



HINATUAN DISTRICT HOSPITAL
HINATUAN, SURIGAO DEL SUR
"PHIC Accredited Health Care Provider"



July 30, 2025

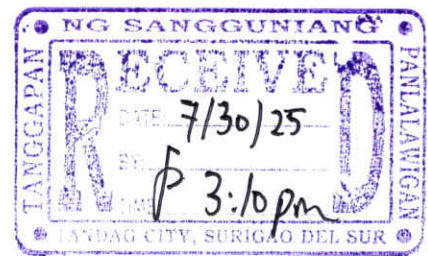
*Refer To: Committee on Health, Sanitation
and Nutrition*
noted

THE HONORABLE MEMBERS

21st Sangguniang Panlalawigan
Province of Surigao del Sur
Tandag City

Thru:

Hon. Anthony Joseph P. Cañedo
Sangguniang Panlalawigan Member
Author, Resolutions No. 18-25 and 19-25



Dear Honorable Members of the Sangguniang Panlalawigan:

Greetings of public service and respect.

This is in reference to Resolution No. 18-25, Series of 2025, earnestly requesting this office to furnish your honorable body a copy of the incident report pertaining to the death of Mr. Jovelito Maceda Veras, and Resolution No. 19-25, Series of 2025, requesting a copy of the hospital policies currently being implemented by Hinatuan District Hospital.

Please be informed that the undersigned, in faithful adherence to the principles of transparency, accountability, and public interest, hereby transmits the following documents attached herewith:

- Certified True Copy of the Incident Report regarding the case of Mr. Jovelito Maceda Veras, as recorded by our medical and administrative units, including the sequence of events, personnel involved, interventions rendered, and pertinent clinical findings. This report is submitted with due regard to the confidentiality of patient information and is furnished solely for official legislative oversight purposes;
- Compendium of Hospital Policies, currently in effect and implemented within Hinatuan District Hospital. Said compendium includes, among others:
 - Anti-Hospital Deposit Law compliance framework,
 - Policies and Procedures on the Use of Hospital Ambulance

These documents are respectfully submitted in line with our continuing commitment to uphold the integrity of public health service, ensure lawful and humane medical practice, and promote institutional accountability under the rule of law.

SURIGAO DEL SUR	Tanggapan ng Sangguniang Panlalawigan	
	OSSP-SDS-2025-04855	
	Telephone No.: (086) - 211 - 5832 E-Mail: tspsurigaosur@yahoo.com	
		Date: _____ Time: _____ Received by: _____



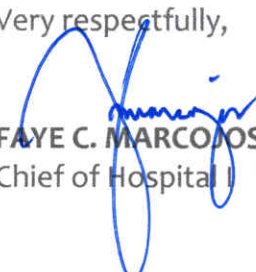
HINATUAN DISTRICT HOSPITAL
HINATUAN, SURIGAO DEL SUR
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Should your esteemed office require further clarifications or supporting documentation, rest assured of our cooperation and prompt compliance.

Thank you and may we continue to serve the constituents of Surigao del Sur with utmost integrity and compassion.

Very respectfully,


FAYE C. MARCOJOS, MD, MHA
Chief of Hospital I

HDH



**Republika ng Pilipinas
LALAWIGAN NG SURIGAO DEL SUR
TANDAG CITY**

**Tanggapan ng Sangguniang Panlalawigan
(Office of the Provincial Council)**

EXCERPT FROM THE MINUTES OF THE 2ND REGULAR SESSION OF THE 21ST SANGGUNIANG PANLALAWIGAN OF SURIGAO DEL SUR HELD AT THE SANGGUNIANG PANLALAWIGAN SESSION HALL, LEGISLATIVE BUILDING, CAPITOL OF THE SOUTH, KAHAYAG, BISLIG CITY, PROVINCE OF SURIGAO DEL SUR ON JULY 15, 2025

Hon. Joey S. Pama

- Sangguniang Panlalawigan Member
(Temporary Presiding Officer)

Regular Sangguniang Panlalawigan Members:

District I

Hon. Ruel D. Momo
Hon. Henrich M. Pimentel
Hon. Jose Dumagan Jr.
Hon. Valerio T. Montesclaros, Jr.

District II

Hon. Gines Ricky J. Sayawan, Sr.
Hon. Margarita G. Garay
Hon. Anthony Joseph P. Cañedo
Hon. Raul K. Salazar

Ex – Officio Member:

Hon. Melanie Joy M. Guno

- President, Provincial Chapter of the
Liga ng mga Barangay sa Pilipinas

ON OFFICIAL BUSINESS:

Hon. Manuel O. Alameda, Sr.

- Vice Governor

Hon. Antonio C. Azarcon

- Member, Sangguniang Panlalawigan

Hon. John Paul C. Pimentel

- President, Philippine Councilors'
League, Surigao del Sur Chapter

Hon. Jimmy I. Guinsod

- Indigenous Peoples Mandatory
Representative, Surigao del Sur

Hon. Yuri Art Eufy R. Sanchez

- President, Panlalawigang Pederasyon
ng mga Sangguniang Kabataan

**RESOLUTION NO. 18-25
(Series of 2025)**

EARNESTLY REQUESTING DR. FAYE C. MARCOJOS, CHIEF OF HOSPITAL, HINATUAN DISTRICT HOSPITAL TO FURNISH THE 21ST SANGGUNIANG PANLALAWIGAN A COPY OF AN INCIDENT REPORT ON THE DEATH OF MR. JOVELITO MACEDA VERAS

AUTHOR:

HON. ANTHONY JOSEPH P. CAÑEDO

WHEREAS, on July 13, 2025, a concern was reported regarding the death of a certain Mr. Jovelito Maceda Veras, a resident of Hinatuan, Surigao del Sur. He was confined at Hinatuan District Hospital and was recommended for immediate transfer due to the need for advanced medical attention, however, he eventually passed away;

WHEREAS, there was a significant delay in his scheduled transfer. Although the transport was supposedly arranged for that same night, the actual transfer was delayed for nearly twelve (12) hours. One of the reasons cited by the hospital staff for the delay was the patient's high blood pressure;

WHEREAS, in addition to the delay, the patient's family, particularly his sister, raised another concern: they were allegedly asked to pay a down payment or deposit before the patient could be processed for transfer to Adela. This is troubling, especially considering that the district hospital is a government-run institution. Government hospitals are not supposed to require any form of down payment or deposit as a condition for treatment or transfer;

WHEREAS, in light of these concerns, it is imperative to determine the circumstances surrounding the delay and the actions taken by the hospital staff, to assess whether proper protocols were followed and to ensure accountability in the delivery of public health services;

WHEREAS, in view of the foregoing and on motion of Hon. Anthony Joseph P. Cañedo, duly seconded by Hon. Margarita G. Garay:

NOW THEREFORE

BE IT RESOLVED by the Sangguniang Panlalawigan of Surigao del Sur to earnestly request Dr. Faye C. Marcojos, Chief of Hospital, Hinatuan District Hospital to furnish the 21st Sangguniang Panlalawigan a copy of an incident report on the death of Mr. Jovelito Maceda Veras.

RESOLVED FURTHER: To furnish copies of this Resolution to Dr. Faye C. Marcojos, Chief of Hospital, Hinatuan District Hospital, Nazareno St., Purok 2, Lacasa, Hinatuan, Province of Surigao del Sur, for her information and appropriate action.

ADOPTED this 15th day of July 2025 at the City of Bislig, Province of Surigao del Sur by unanimous votes of all Sangguniang Panlalawigan Members present.

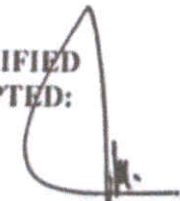
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I HEREBY CERTIFY to the correctness of the foregoing Resolution.



EDGAR G. PEREZ II, J.D.
Secretary to the Sangguniang Panlalawigan

**ATTESTED AND CERTIFIED
TO BE DULY ADOPTED:**



JOEY S. PAMA
Sangguniang Panlalawigan Member
Temporary Presiding Officer



HINATUAN DISTRICT HOSPITAL

Hinatuan, Surigao del Sur
"Philhealth Accredited Health Care Facility"



July 15, 2025

HONORABLE JOHNNY T. PIMENTEL

Provincial Governor

Province of Surigao del Sur

Subject: **Justification on Patient Charges and Operational Policies for Ambulance Services and Billing**

This letter serves to formally clarify and justify specific charges applied to patients in accordance with the policies of the hospital and the governing regulations of the Provincial Government of Surigao del Sur.

1. Fuel Charges for Patient Transport (Hospital Policy-Based)

In accordance with the internal policy of Hinatuan District Hospital, patients who require transportation via ambulance for referrals, diagnostics, or other medical purposes outside the hospital premises are required to shoulder the cost of fuel. This policy is in place due to the hospital's limited operational budget and the need to prioritize resources for emergency and charity cases. Fuel costs are calculated based on the distance to the referral facility and are collected prior to dispatch, unless otherwise classified as a humanitarian or indigent case under social services evaluation.

2. Ambulance Maintenance Fee (Based on Provincial Revenue Code)

Per the Revenue Code of the Province of Surigao del Sur, a standard ambulance maintenance fee is applied to all patients availing ambulance transport services. This fee is mandated to support the upkeep and continued functionality of ambulance units, ensuring their availability and safety for all constituents. The hospital, being under the jurisdiction of the provincial government, is obligated to implement this fee in full compliance with the code. The fee is minimal and helps cover periodic vehicle maintenance, repairs, and regulatory requirements.

3. Accrued Billing of Patients Referred to Other Facilities

Patients who are referred to other healthcare facilities are still liable for the hospital charges accrued prior to referral. These include, but are not limited to, diagnostics, medications, medical supplies, and other inpatient services rendered during their stay. In cases where the



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patient or their family is unable to settle the billing at the time of referral, the hospital permits a return arrangement whereby the patient or responsible party is expected to return and settle the outstanding balance without cash deposits made. This ensures the integrity of the hospital's financial operations while still honoring the urgency of the patient's medical needs.

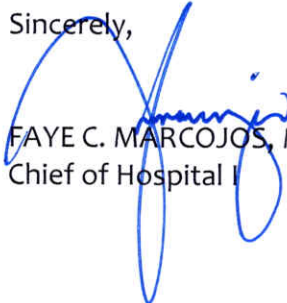
4. Payment for Nurse/Midwife Escort during Patient Transfer (If Off-Duty)

In situations where a nurse or midwife is requested to escort a patient during transport and the assigned personnel is off-duty, the hospital permits such arrangement on the condition that the escort is voluntarily available and that the cost for their time and service is shouldered by the patient. This is not considered part of the staff's official duty hours and is subject to the availability and willingness of the concerned personnel. The fee serves as compensation for the staff's time and effort outside of their regular working schedule, and it does not violate existing labor or hospital guidelines, as it is treated as a personal service engagement between the escort and the patient/family.

We trust this provides sufficient clarity on the rationale behind the charges. Should there be further concerns or questions, we encourage patients or families to approach the Hospital Billing Section or the Office of the Chief of Hospital for further assistance.

Thank you for your understanding and cooperation.

Sincerely,


FAYE C. MARCOJOS, MD
Chief of Hospital



INCIDENT REPORT

Patient Name: Jovelito M. Veras
Department: ER
Designation: -

DESCRIPTION OF INCIDENT

Location: Hinatuan District Hospital	
Date: 7/13/25	Incident details: Patient J.V. is previously is a 49/M previously admitted at Hinatuan District Hospital (HDH) – Hinatuan, SDS as a case of CAP-MR, CHF. Patient was initially advised referral after 4 days of admission due to unimproving Patient condition but refused and opted Home Against Medical advice (HAMA) 7/10/25
Time:9:51 pm	
AO Notified:	
Yes ☒	
No ☐	
Date & Time Notified:	At 7/13/25 9:51pm Patient came in due to persistent dyspneic episode. At ER, Pt is awake,consciousness, tacyhpneic, not gasping Unstable Vital signs; No Blood pressure appreciated and oxygen desaturation at 85% . Diagnosed as a case of: T/C Congestive Heart Failure (R sided) Advised referral to higher facility. Tertiary Hospital's Advise is to stabilize first the Blood Pressure (BP) before transport Attached conversation below with Time Stamp SPMC Referral Template OHCC REFERRAL FORM REVISED VERSION 3 NAME: AGE/SEX ADDRESS: CONTACT NO. IMPRESSION: CHIEF CO... Regional Patient Navigation and Coordination Unit (North Davao) Revised ... good evening po, this is noted. we will provide you with an update shortly. Stabilize BP at 110. start norepi drip as well. May give furosemide 40mg IVTT once with SBP >110. Pily UO -ROD Stabilize BP at 110. start norepi drip as well. May give furosemide 40mg... update nalang ma'am if stable na po BP ni px and paku answer nalang pud sa question po ni doc abt sa UO if ever maka provide na si referring ROD ng info. thank you! okay sir/maam salamat
	Started Medications: Dobutamine drip @ 10cc/hr titrated upto 30cc/hr every hour to achieve normal BP but is still not appreciated after 3 hours Started 2 nd inotrope : Norepinephrine drip @10cc/hr titrated to 30 cc/hr but still no BP appreciated after 3 hours of titration and monitoring Patient was continously monitored for 6hours with titration of Inotropes to stabilize the Patient, but Patient's Vital signs is still unstable Updated the referring hosptal regarding the Patient current condition, but they will only accept the if the Patient' Blood pressure is stable.



HINATUAN DISTRICT HOSPITAL
Purok 2 Nazareno Street, Barangay Lacasa, Hinatuan, Surigao
del Sur
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SPMC Referral Template OHCC REFERRAL FORM REVISED VERSION 3 NAME: AGE/SEX ADDRESS: CONTACT NO. IMPRESSION: CHIEF CO...

good morning. update on pt Veras po

Palpatory 80
No output x 8hrs

Inotropes:
Norepinephrine @ 30cc/hr
Dobutamine @ 30cc/hr

Astmmic replied to you

good morning. update on pt Veras po

Palpatory 80...

noted po

Astmmic replied to you

good morning. update on pt Veras po

Palpatory 80...

7:22 AM Stabilize BP. Dili gyud ni amenable for transfer.
-ROD

Alone, thank you

The Resident Doctor Apprised the Family of Patient's current condition and reupdated again the referring hospital,

Attached: Conversation with timestamp

Palpatory 80...

good morning po. update on pt veras po. BP systolic 90, norepi same rate po

You replied to yourself

good morning po. update on pt veras po. BP systolic 90, norepi same rate po

update po, thank you

noted po ma'am.

Astmmic replied to you

good morning po. update on pt veras po. BP systolic 90, norepi same rate po

Pt veras

8:33 AM "maximize inotropes. patas-i pa ang rate. will only accept once stable ang BP.
Ittransfer na nga dili stable, muabot na nga patay sa amoa. furosemide 40 once with
stable BP of >110."-Dr. Delota

noted po. thank you

The Resident Doctor re-apprised the family regarding the status of the referral and the Patient. The Family evidently consented and decided that the Patient will be transferred to Tertiary Hospital knowing all the risks of transporting the unstable Patient

Attached: consent for refusal of intubation and Transporting the unstable Patient





HINATUAN DISTRICT HOSPITAL
Purok 2 Nazareno Street, Barangay Lacasa, Hinatuan, Surigao
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7/14/25

Oso ni Paolo E. Pandli, Jr. ang nag-ambag sa pagpapalaganap ng kaniyang karamdaman sa hinatuan district hospital. Ang kaniyang karamdaman ay nagkaroon ng pagpapalaganap sa hinatuan district hospital. Ang kaniyang karamdaman ay nagkaroon ng pagpapalaganap sa hinatuan district hospital.

VITAL SIGNS	S-O-A-P
AGE: 44	
TEMP: 36	
PR: 64-70	
HR: 91	
BP: 100/60	
SpO2: 96	
WT: 60kg	
HT: 165cm	
CC: Edema on both leg Yellowish skin on face < both leg Dys Hx of hypertension	 Aggravated 9/15/24 Paolo E. Pandli, Jr. Paolo E. Pandli, Jr. Paolo E. Pandli, Jr.

Patient was accepted for referral at 8:51am
Time of Departure: 9:35am

Ang mga karamdaman ng mga pasyenteng itinatagpuan sa hinatuan district hospital ay nagkaroon ng pagpapalaganap sa hinatuan district hospital. Ang mga karamdaman ng mga pasyenteng itinatagpuan sa hinatuan district hospital ay nagkaroon ng pagpapalaganap sa hinatuan district hospital.

regarding pt veras po. nag-inisip po ang pt na mutransfer na po siya, gi...

pt veras

8:51AM "okay, ipapirma gyud sila verbatim na kasabot sila sa risiko. max ang inotropes ha. 30. 30 na lang. proceed with transfer."-Dr. Delota

pa send po kami sa waiver, thanks.

ASTMMC replied to himself

pt veras

"okay, ipapirma gyud sila verbatim na kasabot sila sa risiko. m...

Thank you for your patience!

Patient: VERAS
Status: Accepted and may proceed to ASTMMC WITH ESCORT.

Please provide a copy of All DIAGNOSTIC RESULTS.

Kindly send us the ASTMMC TRANSIT TEMPLATE 30 minutes prior to transport.

Receiving ROD: Dr. Delota
Thank you and have a good day!

While on Transit, Patient is unresponsive. No vital signs appreciated
Pt was brought in to the local Hospital (Marihatag District Hospital).
High Quality CPR done, 2 cycles of epinephrine given with NO RETURN OF
SPONTANEOUS CIRCULATION and BREATHING

Declared expired at Marihatag District Hospital: 7/14/25 approx : 11am

REPORTED BY:

Name: Paolo Earl Pandli, MD

Department:ER

Designation: MOIII

VERIFIED TRUE
PHOTOCOPY

Jerome L. Aguirre
CO-ADMIN

Republika ng Pilipinas
LALAWIGAN NG SURIGAO DEL SUR
TANDAG CITY

Tanggapan ng Sangguniang Panlalawigan
(Office of the Provincial Council)

EXCERPT FROM THE MINUTES OF THE 2ND REGULAR SESSION OF THE 21ST SANGGUNIANG PANLALAWIGAN OF SURIGAO DEL SUR HELD AT THE SANGGUNIANG PANLALAWIGAN SESSION HALL, LEGISLATIVE BUILDING, CAPITOL OF THE SOUTH, KAHAYAG, BISLIG CITY, PROVINCE OF SURIGAO DEL SUR ON JULY 15, 2025

PRESENT:

Hon. Joey S. Pama	- Sangguniang Panlalawigan Member (Temporary Presiding Officer)
-------------------	--

Regular Sangguniang Panlalawigan Members:

District I	District II
Hon. Ruel D. Momo	Hon. Gines Ricky J. Sayawan, Sr.
Hon. Henrich M. Pimentel	Hon. Margarita G. Garay
Hon. Jose Dumagan Jr.	Hon. Anthony Joseph P. Cañedo
Hon. Valerio T. Montesclaros, Jr.	Hon. Raul K. Salazar

Ex – Officio Member:

Hon. Melanie Joy M. Guno	- President, Provincial Chapter of the Liga ng mga Barangay sa Pilipinas
--------------------------	---

ON OFFICIAL BUSINESS:

Hon. Manuel O. Alameda, Sr.	- Vice Governor
Hon. Antonio C. Azarcon	- Member, Sangguniang Panlalawigan
Hon. John Paul C. Pimentel	- President, Philippine Councilors' League, Surigao del Sur Chapter
Hon. Jimmy I. Guinsod	- Indigenous Peoples Mandatory Representative, Surigao del Sur
Hon. Yuri Art Eufy R. Sanchez	- President, Panlalawigang Pederasyon ng mga Sangguniang Kabataan

RESOLUTION NO. 19-25
(Series of 2025)

EARNESTLY REQUESTING DR. FAYE C. MARCOJOS, CHIEF OF HOSPITAL, HINATUAN DISTRICT HOSPITAL TO FURNISH THE 21ST SANGGUNIANG PANLALAWIGAN A COPY OF HOSPITAL POLICIES BEING IMPLEMENTED BY SAID HOSPITAL

AUTHOR:

HON. ANTHONY JOSEPH P. CAÑEDO

(Series of 2025)

WHEREAS, on July 13, 2025, a concern was reported regarding the death of a certain Mr. Jovelito Maceda Veras, a resident of Hinatuan, Surigao del Sur. He was confined at Hinatuan District Hospital and was recommended for immediate transfer due to the need for advanced medical attention, however, he eventually passed away;

WHEREAS, there was a significant delay in his scheduled transfer. Although the transport was supposedly arranged for that same night, the actual transfer was delayed for nearly twelve (12) hours. One of the reasons cited by the hospital staff for the delay was the patient's high blood pressure;

WHEREAS, in addition to the delay, the patient's family, raised another concern, they were allegedly asked to pay a down payment or deposit before the patient could be processed for transfer to Adela;

WHEREAS, as a government hospital, it is expected that services should be rendered without requiring advance payments that may hinder access to urgent medical care, particularly for indigent or underprivileged patients;

WHEREAS, in line with the commitment of the Sangguniang Panlalawigan to ensure accessible, timely, and equitable healthcare services to all constituents, there is a need to review the existing hospital policies to determine whether amendments or policy enhancements are necessary to prevent similar incidents from recurring;

WHEREAS, in view of the foregoing and on motion of Hon. Anthony Joseph P. Cañedo, duly seconded by Hon. Margarita G. Garay:

NOW THEREFORE

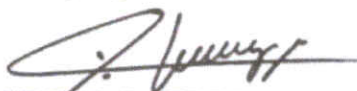
BE IT RESOLVED by the Sangguniang Panlalawigan of Surigao del Sur to earnestly request Dr. Faye C. Marcojos, Chief of Hospital, Hinatuan District Hospital to furnish the 21st Sangguniang Panlalawigan a copy of hospital policies being implemented by the said hospital.

RESOLVED FURTHER: To furnish copies of this Resolution to Dr. Faye C. Marcojos, Chief of Hospital, Hinatuan District Hospital, Nazareno St., Purok 2, Lacasa, Hinatuan, Province of Surigao del Sur, for her information and appropriate action.

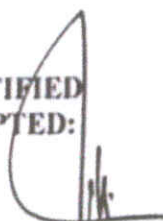
ADOPTED this 15th day of July 2025 at the City of Bislig, Province of Surigao del Sur by unanimous votes of all Sangguniang Panlalawigan Members present.

X-----X

I HEREBY CERTIFY to the correctness of the foregoing Resolution.


EDGAR G. PEREZ II, J.D.
 Secretary to the Sangguniang Panlalawigan

**ATTESTED AND CERTIFIED
 TO BE DULY ADOPTED:**


JOEY S. PAMA
 SP Member
 Temporary Presiding Officer



HINATUAN DISTRICT HOSPITAL

Purok 2 Nazareno Street, Barangay Lacasa, Hinatuan, Surigao del Sur
8310, Philippines

"PHIC Accredited Health Care Provider"

E-mail: hinatuandistricthospital74@gmail.com



POLICIES AND PROCEDURES ON THE USE OF HOSPITAL AMBULANCE

AMBULANCE USE

1. The ambulance shall be utilized primarily for the transport of patients, with special priority afforded to those who are critically ill or have sustained trauma or injury necessitating immediate medical intervention.
 2. All referrals must be properly documented by way of a written medical order entered into the patient's clinical chart.
 3. It is the sole responsibility of the Attending Physician to issue a written referral order, which shall form an integral part of the patient's medical records.
 4. A duly accomplished and signed referral slip shall accompany every patient referred. A second copy of the referral slip must be obtained and signed by the receiving health care provider, which shall serve as an independent document attesting to the conduct and acknowledgment of the referral.
 5. The Attending Physician must clearly inform the patient and/or the immediate family of the necessity of referral, including a concise and comprehensible explanation of the clinical rationale for such referral.
 6. The Attending Physician shall accomplish the prescribed referral template and ensure its submission to the facility's operations center. Coordination with the resident physician of the receiving facility regarding the patient's medical condition shall be undertaken as part of the referral process.
 7. Victims or patients affected by emergencies or disasters must be transported without delay to the nearest health facility capable of providing definitive care.
 8. The hospital ambulance may also be used for the transport of urgently required medical resources such as medicines, blood products, and life-saving medical supplies.
 9. The ambulance service of the hospital shall be under the operational supervision of the Emergency Department, with administrative support and oversight provided by the Administrative Office.
-



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10. The use of the ambulance for the transport of cadavers is strictly prohibited.
11. In the unfortunate event that a patient expires en route, the ambulance shall proceed to the nearest hospital or health facility for the pronouncement of death. Thereafter, the hospital shall not be held responsible for transporting the deceased patient's remains.
12. In case of mechanical failure or breakdown of the ambulance during the conduct of a referral, the Ambulance Driver shall immediately notify the Chief of Hospital or the Administrative Officer, who shall facilitate appropriate rescue measures through either the hospital's patient transport vehicle or, if available, an LGU ambulance.
13. The ER nurse on duty or the charge nurse shall ensure that all details of the referral are accurately and legibly recorded in the Referral Logbook.
14. Prior to deployment, the Ambulance Driver shall conduct a comprehensive safety check of the ambulance, including the application of the BLOWBAGETS checklist, to confirm roadworthiness and safety compliance.
15. The accompanying nurse shall verify and prepare all essential medical equipment, including emergency medications, oxygen supplies, and other life-saving devices necessary for patient transport.
16. Prior to dispatch, the Ambulance Driver shall notify the on-duty security guard, who shall then document the departure time in the official Dispatch Logbook.
17. Upon return to the facility, the Ambulance Driver must again notify the duty security guard to record the exact time of arrival in the same logbook.
18. The Ambulance Driver is mandated to submit a duly signed Return Referral Form to the ER nurse on duty or the designated charge nurse as part of post-transport documentation.
19. All return referral forms must be collected and systematically filed to facilitate prompt and accurate retrieval when necessary.
20. The ambulance shall undergo routine disinfection and decontamination procedures both before and after the conduct of patient transport, in strict adherence to infection control protocols.



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21. The Administrative Officer shall be responsible for monitoring, documenting, and ensuring the conduct of regular preventive maintenance activities of the ambulance, including coordination with the Provincial Motorpool if needed.
22. Use of the ambulance for non-patient transport is generally prohibited, except in instances where no other service vehicle is available, and only under the following exceptional circumstances:
 - Withdrawal of hospital funds from banks;
 - Medical outreach programs duly authorized by the hospital;
 - Urgent delivery or procurement of essential medical drugs or supplies;
 - Emergency transportation of hospital personnel during natural disasters or other events of exigency of public service;
 - Transporting patients to and from seaports or airports.
 - In all such cases, patient transport shall remain the top priority.
23. Prior to every referral, the Ambulance Driver is required to formally inform the Administrative Officer and the Chief of Hospital regarding the referral to be conducted.
24. The official HOTLINE/TRUNKLINE number of the Hospital ambulance and Referring hospital must be accessible and serviceable.

CP# 09195213562/09079737679.



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FLOW OF REQUEST OF AMBULANCE USE

STEPS	PERSON RESPONSIBLE
Order of referral conduct	Attending Physician
Coordinates with OPCEN	Attending Physician
Fill out the Referral Form completely	Attending Physician
Fill out the Transit Referral Form completely	Attending Physician
Fill out request for ambulance use	Nurse on Duty
Submit request for approval of AO/COH	Nurse on Duty
The Attending Physician will prioritize the patient with the most URGENT case if there are two (2) approved requests.	Attending Physician COH/AO
If in case the approving authority (COH/AO) is not available, the Attending Physician shall carry out the approval.	Attending Physician
Coordinate with the driver	AO/Nurse on Duty
Prepare trip ticket	Driver
Inform folks of patient about the tariff	Nurse on Duty
Initiate Payment	Patient SO
Issuance of approved payment	Cashier
Prepare the ambulance and the medical equipment for the referral conduct	Nurse on Duty Driver
Transfer patient safely from the room to the ambulance.	Utility Worker
Conduct transit safely	Ambulance Driver Accompanying Nurse (2)
Endorse current status of the patient upon arrival to the higher facility	Accompanying Nurse
Have the receiving facility to sign the 2 nd copy of the referral form	Accompanying Nurse
Record the dispatch and arrival time in the security guard's dispatch logbook	Security Guard
The ambulance must undergo a thorough decontamination process before and after referral.	Ambulance driver
Ensure that the ambulance is ready for the next conduct of referral	Ambulance Driver Accompanying Nurse



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AMBULANCE TARIFF

The Provincial Government of Surigao del Sur has recommended tariffs based on the destination of referral conduct, as mandated by the Provincial Revenue Code.

Cost-Sharing Provisions

1. Due to current financial constraints of the hospital and pursuant to principles of shared responsibility and sustainability, the cost of fuel for ambulance use during patient transport shall be shouldered by the patient or patient's family.
2. The fuel cost shall be computed based on the round-trip distance (in kilometers) from HDH to the receiving referral facility, multiplied by the prevailing market price of fuel at the time of referral.
3. A computation sheet indicating the estimated total cost shall be issued by the Administrative Office and duly signed by the patient's representative.

HINATUAN DISTRICT HOSPITAL AMBULANCE TARIFF

DESTINATION	NO. OF KMS ROUND TRIP	ESTIMATE FUEL CONSUMPTION	FUEL AT COST	MAINTENANCE	TOTAL
HINATUAN – DAVAO	528 KMS	66 LITERS	5,016.00	1, 000.00	6,016.00
HINATUAN – TAGUM	426 KMS	53 LITERS	4,028.00	1,000.00	5,028.00
HINATUAN – BUTUAN	280 KMS	40 LITERS	3,040.00	1, 000.00	4,040.00
HINATUAN - TANDAG	275 KMS	35 LITERS	2,660.00	500.00	3,160.00
HINATUAN – PATIN-AY	134 KMS	17 LITERS	1,292.00	700.00	1,992.00



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HINATUAN - BAROBO	72 KMS	9 LITERS	684.00	500.00	1,184.00
HINATUAN - TAGBINA	56 KMS	7 LITERS	532.00	500.00	1,032.00
HINATUAN - MANGAGOY	72 KMS	9 LITERS	684.00	500.00	1,184.00

Tax Ordinance No. 46-2023
(dated July 18, 2023)

Revised Revenue Code of the Province of Surigao del

DIESEL FUEL/LITER = Php 76.00

RATIO = 8 KMS/LITER

Note: The charge per kilometer is subject to being adjusted based on the current fuel price.

AMBULANCE FEE

1. If two or more patients are transported at the same time, the ambulance charge must be split evenly between the patients.
2. Special consideration is given to most Hinatuanon patients:
 - They may approach the Office of the Municipal Mayor to request fuel assistance free of charge; however, they are still required to pay the corresponding ambulance maintenance fee in accordance with the provisions of the Provincial Revenue Code
 - In instances where two or more patients require simultaneous transport, they may proceed to the Office of the Municipal Mayor to formally request the use of the Rural Health Unit (RHU) ambulance, provided it is available and not currently in use.
3. Payment for ambulance fees:

During office hours (Mon-Fri, 8:00 AM - 12:00 NN; 1:00 PM - 5:00 PM)

 - Payment should be made at the Cashier Office.
 - For transport to Tandag, within the region and outside the region, the hospital will give an official receipt upon payment of ambulance hire on the same day.



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After an office hour:

- Payment should be given to the Nurse on duty, and it is being endorsed to the cashier on the following day.
 - Official receipt can be claimed during office hours the following day.
 - Ambulance driver is not authorized to transact for payment from patients or their representatives.
4. Patient/s availing the hospital ambulance service for the transport of critically ill patients to higher-level facilities shall bear the cost of per diem allowances for the designated escort nurse(s), in accordance with the authorized rates for personnel on Official Business. It is expressly understood that escort nurses who are off-duty at the time of transport shall be entitled to such per diems, while nurses currently on-duty during the period of transport shall not be eligible to receive per diem compensation, consistent with government accounting and personnel policies.

DESTINATION	Per Diems Required for Hospital Personnel : Escort Nurse/s
HINATUAN – DAVAO	2,000
HINATUAN – SURIGAO CITY	2,000
HINATUAN – TAGUM	1,500
HINATUAN – BUTUAN	1,500
HINATUAN - TANDAG	1,500
HINATUAN – PATIN-AY	1,000
HINATUAN -BAROBO	500
HINATUAN - TAGBINA	500
HINATUAN - MANGAGOY	500



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It is expressly provided that only off-duty nurses, who are not currently assigned on active duty or regular hospital shift at the time of transport, may be designated as eligible escort nurses for the purpose of receiving such per diem. Conversely, on-duty nurses who are temporarily tasked to accompany the patient during ambulance transport shall not be entitled to the said per diem, as their service shall be deemed part of their official tour of duty and regular functions.

The per diem shall be included in the total cost estimation presented to the patient or family prior to dispatch, and full payment or undertaking shall be required prior to the provision of the ambulance service, unless otherwise waived for humanitarian or indigency grounds, subject to the recommendation of the Medical Social Worker and approval of the Chief of Hospital.

PERSON AUTHORIZED TO NOTIFY THE AMBULANCE DRIVER

- Doctors, Nurses, Nursing Attendants, Security Guards, and IWs on duty.
- Notification should include transport reason and patient's severity.



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Policies and Procedures in the Establishment of a Referral System

A. Responsibilities of the Referring Facility

In the event that a patient requires referral to a higher-level healthcare facility due to the complexity or severity of their condition, the referring facility shall undertake the following responsibilities to ensure a seamless and safe transfer process:

1. **Assessment and Stabilization**
The referring healthcare team shall assess and stabilize the critically ill patient to the extent permitted by available resources, equipment, and clinical expertise. Initial life-saving measures must be administered prior to transfer.
 2. **Notification of Patient's Significant Others**
The patient's family or significant others must be informed of the patient's condition and the necessity of referral to a higher-level facility. Proper documentation of the discussion shall be reflected in the medical record.
 3. **Identification of the Receiving Facility**
The referring team shall identify an appropriate receiving facility capable of delivering the required level of care based on the patient's condition.
 4. **Pre-Transfer Communication and Coordination**
The referring physician must contact the receiving facility, specifically the emergency department physician or designated counterpart, to communicate the patient's condition, ensure readiness of the facility, and secure approval for transfer.
 5. **Admission Requirements for Inpatients**
In the case of inpatient referrals, the receiving hospital must confirm the availability of an appropriate bed and the willingness of a physician with admitting privileges to accept the patient.
 6. **Referral Hotline Access**
A designated hospital hotline shall be made available and accessible at all times to facilitate prompt referral communications and coordination.
 7. **Physician-to-Physician Communication**
All inter-hospital referrals must be directly coordinated between the referring physician and the accepting physician to ensure proper clinical handoff and continuity of care.
 8. **Transport Preparation**
The referring facility shall arrange for the transport of the critically ill patient using a Type I ambulance equipped for emergency care.
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9. Ambulance Staffing

Qualified paramedical personnel must accompany the patient during the transfer. Their presence is essential to monitor the patient's condition and provide emergency interventions during transit, if necessary.

10. Continuity of Care During Transfer

The paramedical staff of the referring facility must assume full responsibility for the patient's safety and continuity of care throughout the transport process until the patient is formally endorsed to the receiving facility.

11. Completion of Referral Documentation

All referral documents, including the referral form and copies of diagnostic test results (e.g., laboratory, imaging), must be completed legibly and accurately. These must accompany the patient during transfer.

12. Documentation in the Medical Record

All relevant medical information, assessments, clinical interventions, and referral communications must be thoroughly documented in the patient's medical record prior to transfer.

B. Responsibilities of the Receiving Facility

Upon acceptance of a patient referral from another facility, the receiving hospital shall ensure the following responsibilities are fulfilled to guarantee timely, appropriate, and coordinated care for the critically ill patient:

1. Acceptance of Referral Communication

The receiving facility shall acknowledge and accept referrals for critically ill patients via direct telephone communication. The attending physician, emergency department physician, or any designated point person shall confirm acceptance and coordinate with the referring physician regarding patient details and clinical condition.

2. Pre-Arrival Arrangements

Upon confirmation of referral, the receiving facility must initiate all necessary internal preparations prior to the arrival of the patient. These include but are not limited to:

- Allocation of a hospital bed or appropriate clinical area;
- Notification of the on-duty medical and nursing staff;
- Preparation of necessary equipment or treatment materials required for immediate care.



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3. Immediate Medical Management

The receiving facility shall provide timely and appropriate medical care to the referred critically ill patient without delay. Initial assessment and life-saving interventions must commence upon arrival, and the continuity of care from the referring facility must be sustained.



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Important Provisions on Emergency Referrals and Patient Transfers

1. All hospitals shall maintain a dedicated telephone line exclusively for emergency referrals and critical inter-facility coordination. This line shall be operational at all times and readily accessible to authorized health personnel to facilitate urgent communication and immediate action.
 2. Referral of patients to other health facilities shall be predicated upon the following medically and administratively justified circumstances:
 - The requirement for specialized medical care or diagnostic services that are not available at the referring facility;
 - The unavailability of hospital beds or other essential resources at the referring institution;
 - The Ineligibility for treatment in the referring facility.
 - The expressed preference of the patient or the patient's immediate family, provided that such preference does not compromise medical safety or continuity of care.
 3. Upon arrival of any patient in an emergency condition, the receiving health facility has an unequivocal duty to act with diligence and urgency to protect and preserve the life and health of the critically ill patient. Delay, neglect, or refusal of care on non-medical grounds shall constitute a breach of professional and institutional duty.
 4. In the context of a medical emergency, all administrative, procedural, or financial restrictions shall yield to the overriding objective of stabilizing the critically ill patient. Emergency medical care shall be rendered without regard to cost, resource allocation, or administrative limitations, until the patient's condition is stabilized and suitable for transfer or further definitive management.
 5. All patient information, including those generated during emergency interventions and referrals, shall be treated with the highest degree of confidentiality and professional discretion. Any disclosure must be limited to authorized personnel and in accordance with applicable privacy laws, ethical standards, and institutional policies.
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HINATUAN DISTRICT HOSPITAL

HOSPITAL POLICY

Republic Act No. 10932

ANTI-HOSPITAL DEPOSIT LAW

Hinatuan District Hospital is mandated by its administration to fully implement the RA. 10932 or also known as the **"Anti-Hospital Deposit Law"**.

This is a Republic Act strengthening the anti-hospital deposit law by increasing the penalties for the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency, or serious cases, amending for the purpose Batas Pambansang Bilang 702, otherwise known as "An act prohibiting the demand of deposits or advance payments for the confinement or treatment of patients in hospitals and medical clinics in certain cases", as amended by Republic Act No. 8344, and for other purposes. To uphold social welfare for the disadvantaged or indigent communities, Batas Pambansa Bilang 702, as amended by Republic Act No. 10932, prohibits the demand or acceptance of deposits or advance payments as prerequisite for administering basic emergency patient care and medical treatment, including confinement; and the refusal to administer emergency medical treatment or support to a patient in a hospital or medical clinic.



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- In emergency or serious cases, it shall be unlawful for any proprietor, president, director, manager or any other officer, and/or medical practitioner or employee of a hospital or medical clinic to request, solicit, demand or accept any deposit or any other form of advance payment as a prerequisite for administering basic emergency care to any patient, confinement or medical treatment of a patient in such hospital or medical clinic or to refuse to administer medical treatment and support as dictated by good practice of medicine to prevent death or permanent disability, or in the case of a pregnant woman, permanent injury or loss of her unborn child, or non-institutional delivery: Provided, that by reason of inadequacy of the medical capabilities of the hospital or medical clinic, the attending physician may transfer the patient to a facility where the appropriate care can be given, after the patient or his next of kin consents to said transfer and after the receiving hospital or medical clinic agrees to the transfer: Provided, however, That when the patient is unconscious, incapable of giving consents and/or unaccompanied, the physician can transfer the patient even without his consent: Provided, further, that such transfer shall be done only after necessary emergency treatment and support have been administered to stabilize the patient and after it has been established that such transfer entails less risks than the patient's continued confinement: Provided, furthermore, That no hospital or clinic, after being informed of the medical indications for such transfer, shall refuse to receive the patient nor demand from the patient or his next of kin any deposit or advance payment: Provided, finally, That strict compliance with the foregoing procedure on transfer shall not be construed as a refusal made punishable by this Act." (RA 702).



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- After the hospital shall have administered medical treatment and support, it may cause the transfer of the patient to an appropriate hospital consistent with the needs of the patient, especially in the case of poor or indigent patients.
 - "Where there is no ambulance available for use by the hospital for the emergency transfer of the patient to a facility where the appropriate care shall be given, the local government unit (LGU) where the hospital is located must allow the free use of its emergency vehicle to transport the patient to the hospital where a continuation of care shall be given. The hospital must provide a staff nurse with advanced cardiovascular life support (ACLS) certification or its equivalent to accompany the patient in the emergency vehicle.
 - "All hospitals are required to post at their entrance a notice indicating the classification level of the hospital as licensed by the Department of Health (DOH) and the list of medical services that the hospital is authorized to perform."
 - That the hospital shall adhere with the Sections 5. Presumption of Liability; Section 6. Health Facilities Oversight Board; Section 7. PhilHealth Reimbursement of Basic Emergency Care; Section 8. Tax Deductions; of the RA 702



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POLICY STATEMENT

1. No Deposit Requirement
 - In cases of emergency or serious medical conditions, Hinatuan District Hospital shall not solicit, demand, or accept any form of deposit or advance payment as a prerequisite for the administration of basic emergency care, patient confinement, or medical treatment.
 - The hospital is required to provide basic emergency care immediately upon the patient's arrival, regardless of the patient's ability to pay or present financial resources.
2. Emergency and Serious Cases Defined
 - An emergency or serious case refers to any situation where the patient's life is in danger or there is a risk of serious harm if medical care is not immediately administered.
3. Referral Protocol
 - If the hospital is unable to provide the appropriate medical treatment due to capacity or specialty limitations, it must initiate the necessary referral to another hospital without delay and ensure that the patient receives initial stabilizing care.



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4. Patient Rights and Awareness

- Patients and their families must be informed of their rights under Republic Act No. 10932, including their right to receive emergency care without deposit requirements. Appropriate signage about the law must be displayed in visible areas within the hospital premises.

PROCEDURE:

1. Upon admission of an emergency case, medical personnel must immediately administer appropriate care and stabilization procedures.
2. The patient's financial capability shall only be assessed after initial emergency care has been provided.
3. All emergency treatments must be duly documented, including any stabilization measures taken prior to referral or transfer to another facility. Any refusal of deposit demands must also be documented for legal and regulatory purposes.
4. Any hospital personnel found in violation of this policy may face disciplinary action in accordance with hospital regulations. The hospital is also subject to penalties under Republic Act No. 10932, which include fines and imprisonment for any unlawful refusal to provide emergency care due to non-payment.

References:

Republic Act No. 10932 (Anti-Hospital Deposit Law)

Department of Health (DOH) guidelines on emergency care and hospital operations