



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT:

Total Quality Division

POLICY NUMBER:

DPOTMH-APP-TQD-P037-(01)

TITLE/DESCRIPTION:**DOCUMENT REQUEST POLICY****EFFECTIVE DATE:**

October 15, 2024

REVISION DUE:

October 14, 2027

REPLACES NUMBER:

DPOTMH-A-3-P03

NO. OF PAGES: 1 of 8

APPLIES TO: All Employees of DPOTMH, Una Konsulta, and MRCCC

POLICY TYPE: Administrative

PURPOSE:

1. To provide guidance on the process of:
 - 1.1 requesting official records or documents from the departments under Total Quality Division (TQD)
 - 1.2 requesting for creation, revision or obsoleting records and documents
 - 1.3 requesting for a copy of contracts, memorandum of agreements and permits
2. To facilitate compliance with the requirements of the division for the processing of the requested record or documents.
3. Ensure that the data requested are protected and distributed to authorized persons only.

DEFINITIONS:

Requesting Party - the person who requests a copy of a record or document.

Business Day - a day that the office is open to provide services, which excludes Saturdays, Sundays, legal holidays, and administrative holidays. Standard operating hours are between 8:00 am to 5:00 pm.

RESPONSIBILITY:

Total Quality Division, Requestor/Originator, Accreditation and Documentation Staff

POLICY:

1. All requests for records and documents shall be submitted to the Total Quality Division using the Document Request Form [DPOTMH-DOC-F002 (1)].
 - 1.1 Other employees (aside from TQD staff) who received the request for document or records shall direct the requestor to the division.
2. The request shall state the specific document or record (e.g. contract, permit, policies, etc.) needed. If the requestor is unsure, a brief description of the needed document or record shall be stated on the request.
3. Once the request has been received, the Accreditation and Documentation Staff shall facilitate the request by asking the requestor to fill out the Document Request Form. The complete guide on the use of the Document Request Form is discussed in the Standard Operating Procedure (SOP).
4. All requests shall be countersigned by the Immediate Head to signify the authenticity of the request.





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5. The following are the records and documents that can be processed and requested in TQD:
- 5.1 Policies
 - 5.2 Standard Operating Procedures
 - 5.3 Work Instructions
 - 5.4 Flowcharts
 - 5.5 Minutes of the Meetings
 - 5.6 Hospital Forms
 - 5.7 Contracts and Memorandum of Agreements
 - 5.8 DOH Assessment Tools
 - 5.9 Permits and Licenses (limited to the following)
 - a) Department of Health- License to Operate (LTO)
 - b) Business Permits [e.g. Mayor's Permit, Fire Safety Inspection Certificate (FSIC), Business Permit Application Forms]
 - c) Profession Tax Receipts (PTR)
 - d) Permit to Construct (PTC)

6. The turn-around time shall be as follows (*TAT shall be calculated from the time of the Document Request Form has been completed and received*):

6.1	Processing of new policy, SOP, work flow, and work instruction (<i>editing only and does not include the routing for signature</i>)	5 business days (**urgent requests shall be facilitated as soon as possible)
6.2	Processing of revised policy, SOP, work flow, work instruction (<i>editing only and does not include the routing for signature</i>)	3 business days***
6.3	Request for obsoleting documents	3 business days
6.4	Request for copy of policy, SOP, work flow, work instruction (controlled copy)	2 business days
6.5	Request for copy of policy, SOP, work flow, work instruction (PDF copy)	1 business day
6.6	Request for copy of Minutes of the Meetings	2 business days
6.7	Request for copy of Contracts and Memorandum of Agreement (MOA)	At least 7 business days (time frame for notarization is not fixed as it would depend on the law firm where the documents were forwarded)

MASTER COPY



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6.8	Permits, Accreditation Certificates, Licenses	3 business day
6.9	Other documents not stated above	Depending on the availability of the document

7. In the event that the request has been denied, either in whole or in part, (or if the requested document is unavailable) the Accreditation and Documentation Staff shall notify the requesting party stating the reason for the denial of the request by noting it in the Document Request Form (DRF) and providing a copy of the DRF.
8. If the requested document is tagged as "confidential" or is deemed restricted to the general public, a letter shall be submitted and addressed to the President and CEO for approval prior to releasing the document.





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PROCEDURE (SOP):

1. The Requestor/Originator submits the requests for records and documents to the TQD using the Document Request Form [DPOTMH-DOC-F002 (1)]. The copy of the form is available at the e-library of the Hospital Communicator.
2. The Requestor/Originator fills out the form. If the requestor is unsure, a brief description of the needed document or record shall be stated on the request.
3. The Requestor/Originator requests his/her immediate head to sign the DRF prior to sending the request to TQD.
4. The Accreditation and Documentation Staff checks for the completeness of the submitted form.
5. The Accreditation and Documentation Staff releases the necessary document request by the requestor/originator.
6. In the event that the request has been denied, either in whole or in part, (or if the requested document is unavailable) the Accreditation and Documentation Staff notifies the requesting party stating the reason for the denial of the request by noting it in the Document Request Form (DRF) and providing a copy of the DRF.





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WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
1. Submits the requests for records and documents to the TQD using the Document Request Form [DPOTMH-DOC-F002 (1)]. The copy of the form is available at the e-library of the Hospital Communicator.	Requestor/Originator
2. Fills out the form (DRF).	
3. Requests his/her immediate head to sign the DRF prior to sending the request to TQD.	
4. Checks for the completeness of the submitted form.	Accreditation and Documentation Staff
5. Releases the necessary document request by the requestor/originator.	





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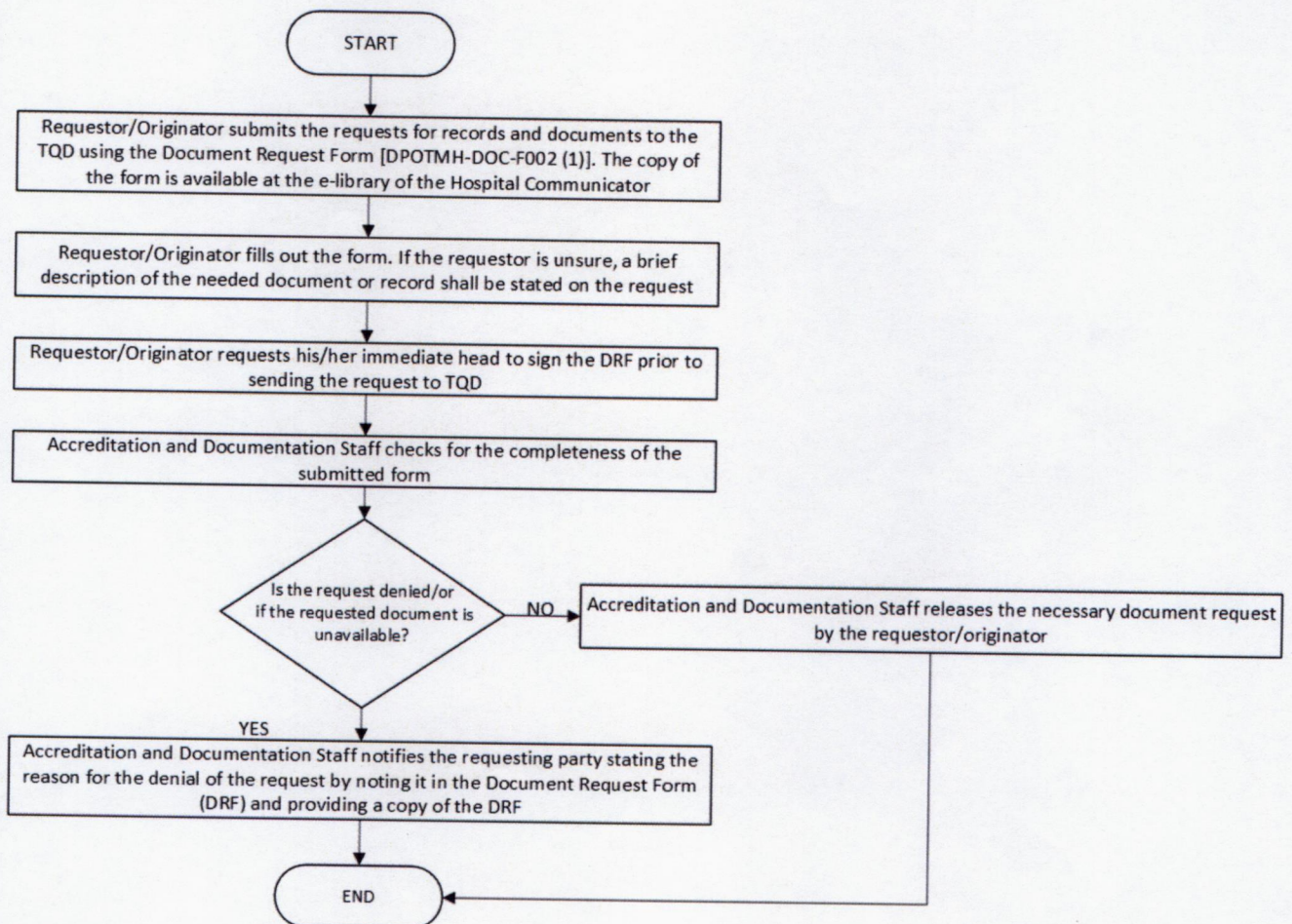
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WORK FLOW:





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FORMS: DPOTMH-DOC-F003(1)
EQUIPMENT: N/A
REFERENCES: N/A





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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
Prepared by:	SHAYNE MARIE C. VERDE Accreditation Standard Internal Auditor		09-20-24	
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	JULIE ANNE CHRISTINE J. KO Chief Finance Officer		9/24/24	
	NOEL P. GARBO General Services Head		9/25/24	
	ROSARIO D. ABARING Ancillary Division Head		09.26.2024	
	NANCY B. HIZON Human Resources Division Head		9.27.2024	
	JOSE PEPITO B. MALAPITAN, MD Medical Director		SEP 30, 2024	
	MA. ANTONIA S. GENSOLI, MD VP/ Chief Medical Officer		10-1-24	
	SOCORRO VICTORIA L. DE LEON VP/ Chief Operating Officer		10/03/2024	
Final Approved by:	GENESIS GOLDI D. GOLINGAN President and Chief Executive Officer		10/15/24	

