

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
National Capital Region

FOR : ALL CENTER/RESIDENTIAL CARE FACILITIES  
ALL UNITS/SECTIONS  
ALL RPMOs ( Pantawid, SLP and RCTSU)

FROM : THE REGIONAL DIRECTOR

SUBJECT : Health and Allied Services Section Regional Business Process and Requirements Analysis (BPRA) and Process Flow Chart

DATE : August 4, 2017

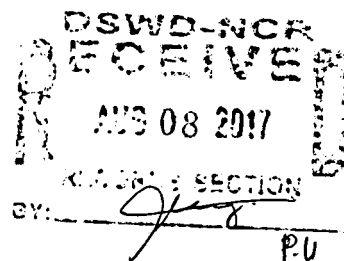
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This is to share with you the approved BPRA and Process Flow Chart of Health and Allied Services Section as per result of the technical assistance session with Health and Allied Services Section held on July 6, 2017 at Mini-OSEC.

For your information and guidance.

  
VINCENT ANDREW T. LEYSON

  
JJJ/MML/MMG/sga

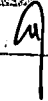


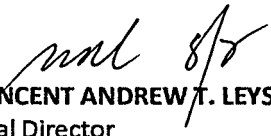
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Department of Social Welfare & Development  
National Capital Region  
OFFICE OF THE REGIONAL DIRECTOR  
Tel # 734-8639 / 488-2732

**Department of Social Welfare and Development  
National Capital Region**

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AUG 01 2017

By:  6484

**FOR** :  MR. VINCENT ANDREW T. LEYSON  
Regional Director

**FROM** : THE OIC-ARD, CONCURRENT PPD CHIEF & RPDR CHAIRPERSON

**SUBJECT** : Health and Allied Services Section BPRA and Process Flow Chart

**DATE** : July 27, 2017

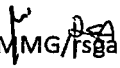
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This is reference to the submitted Business Process and Requirements Analysis (BPRA) and Process Flow Chart/Map of Health and Allied Services Section (HASS) which was received by Planning Unit on July 21, 2017.

Please be informed that the above-mentioned subject was the result of technical assistance session of Planning Unit to said Unit held on July 6, 2017 at Mini-OSEC.

For your information and approval.

  
MANUELA M. LOZA

  
MMG/rsga

RD

# 4027

Department of Social Welfare and Development  
National Capital Region  
389 San Rafael St. Cor. Legarda St. Manila  
HEALTH AND ALLIED SERVICES SECTION

FOR : *mal 7/17*  
**DIR. VINCENT ANDREW T. LEYSON**  
 Regional Director

THRU : **MS. MANUELA LOZA**  
 OIC, Assistant Regional Director for Administration

**MS. ADA A. COLICO** *mm 7/17/17*  
 SWO V / Chief Institutional Development Division.

FROM : **THE MEDICAL SPECIALIST I**

SUBJECT : **HASS Business Process and Requirement Analysis (BPRA) & Process Flow Chart**

DATE : July 10, 2017

*For your review & return*

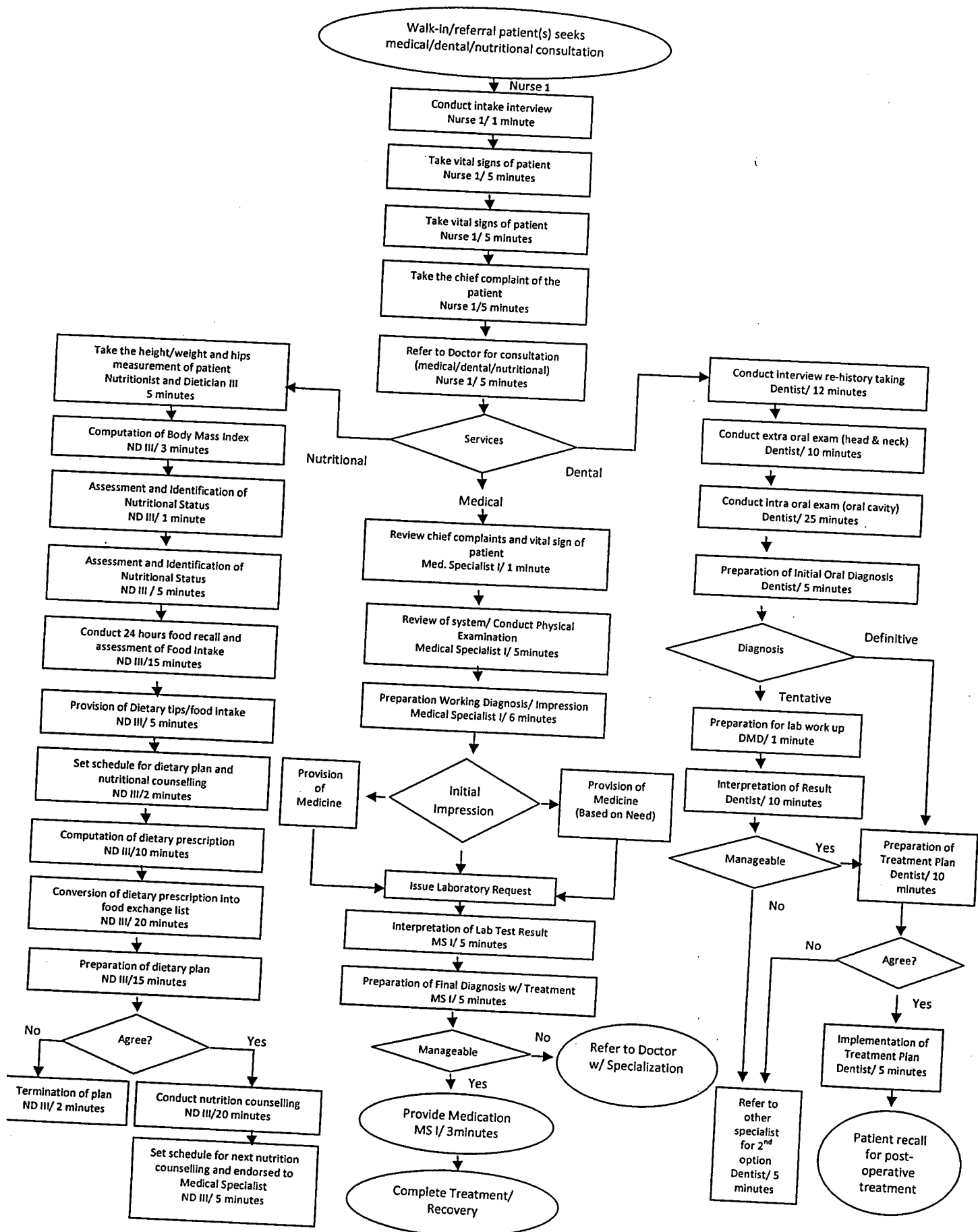
This is to submit the attached Health and Allied Services Section Business Process and Requirement Analysis and Process flow Chart as a result of the Technical Assistance/ Meeting with Planning Unit held on July 06, 2017 from 9am to 5pm at Mini- OSEC.

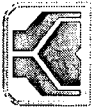
For your information and approval

AMELITA C. MANALANG, MD.

DSWD - NCR - PLANNING  
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 3:37pm

cc:  
 Planning Unit

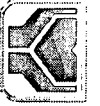




**BUSINESS PROCESS AND REQUIREMENTS ANALYSIS**

Minimum Deliverable: Initial Patient Assessment and First Aid

| [1] No.          |  | [2] Task  | [3] Responsible Person        | [4] Time Frame | [5] Output                  | [6] Policy             | [7] Application         | [8] Material/Infra                                    | [9] Competency | [10] Remarks                          |  |  |  |  |
|------------------|--|---|-------------------------------|----------------|-----------------------------|------------------------|-------------------------|---|----------------|---------------------------------------|--|--|--|--|
| [A] PROCESSES    |  |   |                               |                |                             |                        |                         |   |                |                                       |  |  |  |  |
| [B] REQUIREMENTS |  |   |                               |                |                             |                        |                         |   |                |                                       |  |  |  |  |
| 1                |  | (Intake interview) Intake basic information of patient ( name, age, sex, address)     | Nurse I/<br>Nursing Assistant | 2 minutes      | Accomplished patient record | None                   | Recording/ Data Banking | Pen, logbook, OPD form and Laptop                     | Assessment     | No available OPD form/Need a Nurse II |  |  |  |  |
| 2                |  | Take Vital Signs ( BP, PR, RR, Temperature, PS, Height, Weight, Oxygen Saturation)    |                               | 5 minutes      |                             |                        |                         |   |                |                                       |  |  |  |  |
| 3                |  | Take the chief complaint of patient ( medical history, medications taken, time frame) |                               | 5 minutes      |                             | Nursing Code of Ethics |                         |   |                |                                       |  |  |  |  |
| 4                |  | Refer to Doctor for consultation (medical, dental, nutritional)                       |                               | 1 minute       |                             |                        |                         |   |                |                                       |  |  |  |  |
| 5                |  | Provision of first aid (based on need with supervision of the doctor)                 |                               |                | Treatment                   |                        | First Aid/ Dispensary   | cotton, gauze, beta dine, hydrogen peroxide, band aid | First Aid      | Nurse II                              |  |  |  |  |
|                  |  | a. Wound Care   |                               | 10 minutes     |                             |                        |                         |   |                |                                       |  |  |  |  |
|                  |  | b. Nebulization   |                               | 15 minutes     |                             |                        |                         |   |                |                                       |  |  |  |  |
|                  |  | c. Oxygen inhalation  |                               | 30 minutes     |                             |                        |                         | Oxygen tank   |                |                                       |  |  |  |  |



**BUSINESS PROCESS AND REQUIREMENTS ANALYSIS**

Minimum Deliverable: Medical Consultation

| [1] | [2]   | [A] PROCESSES          |                |                                      |                       | [B] REQUIREMENTS |  |                               |                              | [10] Remarks |
|-----|---|------------------------|----------------|--------------------------------------|-----------------------|------------------|--|-------------------------------|------------------------------|--------------|
|     |   | [3] Responsible Person | [4] Time Frame | [5] Output                           | [6] Policy            | [7] Application  | [8] Material/Infra   | [9] Competency                |                              |              |
| 1   | Review the chief complaint and vital signs of the patient   | Medical Specialist I   | 1 min          | Medical Profile                      | -none-                | -none-           | Medical record of patient  | Assessment Skills             |                              |              |
| 2   | Review of systems/Physical Examination<br>a. Head<br>b. EENT<br>c. Chest and lungs<br>d. Heart<br>e. Abdomen<br>f. Extremities<br>g. Neurological | -do-                   | 5mins          | -do-                                 | Medical Jurisprudence | -none-           | BP apparatus, Stethoscope, Otoloscope, Ophthalmoscope, Thermometer, Tongue Depressor, Penlight, Mirror Set, Pulse Oximeter | Medical Skills                | Incomplete medical equipment |              |
| 3   | Preparation of working diagnosis/Impression   | -do-                   | 6 minutes      | Medical Chart/Record with Impression | -none-                | -none-           | Medical record, pen  | Medical and Assessment Skills |                              |              |
|     | Initial impression<br>a. Provision of medicine<br>b. Provision of prescription<br>c. Issued lab. req. (yes or no)                                 | -do-                   |                | Medicine or Prescription             | Procurement Law       |                  |  |                               | Generic Use Policy           |              |
| 4   | Reading/interpretation of laboratory result   | -do-                   | 5 mins         | Medical Findings                     |                       |                  | Medical record, pen, lab result  | Medical assessment skills     |                              |              |
| 5   | Preparation of final Diagnosis with treatment Manageable (Y/N)<br>a. Refer to Doctor with   | -do-                   | 5 mins         | Medical Findings                     |                       |                  | Medical record, pen, lab result  | Medical assessment skills     |                              |              |



**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**  
Policy and Plans Division (PPD)  
Planning Unit (PU)

Planning Unit M & E Workshop 2017  
"Monitoring and Evaluation Workshop re: Preparation of Process Flow and  
Business Process and Requirements Analysis (BPRA)"

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   | Specialization<br>b. Provide medication and follow up |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Completed treatment/ recovery                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



BUSINESS PROCESS AND REQUIREMENTS ANALYSIS

Minimum Deliverable: Dietary Planning

| [1] No. | [2] Task  | [A] PROCESSES          |                |  | [B] REQUIREMENTS |                           |                    |                |                       | [10] Remarks |
|---------|---|------------------------|----------------|--|------------------|---------------------------|--------------------|----------------|-----------------------|--------------|
|         |   | [3] Responsible Person | [4] Time Frame | [5] Output                                     | [6] Policy       | [7] Application           | [8] Material/Infra | [9] Competency |                       |              |
| 1       | Computation of dietary prescription   | ND II                  | 10 minutes     | Dietary prescription (diet Rx Calories CgP/Fg) | None             | Knowledge on diet therapy |                    | Diet therapy   | Additional competency |              |
| 2       | Conversion of Dietary Prescription into food exchange list                    |                        | 20 minutes     | Food exchange list                             |                  |                           |                    |                |                       |              |
| 3       | Preparation of dietary plan   |                        | 15 minutes     | Dietary Plan                                   |                  |                           |                    |                |                       |              |
| 4       | Nutrition Counseling (explain the dietary plan)                               |                        | 20 minutes     | Set meals                                      |                  |                           |                    |                |                       |              |
| 5       | Set schedule for next nutrition counseling and endorsed to Medical Specialist |                        | 1 min          | Set Schedule                                   |                  |                           |                    |                |                       |              |





**BUSINESS PROCESS AND REQUIREMENTS ANALYSIS**

Minimum Deliverable: Dental Service

| [1] No. | [2] Task  | [A] PROCESSES          |                |  |            |                 | [B] REQUIREMENTS  |                  |  | [10] Remarks |
|---------|---|------------------------|----------------|--|------------|-----------------|---|------------------|--|--------------|
|         |   | [3] Responsible Person | [4] Time Frame | [5] Output   | [6] Policy | [7] Application | [8] Material/Infra  | [9] Competency   |  |              |
| 1       | Received/ endorsed patient  | Nurse II               |                |  |            |                 |   |                  |  |              |
| 2       | Conduct interview re:History Taking<br>-filling out Patient's dental form<br>-Chief Complaint<br>-Past Medical and Dental History | Dentist II             | 12 minutes     | Patients personal information and presenting dental problem and gather data on previous medical and dental history | None       | None            | -Dental patient's record form<br>-ballpeen  | Licensed Dentist |  |              |
| 3       | Conduct extra oral examination<br>-Head and neck  | Dentist II             | 10 minutes     | Define other existing normal and abnormal conditions   | None       | None            | Dental patient's record form<br>-ballpeen<br>-Correction tape<br>-Mouth mirror<br>-Explorer<br>-Spoon excavator<br>-Cotton plier<br>-Dental unit and chair<br>-Cotton balls<br>-Autoclave/sterilizer<br>-70%<br>Isopropyl alcohol<br>-Disposable latex /nitrile gloves<br>-Disposable face mask<br>-Bouffant<br>-Face mask<br>-Scrub suit | Licensed Dentist |  |              |





|   |  |            |   |      |      |  |                  |  |
|---|--|------------|---|------|------|--|------------------|--|
| 5 | Preparation of Initial Oral Diagnosis (Y/N)<br>A. Tentative<br>B. Definitive                                   | 5 minutes  | Established the exact oral condition/ disease             | None | None | -Dental form patient's record form -Ballpeen | Licensed dentist |  |
|   |  | 10 minutes | Detailed plan of dental treatment based on oral diagnosis |      |      | -Dental form patient's record form -Ballpeen |                  |  |
| 6 | If NO, refer to other specialist for 2 <sup>nd</sup> opinion.<br><br>If Yes, implementation of treatment plan  | 5 minutes  | Treatment Completed                                       | None | None | Patient's record                             | Licensed dentist |  |
|   |  | 1 min      | 10 minutes  |      |      | Patient's record Prescription pad ballpeen   |                  |  |
| 7 | Patient recall for Post Operative Treatment  |            |   |      |      |  |                  |  |
| 8 | Preparation of laboratory work up (Tentative)  |            |   |      |      |  |                  |  |
|   |  |            |   |      |      |  |                  |  |
| 9 | Interpretation of result Manageable (Y/N)<br><br>If No, refer to other specialist for 2 <sup>nd</sup> opinion. | 10 mins    | Detailed treatment plan based on oral diagnosis           |      |      | Result of Laboratory work-up                 |                  |  |



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 Business Process and Requirements Analysis (BPRA)"

| [A] PROCESSES |  |                        |                | [B] REQUIREMENTS |            |                 |  | [10] Remarks     |                |
|---------------|--|------------------------|----------------|------------------|------------|-----------------|--|------------------|----------------|
| [1] No.       | [2] Task                                 | [3] Responsible Person | [4] Time Frame | [5] Output       | [6] Policy | [7] Application | [8] Material/Infra   |                  | [9] Competency |
| 9             | If Yes, Implementation of treatment plan | Dentist II             | 1 ½ hour       |                  | None       | None            | <ul style="list-style-type: none"> <li>-Mouth mirror</li> <li>-Explorer</li> <li>-Spoon excavator</li> <li>-Cotton plier</li> <li>-Dental unit and chair</li> <li>-Cotton balls</li> <li>-Autoclave/sterilizer</li> <li>-70%</li> <li>Isopropyl alcohol</li> <li>-Disposable latex /nitrile gloves</li> <li>-Disposable face mask</li> <li>-Bouffant</li> <li>-Face mask</li> <li>-Scrub suit</li> <li>-Disposable dental bib</li> <li>-Enamel tray-stainless, plastic</li> <li>-Alligator clip</li> <li>-Glass</li> <li>-mouthwash</li> <li>-light cure unit</li> <li>-restorative filling materials-etchant, bonding agent, light composite resin, light cured calcium hydroxide, glass ionomers, IRM</li> <li>-highspeedhandpiece</li> <li>-dental diamond burs</li> <li>-restorative filling dental instruments-plugger, burnisher</li> <li>-glass slab</li> </ul> | Licensed dentist |                |



