been existing since five (5) years ago only.
- **Non-Current Records** – are records that have been existing for more than five (5)years already.
- **Active Records** – are records that are maintained, used and controlled.
- **Inactive Records** – are records that are very rarely or no longer referred to and must be transferred to another place; these records have already served their purpose but must be kept just the same for legal requirements or some other compelling reasons; they are only destroyed the moment their retention periods have expired.
- **Administrative Records** – refer to personal records of LCP employees (201

Files), including their medical records; and all other office records that deal with planning, organizing and controlling activities of the institution for the accomplishment of its objectives.

- **Patients' Records** - refer to records that deal with a collection of facts concerning a particular patient; they include the patient's life and health history, the past and present illnesses and treatment(s) given, and the diagnostic and laboratory examinations and procedures done.
- **Records Disposition Schedule (RDS)** - is a pre-determined, well-arranged and coordinated plan of activities for the retention, preservation and destruction of records in an agency or institution. In order to minimize the unnecessary piling up of records, a sound program or records disposition must be prepared and implemented.
- **Records Inventory** - refers to a descriptive listing of the records holding by records series, indicating its specific location, inclusive date and volume in cubic meter; the conduct of related activities to locate, identify, describe, count, and measure all records in the office and storage areas, including all loose and bound papers, microforms, optical disks, and magnetic tapes and disk.
- **Retention Period** - refers to the specific period of time established and approved by the LCP as the life span of records, after which they are deemed ready for archiving or for permanent destruction.
- **Records Disposition** - is the systematic transfer of non-current records from an office to any records storage area, the identification and preservation of permanent records and the outright destruction of valueless records..
- **Data** - are facts or principles presented in paper or electronic medium or sets of detailed information of any kind.

4. POLICIES:

1. Records shall be legible, identifiable and easily retrievable.
2. Records can be in the form of hard copy or electronic copy.
3. Records shall be reviewed and approved prior to issuance.
4. The records shall indicate the persons who authorize their use.

5. RESPONSIBILITIES:

The responsibilities are handled by the Central Records Section (CRS) for the personal records of LCP employees (201 Files) and the General Administrative Records, by the Office of the Employees' Physician for the medical records of LCP employees and by the respective LCP offices for all other administrative records generated or received by them; and by the Medical Records Section (MRS) for the patients' records.

5.1. The Central Records Section (CRS) Staff.

1. **Records Officer** - is responsible for the identification, classification, and labeling of the records under his/her custody. He/She makes sure that they are filed and stored in appropriate locations to prevent them from damage or loss. He / She is in-charge in the release of said records that are to be distributed, and approves requests for copies to internal clients (the Executive Director approves request for copies to external clients). He/She prepares the Records Disposition Schedule (RDS) and reviews the Records Inventory of all LCP records, and determines what records are to be retained and those that are to be disposed.

1. **Records Clerk** - is responsible for the receiving, the logging in, and the filing and storing of the records forwarded to the CRS. He/She inspects them and the filing area regularly to see to it that they are not damaged or lost. He/She makes sure that hard copies of them are made available to requesting parties. He/She prepares the Records Inventory and checks the RDS, and segregates the records that are to be retained from those that are to be disposed in accordance with the prepared RDS from the Records Officer.

5.2. The Staff of the Office of the Employees' Physician

5.2.1 Employees' Physician – is responsible for the identification, classification, and labeling of the medical records of LCP employees. He/She makes sure that

they are filed and stored in appropriate locations to prevent them from damage or loss. He/She approves requests for copies to requesting parties. He/she coordinates with the Records Officer regarding the inventory and disposition of the records under his/her custody.

5.2.2. Records Custodian – is responsible for the receiving, the logging in, and filing and storing of the records forwarded to the Office of the Employees' Physician. He/She inspects them and the filing area regularly to see to it that they are not damaged or lost. He/She makes sure that hard copies of them are made available to requesting parties. He/She prepares the Records Inventory and checks the RDS, and segregates the records that are to be retained and those that are to be disposed in accordance with the prepared RDS from the Records Officer.

5.3. The Staff of the Individual LCP Office

5.3.1. Head of the Individual LCP Office – supervises the designated Records Custodian regarding the handling of the records generated in his/her office. He/She approves requests for copies to internal clients (the Executive Director approves requests for copies to external clients) as well as transfer of the office's records for disposal to the custody of the Records Officer.

5.3.2. Records Custodian – is responsible for the identification, classification, labeling, logging in, filing and storing of records generated or received by his/her office. He/She inspects them and the filing area regularly to see to it that they are not damaged or lost. He/She makes sure that they are filed and stored in appropriate locations to prevent them from damage or loss. He/She is in -charge in the release of approved requested records. He/She prepares the Records Inventory, checks the RDS, segregates the records that are to be retained from those that are to be disposed in accordance with the prepared RDS, and coordinates with the Records Officer regarding the disposal of the office records.

5.4. The Medical Records Section (MRS) Staff

5.4.1. Head of the MRS – makes sure that the patients' records are filed and stored in appropriate locations to prevent them from damage or loss. He/She authenticates and approves copies of them for distribution to requesting clients. He/She reviews the Records Inventory prepared by the Records Clerk and coordinates with the Records Officer regarding the disposal of said records.

5.4.2. Records Clerk – is responsible for the identification, classification, labeling, logging in, filing and storing of records received by his/her office. He/She inspects them and the filing area regularly to see to it that they are not damaged or lost. He/She makes that they are filed in appropriate locations to prevent them from

damage or loss. He/She makes them available for distribution or borrowing to requesting clients. He/She also prepares the Records Inventory, checks the RDS and assists the Records Officer in the disposal of said records.

5.5. Process Owner

5.5.1. Central Records Section – for the 201 Files and the General Administrative Records.

5.5.2. Office of the Employees' Physician – for the medical records of LCP employees.

5.5.3. Individual LCP Offices – for all other administrative records generated or received by them.

5.5.4. Medical Records Section – for the patients' records.

5.5.5. End-User – is the office which initiated the creation of the administrative record.

5.5.6. Disposal Committee – is in-charge in conducting the disposal of the records in coordination with the Records Officer in accordance with the prescribed procedure once the Disposal Order is issued.

6. PROCEDURE FLOW/OUTLINE

Responsible Persons	Key Steps	Forms/Records
Process Owners Records Officer Records Clerk Records Custodian	● Receipt, Labeling and Identification	- Logbook - Inventory of Records
Records Officer Records Clerk Process Owners Records Custodian	● Storage and Protection	● Inventory of Records
Process Owner / End-user Records Officer Records Clerk Records Custodian	● Retrieval and Retention	- Borrower's Slip Form - Logbook - Inventory of Records - Index Cards - Records Disposition Schedule
Records Officer Disposal Committee	● Maintenance and Disposal	- Records Disposition Schedule

7.0 PROCEDURE DETAILS

7.1 Receipt, Labeling and Identification

7.1.1. Receipt, distribution, and turn-over of administrative/patients' records are listed in the logbook by the respective process owners, Records Officer, Records Clerk or Records Custodian

7.1.2. Labeling of records shall be legible to clearly identify the record and monitored using the Inventory of Records.

7.1.3. Records are identifiable through any or combination of the following information, as appropriate:

- Title/Subject of Record
- Series/Control/Reference Number
- b. Date(s)
- c. Name of Signatory(ies)
- d. Filing Code
- e. Revision Status
- f. Recipient of Records

7.1.4. Use of pencil in entering data on records is not allowed to ensure integrity of data.

7.1.5. In case of erasure or correction, the corrected data shall bear the initials of the concerned person/s who corrected them.

7.1.6. Some records require the signature of authorized individuals for authenticity purpose. Without the signature of approving authorities, such record may be treated "unofficial".

7.1.7. The Records Custodian/Records Clerk ensures that the records are legible and contain sufficient information for their endorsement or approval.

7.2. Storage and Protection

7.2.1 Records are kept in appropriate locations to minimize physical deterioration, damage, and loss. As such, records may be protected in accordance with the following:

- a. Use of folders and file boxes;
- b. Stored in appropriate shelves/cabinets that shall prevent deterioration and loss
- c. Regular back-up of electronic records;
- d. Access restriction, through password to those soft copies; and
- e. Other storage area security measures to avoid any unauthorized use or incidence of
loss/theft.

7.2.2. The Records Officer, Records Clerk, and the respective process owners and Records Custodians conduct periodic inspection of the storage/filing area to check incidence of damage or loss of records using the Inventory of Records as reference

7.3. Retrieval and Retention

7.3.1. To ensure easy retrieval of records, filing cabinets/shelves, boxes, folders and envelopes are systematically arranged according to the established filing system.

Retention of records shall be in accordance with the RDS, with information such as Records Series Title and Description, Retention Period, and Disposition Authority annually updated.

Records borrowed are traced and monitored using the Borrower's Logbook, Borrower's Slip Form, Index Cards and Inventory of Records.

All records require duplicate copy to serve as receiving copy upon release to the requesting party.

1. The Records Custodian/ Records Clerk ensures that records are readily retrievable and provided within the committed time to the requesting party.

7.4. Maintenance and Disposal

7.4.1 Maintenance and disposal of records are done in accordance with the RDS. Turn-over of inactive records is scheduled annually.

7.4.2. For easier safekeeping, permanent records may be converted to e-files, except for records that require original copy bearing authentic signatures.

7.4.3 The Records Officer checks and implements the RDS. Records that have to be retained and those that have to be disposed are identified and properly segregated. The Records Custodian/ Records Clerk prepares a list of records for disposal and submits it to the Records Officer.

The Records Custodian Sends a request letter (signed by the Executive Director) to the Records Management and Archive Office (RMAO) of the National Archive of the Philippines (NAP), through the Department of Health, for the disposal of records.

The actual disposal is undertaken by the Disposal Committee in coordination with the Records Officer. The LCP follows the approved manner of disposal approved by the NAP. The Certification of Disposal is prepared accordingly after the

disposal is completed.

ATTACHMENTS

- 8.1. Borrower's Slip Form
- 8.2. Inventory of Records Form
- 8.3. Records Disposition Schedule Form

9.0. REFERENCES

- 9.1. R.A. 9470
- 9.2. Hospital Medical Records Management Manual of the Department of Health