



Republic of the Philippines
Province of Negros Occidental
**ECONOMIC ENTERPRISE DEVELOPMENT
DEPARTMENT**

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A Primer On:

“NEGROS OCCIDENTAL CONSIGNMENT SYSTEM”

SP Ordinance No. 009, Series of 2007 otherwise known as
“An Ordinance Institutionalizing the Negros Occidental Consignment System”

Also Featuring:

SP Ordinance No. 004, Series of 2008
“An Ordinance Initiating Reforms and Modernization of Provincial Government Owned Hospitals in Negros Occidental to be known as the Negros Occidental Hospital Reform Agenda of 2008”

Compiled by:

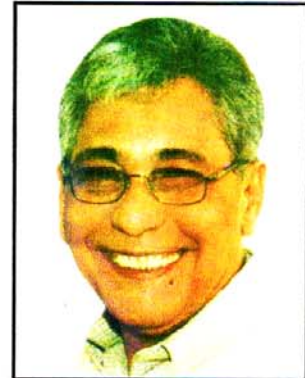
ADMINISTRATIVE SUPPORT SERVICES
EEDD, PAC, Bacolod City

Year 2008



Republic of the Philippines
OFFICE OF THE GOVERNOR
Province of Negros Occidental

Message



Our warmest greetings to the people of the Province of Negros Occidental!

We are honored and happy to provide you with this primer on the Negros Occidental Consignment System and Hospital Reform Agenda aimed at giving you basic information on the major health programs that we are implementing to accelerate the delivery of services to all our people.

Health is foremost in our **HEARTS PLUS** program which refers to health, environment, agriculture, roads and other infrastructure, tourism, trade and investments, social services including education, personnel and human resource development, livelihood and employment opportunities, urban planning and rural development, and systems and governance.

HEARTS PLUS is our battle cry for public service with compassion, and with the support and cooperation of everyone, we know we will achieve our mission.


ISIDRO P. ZAYCO
Governor



Republic of the Philippines
OFFICE OF THE SANGGUNIANG PANLALAWIGAN
Province of Negros Occidental

Message



My warmest greetings!

The approval and implementation of Ordinance No. 009, Series of 2007 entitled "**AN ORDINANCE INSTITUTIONALIZING THE NEGROS OCCIDENTAL CONSIGNMENT SYSTEM**" and Ordinance No. 004, Series of 2008 entitled "**AN ORDINANCE INITIATING REFORMS AND MODERNIZATION OF THE PROVINCIAL GOVERNMENT-OWNED HOSPITALS IN NEGROS OCCIDENTAL TO BE KNOWN AS THE NEGROS OCCIDENTAL HOSPITAL REFORM AGENDA OF 2008**" paved the way to the upgrading and boosting of the operational effectiveness and efficiency of hospital healthcare operations in the Province of Negros Occidental.

This proves that economic enterprise development can boost the income of the province without jeopardizing its efficient and effective medical services to its constituents.

With utmost gratefulness and pride I am privileged to have been given the opportunity to be of service to the people of the Province of Negros Occidental and be instrumental for the passage of these ordinances on my first term as Board Member which, in one way or the other, benefited the lives of our constituents, especially the under-privileged, that they be provided with modern, efficient and effective healthcare services by our provincial and district hospitals.

Thank you and Mabuhay!

A handwritten signature in black ink, appearing to read "Melvin L. Ibanez".

HON. MELVIN L. IBANEZ, M.D.
Board Member,
5th District Province of Negros Occidental
Chairman, Committee on Health

CONTENTS

MESSAGE OF THE GOVERNOR

Hon. Isidro P. Zayco

MESSAGE OF THE VICE GOVERNOR

Hon. Emilio L. Yulo III

MESSAGE OF THE CHAIRMAN, SP COMMITTEE ON HEALTH

Hon. Melvin L. Ibañez

ACKNOWLEDGMENT

Administrative Support Services, EEDD

HISTORY OF THE NEGROS OCCIDENTAL CONSIGNMENT SYSTEM

FREQUENTLY ASKED QUESTIONS ON CONSIGNMENT SYSTEM

ANNEXES

SP Ordinance No. 009, Series of 2007 otherwise known as
“An Ordinance Institutionalizing the Negros Occidental Consignment System”

Implementing Rules and Regulations of Sangguniang Panlalawigan Ordinance No. 009, Series of
2007 Otherwise Known as “Negroes Occidental Consignment System”

SP Ordinance No. 004, Series of 2008 “An Ordinance Initiating Reforms and Modernization of
Provincial Government Owned Hospitals in Negros Occidental to be known as the Negros
Occidental Hospital Reform Agenda of 2008”

Flow Chart of Consignment System

List of Contacts at the EEDD

ACKNOWLEDGEMENT

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INSTITUTIONALIZATION OF THE NEGROS OCCIDENTAL CONSIGNMENT SYSTEM

Innovation is the key for organizations to remain competitive, much more to provide the best services for the clientele against the realities of limited budget and resources. This holds true not only in private organizations but also with Local Government Units, as well. While the Province of Negros Occidental strived hard to upgrade its hospital facilities, its medical services for the constituents remained to be hampered due to lack of budget, supplies and equipment. This scenario forced the province's 10 Hospitals under the Economic Enterprise Development Department (EEDD) to find solutions against improved, reasonable and inexpensive hospital services through innovative generation of revenues in accordance with the philosophy of local autonomy. With all the legal, technical and administrative capabilities assembled at the EEDD with strong executive-legislative partnership, an innovative project probably an LGU pioneering effort was conceptualized to confront the shortage of medicines, supplies and equipment in the hospitals without relying much on the regular budget or appropriation. This was how the "Negros Occidental Consignment System" came about.

Prior to its conceptualization and implementation, the EEDD conducted series of consultations and workshops among its Nine District Hospitals and one Provincial Hospital. It was found out that medical services are saddled with following issues:

- Lack of Budget
 - a. The actual budget provided for medicines and supplies is barely one third of the ideal budget envisioned for very good hospital operations;
 - b. Revenue generation is not optimized
 - c. This has become dysfunctional and gravely affected the quality of medical services offered by the province
- Unavailability of quality and reasonably priced drugs
 - a. This can be attributed to the fact that big pharmaceutical companies are reluctant if not disinterested to supply local government units due to long delayed payment associated with bureaucratic processes
- Delayed delivery of purchased medicines and supplies
- Low morale of health workers due to lack of budget and medicines
- There is need to upgrade infrastructure and equipment

With the aforementioned premises, the EEDD recommended the drafting of an ordinance for legally adopting a consignment system. In 2005, SP Ordinance No. 019 was passed by the Sangguniang Panlalawigan paving the way to experiment consignment with fluids amounting to P 1.6 million. The implementation started cautiously slow considering that there were legal and administrative concerns that must be planed out in the trial run. The experience enabled the province to avail supplies of fluids at a very low price without prior appropriation or budget. This was followed with the consignment of x-ray films resulting to savings of more than five hundred thousand from cassettes provided free of use by the consignors. Aside from the absence of appropriation, the province was able to extend / expand its medical services resulting to increase in revenues, round the clock availability of supplies, offered new medical services, and most specifically, the Hospital Operations Division was able to save money and increase its income.

The EEDD continuously monitored the experimental process, and it was found out that, being a new system, there were different opinions as to its nature of implementation. One issue was whether this program is a mode of procurement or not. As a matter of fact, some provisions of the first consignment ordinance were amended. The EEDD and other concerned departments went back to the drawing table again and clarified some areas of the experience. The issue now has been clarified that the consignment systems is not a mode of procurement and therefore, not governed by the Procurement Act. Thus the EEDD again made recommendations to revise / repeal the previous ordinances / issuances, and finally an improved version, SP Ordinance No. 009 Series of 2007, was passed. The new version treated the consignment system as distinct from procurement under RA9184.

Even at the early stage of the experimentation, the consignment system had shown significance as a solution for LGU's experiencing the same concerns in hospital operations. As of July 17, 2007 the system generated gross profit of more than Five Hundred Sixty Thousand Pesos from fluids and x-ray supplies, barely six months from its first implementation. What was more revealing is that the almost P 1.9 million pesos saved from x-ray cassettes and Zegin drugs as a consequence of the system as a whole, the consignment was able to generate income of Four Million Two Hundred Seventeen and Six Hundred Two Pesos (P 4,217,602.00) from year 2006 to May 31, 2008. Worthy of note, the province was able to open its Dialysis Center and Hemodialysis at the Provincial Hospital in Silay. It benefited the hospitals in terms of extended package from the consignor like the free use of equipment, technician, and personnel. In harvesting the fruits of its creativity and in compliance with COA's recommendation for the utilization of consignment income, the Sangguniang Panlalawigan recently passed SP Resolution No. 0599, Series of 2008 approving for the utilization of the fifty nine percent (59%) or a sum of P 2.5 Million from the consignment income to be used by the EEDD on the following; purchase of hauling truck, hiring of additional staff, maintenance and fuel for vehicles, human resource development, primer project, etc. Lately, a challenge was thrown among heads of the non-hospital offices and divisions of the EEDD to exploit the use of consignment in their respective operations. Having just opened doors of opportunities the consignment is a program to reckon with for LGU's as entrepreneur and public service provider. Recognizing its potentials, as number of LGUs (more than eight provinces and a number of cities and municipalities) from the Visayas and Luzon visited the EEDD for consolation on the institutionalization of the consignment system. We force that the consignment system will become a major source of revenues for LGUs in the years to come.

FREQUENTLY ASKED QUESTIONS ON CONSIGNMENT SYSTEM

1. What is consignment system as implemented by the EEDD?

It is a method of assuring availability of stocks wherein a consignor places its goods at the Provincial Hospital Pharmacy/ies or other participating divisions and offices of the Economic Enterprise Development Department (EEDD) for sale, and the former is being paid by the latter for only the actual quantity sold or consumed using the money generated from the sale of the consigned goods within the agreed period of time. The consignment system is governed by SP Ordinance No. 009, Series of 2007 otherwise known as “An Ordinance Institutionalizing the Negros Occidental Consignment System”

2. What are the salient features of the Consignment Ordinance?

The ordinance highlights the institutionalization of consignment system with the following features; a) Creation of Consignment Advisory Committee – an advisory and recommendatory body to the Governor which is composed of representatives from concern departments of the province and is chaired by the head of the EEDD, b) Creation of Hospital Consignment Committee – which handles the consignment of items for the Hospital Operations, and c) Creation of Non-Hospital Consignment Committee – which takes charge of the consignment of items for Non-hospital offices/ divisions/ programs/ joint ventures of the EEDD. The consignment system is not a mode of procurement and therefore not governed by the Procurement Act. It is one innovative program of the Province to raise revenue while at the same time enhancing public services. In general, the consignment system seeks to provide quality public service through increase revenues arising from its implementation. For the hospital operations in particular, the consignment system is envisioned to achieve the following; a) improved and expanded medical services in hospitals b) increased income for the Hospital Operations of the EEDD, c) year round availability of drugs and supplies for the hospitals, d) cheaper and fresh drugs, medicines and supplies including equipment, and e) enhanced hospital capability without entailing huge amount of investment on the part of the province.

3. How does consignment differ with bidding (procurement)?

Consignment differs from the bidding process in many ways. The consignment procedure is handled by the EEDD through the respective consignment committees while the bidding process is at the Bids and Awards Committee. There is no need for appropriation or budget for the consignment while bidding requires that there shall be prior appropriation in the procurement of items. In consignment, the delivered items technically belong to the consignor and the consigned goods are just held in trust by the consignee. In procurement, items delivered and accepted by the government are considered property of the government. The consignment system is governed by SP Ordinance No. 009, Series of 2007 otherwise known as “An Ordinance Institutionalizing the Negros Occidental Consignment System” while bidding is governed by the Procurement Act (RA 9184).

4. What is the scope of consignment system?

The items/ goods that can be consigned include drugs, medicines, supplies, equipment and services. The consignment system covers all the hospitals, divisions, offices, joint ventures and other programs of the EEDD.

5. How does the consignment system control the prices of drugs, medical, equipment and services in the hospitals?

The Consignment Ordinance specifically states that the selling price of consigned items to the public shall be in no case higher than the prevailing price of the same items in local private pharmacies and outlets provided that the minimum ten percent (10%) mark up to the consignor's offered price shall not make the selling price of consigned items to the public be more expensive or higher than the prevailing market price in local pharmacies and outlets.

6. How shall the consignment income be managed?

The income generated from the sales of the consigned items shall be used in the payment of dispensed or utilized items. The revenue generated shall be deposited in a trust fund created for the purpose. The accumulated income raised from the consignment system shall be utilized not limited to, upgrading EEDD operations, equipment, infrastructure including the hiring of additional personnel and related manpower services, overtime and traveling expenses of personnel subject to the approval of the Honorable Governor.

7. What are the requirements of becoming a consignor and what does the consignor warrant in entering into a contract of consignment?

A consignor must first apply for accreditation at the Bids and Awards Committee (BAC) in coordination with the EEDD. The consignor/ supplier must be issued with a Certificate of Accreditation by the BAC and must not be barred or blacklisted to participate in the consignment or any transaction in the Government. It is presumed that the consignor has read the provisions of the SP Ordinance No. 009, Series of 2007 otherwise known as the Consignment System Ordinance and that the consignor must show that a) It is duly authorized by law to enter into agreement, b) Its products are manufactured according to specifications and standards and in compliance with the laws, c) The products are duly registered and approved by appropriate regulatory bodies and licensing agencies, d) The products are not misbranded or adulterated pursuant to Food, Drugs and Cosmetics Act, the Consumer Act and other applicable laws, and e) Its products have expiry dates of at least one (1) year from the date of delivery.

8. What is a Consignment Order

A consignment Order (CO) is a document signed by the EEDD Head and the Governor requiring a consignor to deliver goods/ items, equipment and services to the EEDD to be subjected to consignment. The CO serves as a contract between the Province and the Consignor for an undertaking to supply of goods through consignment system. In general, consignment of goods in a CO shall be effective for six (6) months reckoned from the acceptance of delivered goods.

9. What are the processes before a consignor finally gets a Consignment Order

The processes are as follows; a), The Hospitals, upon recommendation of respective therapeutic committees, and through the Hospital Consignment Committee, or the Non-Hospital Offices/ Divisions of the EEDD through the Non Hospital Consignment Committee, as the case may be, shall submit a request to the EEDD Head, who in turn recommends to the Governor for approval of the Consignment Request (CR). b) The CR will be posted in conspicuous places for consecutive two weeks, c) EEDD accepts and evaluates Consignment Offers from prospective consignors, d) Issuance of CO to Qualified Consignor, and e) Re-orders may be done subject to limitations of the Consignment Ordinance.

10. At what instance that re-order/s be allowed?

At the option of the consignee and the consent of the consignor, re-order for additional stocks within and beyond the six (6) month effectivity period of the CO may be done without undergoing the previous processes of consigning via the issuance of a new Consignment Order provided that the prices, unit, quantity and quality of the items as specified in the previously issued CO and Consignment Offer shall not be changed.

11. How can the consignment be terminated?

The consignment can be terminated at the instance by any of the parties; however, withdrawal of consigned items shall only be done thirty days from service of notice.

12. Is it possible that there may be more than one consignor for the same item? Is the use of generics drugs absolute in consignment?

Yes, it is possible that there be more than one consignor for the same item subject to deliberation of the Consignment Committee. Although the use of generics is encouraged; however, the consignment ordinance does not prohibit the use branded drugs or medicines.

13. What are fast moving items in the hospitals?

Fast moving items are those drugs or supplies consumed/ used by the Hospitals at a fast rate

14. Are pulled out consigned goods from one hospital which are transferred to other hospitals be considered as utilized consigned items by the former?

No, pulled out items from one hospital and which are consequently transferred to other hospitals cannot be considered as utilized items by the former hospital. The consignment ordinance specifies that only those dispensed or utilized items are to be considered as sold for purposes of paying the consignor.

15. How does delivery of items for consignment be given effect?

The consignor shall deliver the items for consignment within ten days from receipt of the Consignment Order (CO), unless specified otherwise. Deliveries of items shall be in accordance with the terms and conditions expressed in the CO. Failure to deliver within the specified period without justifiable reason shall cause the cancellation of the CO.

16. How does consignment ensure the quality of items sold?

The consigned items may be subjected to random sampling, inspection and testing by consignee and other appropriate support agencies without cost on the part of the consignee. Products banned by appropriate regulatory bodies are not allowed to be consigned. The consignee shall provide appropriate storage facilities and shall observe the ‘first expiry first out’ rule in the use and dispensing of items. Products for consignment must have expiry dates of at least one (1) year from delivery. If there are expired items before the CO expires, the same shall be withdrawn and replaced.

17. How does payment of consigned goods be determined?

The consignee shall only pay the goods that are dispensed/ consumed or utilized. Payment shall be done within thirty (30) days every after inventory. The first inventory shall be conducted thirty (30) days after the date of delivery and acceptance of consigned items. Succeeding inventories shall be done every thirty (30) days thereafter until termination of the CO.

18. What are the requirements for the processing of payment?

The requirements to effect payment to the consignor are; 1) duly signed Utilization Report, 2) Inspection Report issued by the authorized inspection team of the province and/or hospital, 3) Certified copy of CO and CR, 4) Delivery Receipt (required for the first payment only), 5) License to Operate (LTO), 5) Certification of Product Registration, 6) and Voucher.

19. Is there a budget allocated for paying to the Consignors?

There is no appropriation intended for paying the consignors since only realized sales are used for paying the utilized consigned items. As a safety net however, the EEDD upon approval of the Local Chief Executive has recommended to put up a consignment fund coming from the hospital revolving fund to be used for related and incidental expenses of consignment in hospital operations..

20. Can other Government Agencies and Local Government Units purchase items from the consignment system?

Yes, other government agencies, Other Provincial, Non Provincial Agencies, and Local Government Units may also buy items from the consignment system following the policies on government to government or department to other department transactions.

21. Up to what extent can the senior citizens, indigents, hospital personnel avail themselves of discounts of consigned items in hospital pharmacy?

As per ordinance, consignment goods are intended for sale to the public. Its main purpose is to make available cheaper and quality medicines, supplies, equipment and services round the clock to enhance medical services. Generally, indigents and hospital personnel are not free of charge or have no discounts right upon purchase of consigned items while senior citizens can avail of discounts as per Senior Citizens Law. On the other hand, Philhealth patients can avail of drugs and supplies covered by the Philhealth. Corollary to this, the Governor through the recommendation of the Consignment Advisory Committee, shall issue an Executive Order to further enhance the fund management (with respect to revolving fund as a buffer for

indigents, Philhealth patients, Senior Citizens, etc.) as per Section 5.1 SP Ordinance No. 009, Series of 2007 otherwise known as the Negros Occidental Consignment System.



Republic of the Philippines
Province of Negros Occidental
Bacolod City
OFFICE OF THE SANGGUNIANG PANLALAWIGAN

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG PANLALAWIGAN OF THE PROVINCE OF NEGROS OCCIDENTAL HELD IN THE CITY OF BACOLOD ON THE 28TH DAY OF AUGUST, 2007.

PRESENT:

Hon. Isidro P. Zayco	Vice Governor/Presiding Officer
Hon. Nehemias G. de la Cruz	1 st District-Member
Hon. Renato y. Gustilo	1 st District-Member
Hon. Edgardo Y. Acuña	2 nd District-Member
Hon. Manuel Frederick O. Ko	3 rd District-Member
Hon. Mae C. Javellana	4 th District-Member
Hon. Janet E. Torres	4 th District-Member
Hon. Emilio L. yulo III	5 th District-Member
Hon. Melvin L. Ibanez	5 th District-Member
Hon. Macario L. Zafra	6 th District-Member
Hon. Adolfo T. Mangao, Sr.	6 th District-Member
Hon George B. Gitano	Member-ABC

OFFICIAL BUSINESS

Hon. Miller V. Serondo	2 nd District-Member
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ABSENT

Hon. Patrick Leonard S. Lacson	3 rd District-Member
Hon. Rodolfo B. Miraflores, Jr.	Member-PCL
Hon. Lorenzo P. Suatengco	Member-SK

Ordinance No. 009

Series of 2007

**“AN ORDINANCE INSTITUTIONALIZING THE “NEGROS OCCIDENTAL
CONSIGNMENT SYSTEM”**

WHEREAS, the province has already implemented and pilot tested the Consignment System for the Economic Enterprise Development Department (EEDD) which has been proven to give substantial benefits in terms of increased revenues and adequate stocks of fresh and cheaper drugs/ medicines and supplies, not mentioning the added capabilities and services without entailing huge amount of investment or fund allotment on the part of the province;

WHEREAS, the consignment system is not a mode of procurement nor listed as one of the modes of procurement as embodied under RA 9184 or the procurement law aside from the fact that there is no fund allotment or obligation for the consigned items;

WHEREAS, this consignment system, being a pioneering effort by an LGU, has been continuously studied by the different departments involved to upgrade and boost the operational effectiveness and efficiency of the system;

WHEREAS, the results of the study suggest the revision/amendment of the previous ordinances and other issuances related thereto to institute reforms in the administrative, technical, accounting and legal aspects in the consignment system;

WHEREAS, the proceeding amendments are in conformity to the province’s development agenda and cognizant to the principle of local autonomy pursuant to RA 7160 wherein Government Units are empowered to create their own sources of revenues, enter into joint ventures, either in their governmental or corporate powers, as embodied under the Local Government Code (RA 7160);

WHEREAS, furthermore the same are found to be technically, legally, economically and socially feasible and therefore significantly beneficial to the province as a whole;

NOW, THEREFORE, on motion of Hon. Melvin L. Ibanez, M.D., unanimously seconded by all members present;

BE IT ORDAINED by the Sangguniang Panlalawigan of Negros Occidental in its regular session duly assembled that;

SECTION 1. TITLE. – This ordinance shall be known as the **NEGROS OCCIDENTAL
CONSIGNMENT SYSTEM**;

SECTION 2. SCOPE AND COVERAGE. This ordinance shall cover all Provincial, District and Municipal Hospitals, all divisions and offices, programs, joint ventures, which are existing and including those that may be incorporated and added in the future under the supervision and management of the Economic Enterprise Development Department (EEDD) of the Province.

SECTION 3. DEFINITION OF TERMS

- 3.1 Consignor – a duly accredited supplier that undertakes to place its goods on consignment basis with the Province through the Economic Enterprise Development Department (EEDD);
- 3.2 Consignee – the Province, either through its provincial or district hospitals or other participating divisions, consortium, joint ventures and offices of the EEDD;
- 3.3 Consignment / Consignment System – a method of assuring availability of stocks wherein a consignor places its goods at the provincial hospital pharmacy or other participating divisions and offices of the consignee for sale, and the former being paid by the latter for only the actual quantity consumed using the money generated from the sale of the consigned goods within the agreed period of time.
- 3.4 Accreditation Certificate / Requirement – a certificate issued by the Province of Negros Occidental which grants authority to a supplier to competitively participate in the consignment
- 3.5 Consigned goods or items – are drugs, medicines, supplies, equipment, services and other items which the consignor delivers to the consignee under the consignment system.
- 3.6 Replenishment Goods – are drugs and medicines, supplies and other consigned items which the consignor delivers to the consignee as replenishment for those sold by the consignee or as replacement to delivered goods which expiration date results to a remaining shelf-life not allowable by consignee or as replacement to delivered goods which deterioration are beyond the control of the consignee.
- 3.7 Consignment Request (CR) – is a list of items requested by the Consignee to be placed under the Consignment System.
- 3.8 Consignment Order (CO) – an accomplished form, which directs the consignor to effect the delivery of specified drugs and medicines, supplies and equipment and other items with the corresponding required quantities and qualities as determined by the consignee within the applicable period of time. This shall serve as a contract between the consignor and consignee.
- 3.9 Consignment Offer – a letter of offer or an offer in writing by the Consignor stating therein his interest to enter into consignment agreement with the province, the quantity, specifications, desired quality, price, discounts, rebates and such other “ex-deals” of the items he intends to supply.

SECTION 4. COMMITTEES / OFFICES

4.1. THE BIDS AND AWARDS COMMITTEE (BAC) shall have the following functions;

1. Accreditation of consignors, suppliers, manufacturers and dealers in accordance with existing laws and policies;

2. Recommendations to the Consignment Advisory Committee;
3. Posting of the province's intention to consign certain items and/or consignment request.

4.2. THE CONSIGNMENT ADVISORY COMMITTEE

4.2.1. Membership. This committee shall be composed of representatives from the departments and offices listed herein. This shall be presided by the head of the Economic Enterprise Development Department or his representative. Furthermore, the members may agree to form sub-committees from among themselves as they see fit and/ or circumstances warrant.

- a. Economic Enterprise Development Department (EEDD) - chairman
- b. Bids and Awards Committee (BAC)
- c. Provincial Treasurer's Office (PTO)
- d. Office of the Provincial Accountant
- e. Provincial Legal Office (PLO)
- f. Provincial Budget Office

4.2.2. Functions. This committee shall have the following functions;

- 4.2.2.1. Continuing study for the improvement of the consignment system;
- 4.2.2.2. Formulation and recommendation of innovative policies for adoption and approval by the Honorable Governor and/or SP authorization;
- 4.2.2.3. Recommendation of implementing action plans and operational policies to the line offices and other committees involved in the consignment implementation.
- 4.2.2.4. Formulation of specific guidelines or implementing rules and regulations (IRR) for the continuing improvement of the consignment system;
- 4.2.2.5. Recommendation of appropriate accounting and auditing forms and procedures for the consignment system;
- 4.2.2.6. Conduct of investigation and give recommendation for appropriate action of the Honorable Governor.

4.3. THE HOSPITAL CONSIGNMENT COMMITTEE

This committee has the responsibility for the consignment of drugs, medicines, supplies and equipment for the different Provincial and District Hospitals with the following membership and functions to wit;

4.3.1. Membership. The members of this committee shall be composed of EEDD personnel designated by the Honorable Governor, to wit;

- a) Head, Hospital Operations Division, EEDD - chairman
- b) 1-Chief of Hospital
- c) 1-Pharmacist
- d) 1-Nurse
- e) 1-Admin Personnel
- f) Representative from concerned end user hospital

4.3.2. Functions. The committee shall have the following responsibilities;

- 4.3.2.1. Consolidation of submitted list of items to be consigned;
- 4.3.2.2. Advertisement of items for consignment and/or the Consignment Request;
- 4.3.2.3 Opening of consignment offers from consignors, including the canvassing of prices of the items to be consigned;
- 4.3.2.4. Recommendation to the EEDD Head and Governor for the Consignment Order;
- 4.3.2.5. Determination of the price of items to be consigned including reselling price.

4.4. THE EXISTING THERAPEUTIC COMMITTEES OF THE RESPECTIVE PROVINCIAL AND DISTRICT HOSPITALS

The existing therapeutic committees of the different provincial and district hospitals shall be responsible for recommending and submitting the list of items to be consigned to the Hospital Consignment Committee through the EEDD indicating therein the specifications, quantity, suggested price and other desired qualities of the consigned product. Medical practitioners in the hospital who are not members of the therapeutic committee may also recommend for the consignment of drugs/medicines/supplies which are not included in the list prepared by the therapeutic committee provided a justification why such item should be included is submitted.

4.5. NON-HOSPITAL CONSIGNMENT COMMITTEE

For Non-hospital consignment, the head of the concerned EEDD division/ office, program, joint venture, etc shall be responsible for the determination and submission of list of needed items for consignment to the Non-Hospital Consignment Committee. It is also responsible for the publication/ posting of the province's intent to enter into consignment, and recommendation to the Governor for the Consignment Order. This committee shall be presided by the EEDD head. The other members shall be composed of the Head of the requesting office/ division, program, joint venture, etc., the Assistant Department Head of the EEDD, the Administrative Officer of the EEDD. Furthermore, this committee shall also be responsible in recommending to the Consignment Advisory Committee some policies related to upgrading the consignment of items and other services for the EEDD Non-Hospital consignment operations.

4.6. OTHER SUPPORT OFFICES

Other Provincial Government Departments directly or indirectly involved/ needed in the implementation of the province are enjoined to ensure the success of the system's operation.

SECTION 5. GENERAL GUIDELINES

5.1. Accreditation/Registration. Accreditation of suppliers, manufacturers and consignors of drugs/ medicines, supplies, equipment and other items to be consigned shall be undertaken by the Province's Bids and Awards Committee in coordination with the Economic Enterprise Development Department;

5.2. Items to be Consigned. Consigned items (drugs, medicines, supplies, equipment and services) shall be based from the submitted list of items from the therapeutic committees of the respective hospitals and from concerned offices/ divisions of the EEDD;

5.3. Selling Price. The selling price of consigned item/s to the public shall be in no case higher than the prevailing price of the same items in the local private pharmacies and outlets; provided further that a minimum ten percent (10%) mark up to the offered price shall not make the selling price of consigned items be more expensive or higher than the prevailing market price in the local pharmacies and outlets;

5.4. Fund Management. Income generated from the sales of the consigned items shall be used in the payment of dispensed or utilized consigned items after the inventory shall have been conducted. Revenue generated from the program shall be deposited in a trust fund created for the purpose. The system, upon consultation and approval of the Local Chief Executive may devise a “Consignment Fund” from the “Revolving Fund” to serve as a buffer fund for “Indigent Patients”, “PhilHealth Patients” and “Senior Citizen Patients”, etc., as the laws and government rules and regulations may allow. Provided further, that the revenue generated from the consignment of drugs and medicines may be used for the indigent patients on condition that there are no available drugs and medicines from the regular fund in the hospital. The Governor, through the recommendation of the Consignment Advisory Committee, shall issue an Executive Order to further enhance the fund management of the consignment system.

5.5. Utilization of Income. The accumulated income raised from the consignment system shall be utilized in, but not limited to, upgrading EEDD operations, equipment, infrastructure including the hiring of additional personnel and related manpower services, overtime and traveling expenses of personnel and including incentive subject to approval by the Honorable Governor.

5.6. Quality Check. The consigned items may be subjected to random sampling, inspection and testing by the consignee and other appropriate support agencies and submit the same to the Bureau of Food and Drugs and other regulating agencies to ensure quality of stocks and compliance to specifications without cost on the part of the consignee.

5.7 Authority to Inspect. The Inspection Team of the province and the existing Duly Designated Inspection Teams of the respective hospitals of the EEDD are hereby given power and authority to inspect the consigned items for legal, technical, accounting, auditing and administrative purposes, etc;

5.8 Inter and Intra Agency Transactions. Other Provincial, Non-Provincial Government agencies including the Local Government Units may also buy items from the consignment system following the policies on “government to government” or “department to other department” transactions. The items of the same quality and specifications sold and available at the DBM Depot may not be consigned by the province provided the Consignment Advisory Committee has issued a policy to this effect.

5.9 Petty Cash Fund. As the laws may allow, the province may put up a petty cash fund for incidental expenses of the operation to be taken from the income of the consignment system in an initial amount of two hundred thousand pesos (P200,000.00), subject to recommendation of the Consignment Advisory Committee and further subject to accounting and auditing rules and regulations.

SECTION 6. OTHER PROVISIONS

6.1. Products Covered. The items to be consigned shall be based on the Consignment Order duly signed by the EEDD Head and the Governor and/or their respective authorized representative;

6.2 Effectivity of Offer/ Orders and Reorders. The prices, unit, quantity and quality of the items as offered by the consignors and duly specified in the Consignment Order shall be effective without changes for a duration of six (6) months reckoned from the acceptance of the items delivered by the Consignor. Consignor with his consent however, is allowed to deliver additional stocks at the same price within and beyond the six (6) month period upon issuance of a new Consignment Order by the consignee. The agreement may be terminated by either party and withdrawal of consigned items shall only be done upon service of at least thirty (30) days prior notice.

6.3. Title. The ownership of, and legal and beneficial title to the products shall be the consignor's until the products have been used, dispensed or sold by the consignee. The consignee shall be responsible for the care and custody of the items delivered by the consignor.

6.4. Delivery. Deliveries of items for consignment shall be in accordance with the terms and conditions specified at the Consignment Order. Unless specified in the CO, delivery shall be done within ten (10) days from receipt of the consignment order. Failure to deliver within the specified period without justifiable reason shall cause the cancellation of the CO.

The products, especially the medicines and drugs, delivered to the consignee shall be covered by a corresponding Stocks Delivery Slip (SDS) issued by the consignor and receipt shall be acknowledged by an authorized representative of the consignee containing the following information;

1. Name of Consignor
2. Date of the Stock Delivery Slip
3. Stock Delivery Slip number
4. Consignment Order Number
5. Name of Consignor or his representative effecting the delivery
6. Description of Items
 - a. Generic Name
 - b. Dosage Form
 - c. Strength
 - d. Batch Number/ Lot Number
 - e. Assay Report
7. Sub-packing Unit
8. Quantity
9. Unit
10. Unit Price
11. Total Price
12. Other applicable description

6.5. Inventory and Payment. For purposes of paying the consignor, inventory of items sold shall be conducted by the consignee thirty days from the date of delivery and acceptance of the items, and every thirty days thereafter. The inventory process however be may be

attended by the representative of the consignor. Processing of payment shall commence immediately after inventory of items sold and the payment shall be done on or before thirty days from the date of every inventory.

6.6. Sale/ Dispensing of Items. The consignee shall provide appropriate storage facilities for the products and shall observe the “First Expiry First Out “ rule in the use and dispensing or sale of the same.

For Hospital operations, the concerned EEDD medical personnel are directed to ensure the prescription of drugs/ medicines and supplies available at the hospital pharmacy, especially those under the consignment system. A memorandum to ensure compliance of this provision shall be issued by the Honorable Governor.

6.7. Agency/ Assignment. Consignor shall not assign any of its rights or obligations under the consignment system without prior consent of the consignee.

6.8. Force Majeure, Pilferage and Theft. Neither party shall be liable for any failure to perform its obligations under the consignment system where such failure is due to Acts of God or any cause beyond the reasonable control of the party. Where applicable, the party affected shall make all reasonable efforts to comply with its obligations or must promptly resume compliance with its obligations. In case of loss arising from pilferage and/or theft while in the custody of the consignee, the consignee shall be liable for the monetary value of the lost or stolen items. Losses of consigned items before acceptance in writing by the consignee shall be shouldered by the consignor.

6.9. Authority and Capacity of the Consignor. A consignor who enters in consignment agreement with the province must show;

- 6.9.1. It is duly authorized by law to enter into consignment agreement,
- 6.9.2. Its products are manufactured according to specifications and standards and in compliance with the laws;
- 6.9.3. The products are duly registered and approved by regulatory agencies for public use such as the Bureau of Food and Drugs and other appropriate licensing/ regulatory agencies;
- 6.9.4. Its products are not misbranded or adulterated within the meaning of the Food, Drug and Cosmetics Act, the Consumer Act etc., and;
- 6.9.5. Its products have expiry dates of at least one (1) year from date of delivery.

6.10. Recall of Consigned Items. Should any of its products be banned by competent authorities or has expired or has been declared not suited for use and dispensing, the consignor has the obligation to inform the consignee and recall the items at no cost to the latter. The consignee has also the right to inform the consignor and cause the withdrawal of banned, reclassified and expired items and items declared unfit for use and consumption without cost on its part.

6.11. Legal Claims and Venue of Action. The consignor shall hold the consignee free and harmless from, and shall be solely responsible for any claim, action, suit, cost of expenses, and damages and liabilities arising from or in connection with, or resulting from the use of the consigned goods. Furthermore, the venue for any legal action or suit arising from the consignment of goods shall be exclusively in Bacolod City only.

6.12. Submission of Annual Report. The EEDD shall submit to the Governor and Vice Governor and copy furnished SP Committee on Health a written report regarding the status of the consignment system implementation every second Friday of January of the succeeding year.

SECTION 7. AUTHORITY TO SIGN CONSIGNMENT REQUEST (CR) AND CONSIGNMENT ORDER (CO)

The Governor, upon request and recommendation of the Head of the EEDD or his representative, is hereby authorized to sign the CR and CO. The Honorable Governor may, pursuant to an office order or executive order, designate the Provincial Administrator to sign for and in his behalf, the CR and CO for consignments of goods at an amount of not more than Five Hundred Thousand Pesos (P 500,000.00), at a concurrent capacity.

SECTION 8. FINAL PROVISIONS

In the event that any provision of this ordinance, or application of such provision to any circumstance, is held invalid by competent court or agency, the remaining provisions shall not be affected thereby.

This ordinance hereby repeals and/or revokes previous ordinances, specifically SP Ordinance No. 019 Series of 2005 and SP Ordinance No. 012 Series of 2006, and other previous issuances inconsistent herewith.

Payment currently under process for the previously consigned items are covered after the effectivity of this ordinance including the policies previously issued and adopted in relation thereto by appropriate committees.

SECTION 9. EFFECTIVITY. This ordinance shall take effect upon approval of the Governor and after compliance with the posting and publication required under Section 511 of the 1991 Local Government Code.

ADOPTED UNANIMOUSLY.

CERTIFIED CORRECT:

(SIGNED) **HON. ISIDRO P. ZAYCO**
Vice Governor

ATTESTED:

(SIGNED) **ATTY. YORK O. YLOSORIO**
Provincial Secretary

APPROVED:

(SIGNED) **HON. ISIDRO P. ZAYCO**
Governor

**IMPLEMENTING RULES AND REGULATIONS OF SANGGUNIANG
PANLALAWIGAN ORDINANCE NO. 009, SERIES OF 2007 OTHERWISE KNOWN
AS “NEGROS OCCIDENTAL CONSIGNMENT SYSTEM”**

RULE I – GENERAL PROVISIONS

Section 1. Purpose and General Coverage

1.1. Promulgation, purpose and coverage of IRR. This Implementing Rules and Regulations hereinafter referred to as “IRR” is promulgated by the Consignment Advisory Committee and approved by the Honorable Governor pursuant to Sangguniang Panalawigan Ordinance No. 009, Series of 2007 otherwise known as “Negros Occidental Consignment System”, for the purpose of formulation of specific guidelines or implementing rules and regulations for the continuing improvement of the consignment system. This IRR shall cover all hospital and non-hospital consignment system activities from consignment request (CR), consignment order (CO), delivery, utilization and payment.

1.2. Consignment system not a mode of procurement. The Consignment System is not a mode of procurement nor listed as one of the modes of procurement as embodied under RA 9184 aside from the fact that there is no requirement for fund allotment or obligation upon approval of the consignment request.

Section 2. Scope and Application of IRR

This IRR shall govern and apply to the consignment of: a) drugs and medicines; b) medical and non-medical supplies; c) equipments; d) services; e) other items which the consignor delivers to the consignee, by all Provincial, District and Municipal Hospitals, all divisions and offices, programs, joint ventures which are existing and including those that may be incorporated and added in the future under the supervision and management of the Economic Enterprise Development Department (EEDD)

RULE II – CONSIGNMENT SYSTEM

Section 3. Accreditation of Consignors

The Bids and Awards Committee (BAC) of the Province of Negros Occidental shall have the sole authority to accredit prospective consignors.

Section 4. Posting/Advertisement of Consignment Request

4.1. Posting/Advertisement of Items to be consigned. The posting/advertisement of items to be consigned as enumerated in the Consignment Request shall be undertaken by the BAC, the Hospital Consignment Committee and the Non-Hospital Consignment Committee.

4.2. Period of posting/advertisement. Such posting/advertisement shall be done for two (2) consecutive weeks from the date the CR was first posted.

Section 5. Consignment Request (CR)

5.1. Items included in the CR. The CR is a list of items to be placed under the Consignment System. For hospital operations, the items included in the CR are requested by different hospital Therapeutic Committees and consolidated by the Hospital Consignment Committee. Other divisions of EEDD may also submit their CR directly to the Head of EEDD.

5.2. Terms and conditions in the CR. The Consignment Request may also include terms and conditions governing such request.

5.3. Approval of the CR. The Head of EEDD or his representative shall sign the recommendation in the CR and approval is vested upon the Honorable Governor or the Provincial Administrator duly authorized for the purpose.

Section 6. Consignment Offer

6.1. Submission of Consignment Offers. Consignors duly accredited by the BAC shall submit their price offers and other terms and conditions through a written consignment offer signed by authorized official of the consignor-company within five (5) working days from completion of the two (2) week posting/advertisement period. Validity of consignment offer shall be effective without changes for a duration of six (6) months reckoned from the acceptance of the items delivered.

6.2. Opening and Evaluation of Consignment Offers. Such consignment offers shall be received, opened and evaluated by the Hospital Consignment Committee for hospital concerns and to the Non-Hospital Consignment Committee for other divisions. Such opening of consignment offers shall be done in the presence of the concerned consignment committee members and the prospective consignors on the date, time and place indicated in the consignment request.

6.3. Reservation of Consignment Committees. The Hospital Consignment Committee or the Non-Hospital Consignment Committee reserves the right to reject any and all consignment offers, declare a failure of such offers or not award the Consignment Order for any justifiable and reasonable ground where the award of the consignment order will not redound to the benefit of the Provincial Government.

Section 7. Consignment Order/Reorder (CO)

7.1. Content of Consignment Order. The consignment order is an accomplished form directing the consignor to effect delivery of specified drugs/medicines/supplies and equipment, services and other items with the required quantities and qualities as determined by the respective consignment committees.

7.2. CO, a contract between Consignor and Consignee. The CO may also contain other terms and conditions as determined by the concerned consignment committees. The CO shall serve as the contract between the consignor and the consignee, Province of Negros Occidental, has an effectivity for a duration of six (6) months from the date of acceptance.

7.3. Approval of CO. The CO shall have the Recommendation of the Head of EEDD or his representative while approval is vested upon the Honorable Governor or the Provincial Administrator duly authorized for the purpose.

Section 8. Delivery and Utilization

8.1. Period of delivery of consigned items. Unless otherwise specified, items for consignment shall be delivered within ten (10) days from receipt of the CO. Failure to deliver the consigned items within the specified period without justifiable reason shall cause the cancellation of the CO.

8.2. Delivery, receipt and inspection of consigned items. Delivery of consigned items shall be covered by Stocks Delivery Slips issued by the Consignor, receipt shall be acknowledged by the Supply Officer of the division concerned or authorized representative of the consignee and shall be inspected by concerned inspection committee or by the Provincial Inspection Team.

8.3. Responsibility in case of loss, pilferage or damage. Personnel of consigning division who are charged with the receipt and custody of consigned items shall be bonded to answer in case of loss, pilferage or damage of such items.

8.4. Utilization of consigned items. Utilization of consigned items shall be on a “first in, first out” rule. In cases where there is a need to transfer consigned items between hospitals, such transfer shall be properly documented.

8.5. Prescription of consigned items. Medical personnel are hereby directed to ensure the prescription of drugs/medicines and supplies available in the hospital pharmacy.

8.6. Use of consigned items for indigents. Consigned items may be used for indigent patients provided regular items shall have been consumed and provided further that the approval of the Chief of Hospital shall be obtained prior to release of the items. Such utilization for indigent shall be duly reported to account for such and subject for replenishment.

8.7 Sale of consigned items to other government entities. Consigned items delivered by the Consignor may be sold to other government entities provided the payment of such items shall be credited to the hospital/s where such item was taken which shall be subsequently replenished. However, consignment request and consignment order may be prepared for such specific requirement by other government entities following the flow for such request.

Section 9. Inventory and Payment

9.1 Inventory of consigned items. Inventory of items sold shall be conducted every thirty (30) days from the date of delivery and acceptance of the items and every thirty (30) days thereafter to be submitted by the person accountable and bonded for the purpose.

9.2. Preparation of utilization report. On the basis of such inventory, a utilization report shall be prepared by the designated personnel of the concerned consigning unit indicating therein the quantity and the amount of consigned items sold and noted by the Chief of Hospital or Head of the division or duly authorized representative. Such inventory shall be validated by the hospital inspection team or Provincial Inspection Team.

9.3. Voucher preparation and payment. Subsequently, a voucher shall be prepared corresponding to the amount of consigned items sold for the period. After compliance with the requirements/attachments, processing of the voucher follows and thereafter preparation of checks and checks released to the consignor as payment for the sold consigned items.

RULE III – PROTEST MECHANISM/SETTLEMENT OF DISPUTES

Section 10. Protest Mechanism

Decisions of the Consignment Committee with respect to the conduct of the evaluation of consignment offers may be protested in writing to the Governor. Provided however, that a prior motion for reconsideration should have been filed by the party concerned within three (3) days from conduct of the evaluation. The protest must be filed within three (3) calendar days from receipt of the party concerned of the resolution of the Consignment Committee denying its motion for reconsideration. A protest may be made by filing a verified position paper accompanied by the payment of a non-refundable protest fee equivalent to not less than 1% of the approved amount in the Consignment Request.

Section 11. Settlement of Disputes

Any legal action or suit arising from the consignment shall only be filed in Bacolod City. By mutual agreement, the parties may agree in writing to resort to other alternative modes of dispute resolution.

RULE IV – MISCELLANEOUS PROVISIONS

Section 12. Amendment

As the need arises, this IRR may be recommended for amendment by the Consignment Advisory Committee for approval by the Honorable Governor. Any amendment to this IRR shall be applicable to all consignment activities, the advertisement or posting of which were issued after the effectivity of the said amendment.

Section 13. Separability Clause

If any provision of this IRR or application of such provision is declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and subsisting.

Section 15. Effectivity Clause

This IRR shall take effect fifteen (15) calendar days after its posting in conspicuous places in the Provincial Administration Center, Bacolod City.

Done in the City of Bacolod, Province of Negros Occidental, Philippines, this ____ day of October, 2007.

Recommending Approval:

Consignment Advisory Committee:

ATTY. JAPHET T. MASCULINO
Head, EEDD

MR. PERCIVAL SALADO
BAC Chairman/Budget Officer

MRS. NILDA GENEROSO
Provincial Treasurer

MS. MERLY FORTU
Provincial Accountant

ENGR. LEONCIO GARRUCHO, JR.
Prov'l. Engineer/BAC Member

MRS. LUCILLE PINES
Gen. Services Officer/BAC Member

ATTY. MARY ANN MANAYON-LAMIS
Asst. Prov'l. Legal Officer/BAC Member

Approved:

HON. JOSEPH G. MARAÑON
Governor



Republic of the Philippines
PROVINCE OF NEGROS OCCIDENTAL
Provincial Administration Center
OFFICE OF THE SANGGUNIANG PANLALAWIGAN

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG PANLALAWIGAN OF THE PROVINCE OF NEGROS OCCIDENTAL HELD IN THE CITY OF BACOLOD ON THE 18TH DAY OF AUGUST, 2008.

PRESENT:

Hon. Emilio L. Yulo III	Vice Governor/Presiding Officer
Hon. Nehemias G. de la Cruz	1 st District-Member
Hon. Renato y. Gustilo	1 st District-Member
Hon. Edgardo Y. Acuña	2 nd District-Member
Hon. Manuel Frederick O. Ko	3 rd District-Member
Hon. Patrick Leonard S. Lacson	3 rd District-Member
Hon. Mae C. Javellana	4 th District-Member
Hon. Melvin L. Ibanez	5 th District-Member
Hon. Macario L. Zafra	6 th District-Member
Hon. Adolfo T. Mangao, Sr.	6 th District-Member
Hon George B. Gitano	Member-ABC

ABSENT

Hon. Janet E. Torres	4 th District-Member
Hon. Miller V. Serondo	2 nd District-Member

ORDINANCE NO. 004

Series of 2008

“AN ORDINANCE INITIATING REFORMS AND MODERNIZATION OF PROVINCIAL GOVERNMENT OWNED HOSPITALS IN NEGROS OCCIDENTAL TO BE KNOWN AS THE NEGROS OCCIDENTAL HOSPITAL REFORM AGENDA OF 2008”

**Authored by Hon. Melvin Ibanez
Chairman, SP Committee on Health**

I. RATIONALE

WHEREAS providing quality hospital and medical services is one of the primary and priority agenda of the present administration;

WHEREAS, the operation of government owned hospitals in the province are at present devolved to the Provincial Government consistent with the principle of local autonomy as enshrined in 1991 Local Governments Code otherwise known as per RA 7160

WHEREAS, the Province premised on the foregoing, invested considerable amount of resources for the upgrading of hospital infrastructures and facilities, however, there is now a corollary need to institute reforms in the operation and management of the provincial government owned hospitals;

WHEREAS, the comprehensive reforms and modernization to be initiated at the provincial government hospitals has three fold objective of improving health services, motivating hospital personnel and streamlining hospital operations that will redound to the general welfare of Negros Occidental;

NOW THEREFORE, in session duly assembled, the Sangguniang Panlalawigan resolves as it hereby resolved to pass this ordinance.

II. NAME OF THE ORDINANCE

This ordinance shall be otherwise known as the “Negros Occidental Hospital Reform Agenda of 2008”.

III. STATEMENT OF POLICIES

It is hereby declared that the initiation of reforms and modernization of the provincial owned and operated hospitals shall adhere to the following principles;

- a) That the hospital modernization shall result to a well developed and highly dynamic hospital system and structure, equipped with facilities and run by competent, professional and motivated staff and experts;
- b) That the resulting end of the modernization program shall be for the benefit and satisfaction of patronizing public and increased revenue for the province brought about by a responsible administrative, legal and technical support, and the teamwork of the different departments and stakeholders in running hospital operations;
- c) That the reforms shall give premium on creative and innovative programs that will complement hospital improvement, enhance revenue generation, rally resources and support investments from concerned individuals and entities;
- d) That this ordinance shall serve as a blue print for the direction for the development of Hospitals and its Operation within the medium and long term periods;
- e) This ordinance shall pave the way for the “corporatization” of the hospital operations in the Province;
- d) That the reforms shall likewise be supportive to and consistent with the public health programs of the province;

III. DEFINITION OF TERMS AND PHRASES

- 1. Corporatization** – as used in this ordinance shall refer to a pro-active corporate body whereby the Hospital Operations Division under the Economic Enterprise Development Department (EEDD) shall be governed by a Hospital Board (HB) chaired by the Governor.
- 2. Dental Tourism** - a government program of providing dental services to the foreign and balikbayan tourists at the accredited dental clinics of the Province.
- 3. EEDD** – Economic Enterprise Development Department of the province which has the effective control and supervision of Hospital Operations of the hospitals in the province.
- 4. HOD –EEDD** refers to the Hospital Operations Divisions of the EEDD, which directly supervise the hospitals operation of the province.
- 5. HB** – refers to Hospital Board which is created by virtue of this ordinance
- 6. Medical Consortium** – is a set or grouping of hospitals in the province created by virtue of this ordinance for purposes of effective and efficient coordination, synchronization of hospital functions/ specialization, training, referral of patients, etc.
- 7. NNMC** - Northern Negros Medical Consortium, which is composed of hospitals at Calatrava, Escalante, Cadiz, Silay and Corazon Locsin Montelibano Memorial Regional Hospital
- 8. Open Hospital Policy** – refer to the policy of allowing doctors, health practitioner and other expert to practice their profession or expertise in the Provincial Government owned Hospitals and other Provincial Government health personnel to privately practice their profession during off duty, subject to approved policies, rules and regulations formulated by the Hospital Board.
- 9. Personnel Exchange Program** – a program of the province allowing EEDD personnel, to be laterally assigned on voluntary basis at any hospital, for a minimum period of one month and a maximum of six months subject to the policies and guidelines of the HB.
- 10. PPP** – refers to Private Paying Patients admitted to the hospital at their own expense or with Philhealth, Insurance and other Mutual Care privileges
- 11. PhP** – refer to private Philhealth paying patients.
- 12. PWP** – refer to Philhealth patients admitted to the Wards
- 13. SP** – which means service patients and may refer to charitable, indigents or any patients under social welfare program of the government
- 14. SNMC** - Southern Negros Medical Consortium which is composed of hospitals in Hinobaan, Kabankalan, Himamaylan, Isabela, La Carlota, Valladolid, Silay and Corazon Locsin Meontelibano Memorial Regional Hospital
- 15. Specialty Centers** – refer to hospitals that upgraded for certain medical specialization in addition to their being a general hospital in nature.

16. Hospital Referral System – is a mechanism whereby clients of local health networks are managed and moved between various components of that network. In particular, this related to the referral of patients from health center of first contract and hospital at first referral level, and back again, following a completion of hospital intervention.

This also refers to the set of activities undertaken by the Health care provider or facility in response to its inability to provide the necessary medical intervention to respond to a patient's need, whether real or perceived. It is a regular daily activity of linking a patient to a needed health service.

17. Internal Referral System – a referral activities that takes place within the health facility and from one health personnel to another (i.e., doctor to doctor, resident to specialist or nurse to medical health officer.)

18. External Referral System – refers to the referral system of patients from one health facility to the other, which referral may either be vertical or horizontal referral. For this purpose, a vertical (external) referral is where a patient's referral may be from a lower to a higher level of health facility and vice versa, based on the rate of responsibility of each category of health facility. While a horizontal (external) referral is where a patient's referral is between like facilities in different catchment areas.

19. Human Resource Development – for this purpose shall mean all endeavors that will promote enhance and develop the skills, attitude ad aptitude of hospital personnel; promotion of personnel exchange program and incentive scheme and if necessary provision of personnel compliment.

20. Consignment Income – refers to income derived from the sale of consigned items as defined in Ordinance No. 009, Series of 2007 otherwise known as the Negros Occidental Consignment System. The management of the fund thereof is defined in Section 5.4 and 5.5 of the said Ordinance.

21. Hospital Affiliation Fee – refers to the fee that schools, colleges and universities pay to affiliate with the various hospitals for the purpose of training the medical/ paramedical and nursing students.

22. Hospital Institutional Fee – means a charge imposed for the use of the facilities and premises of a certain provincial/ district/ municipal hospital owned and managed by the Provincial Government as base hospital of a school or educational institution offering various health related disciplines as enumerated in the applicable sections of the Provincial Tax Ordinance No. 001, Series of 2007 otherwise known as the Provincial Revised Revenue Code of 2007 with priority in the schedule of training exposure.

23. Hospital User's Fee – means a charge imposed for the use of facilities and premises of the provincial/ district municipal hospital or hospitals owned and managed by the Provincial Government for training, exposure and other purposes.

IV. ORGANIZING

In order to modernize and harmonize the development direction, management and operation of the hospitals, the following committees are hereby created with the following membership and functions to wit;

4.1. The Hospital Board (HB). The Hospital Board, which is a policy, making and decision making body concerning policies formulated by the board. This shall be composed of representatives from the different sectors and offices designated for the purpose, to wit;

1. The Governor or his representative – Chairman
2. The Vice Governor or his representative – Vice Chairman
3. The Head of the EEDD
4. Hospital Operations Head (HOD) of the EEDD
5. SP Chairman, Committee on Health
6. The Provincial Treasurer or his/her permanent representative
7. The Provincial Accountant or his/her permanent representative
8. The Provincial Budget Officer or his/her permanent representative
9. The Provincial Health Officer or his/her permanent representative
10. The Provincial Human Resource Officer or his/her permanent representative
11. The Provincial Engineer or his/her permanent representative
12. The Provincial Planning and Development Officer or his/ her permanent representative
13. Representatives from the Private Sector and Non-Government Organizations who have the knowledge and expertise in hospital management and practices designated/ appointed by the Honorable Governor
14. Provincial Legal Officer or his/ her duly authorized permanent representative
15. Provincial Social Welfare Officer or her duly authorized permanent representative

4.2. Functions of the Hospital (HB). The HB shall have the following functions to wit;

1. Formulation of hospital development policies for consideration of the Honorable Governor and the Sangguniang Panlalawigan
2. Act as an oversight of the HOD that is directly charged with the implementation of reforms and policies of the HB has formulated for the effective operations of the hospitals.
3. Formulation of strategic hospital operations development plans which are holistic and not limited to increasing the level of or bed capacities of the different hospitals in the province
4. Formulation of policies and guidelines in the accreditation of a pool of private doctors and other technical personnel in the practice of their respective professions in the different hospitals in the province.
5. Formulation of policies and guidelines in granting authority to medical doctors in government service to undertake private practice.
6. Initiate studies that will pave the way for institutionalizing the accreditation of suppliers, franchisers, investors, and other related entities to undertake hospital joint venture programs.
7. Review, enhance, improve on and if necessary come up with a dynamic referral system that is responsive to the needs of the different hospitals in the province.
8. Formulation of policies for the training program, volunteer program, and other capability enhancement of EEDD and hospital personnel
9. Formulation of Implementing Rules and Regulations for the effective execution and implementation of this ordinance.
10. Act as management body of various funds that are being generated as well as that which may be generated in the future by the hospital. For this purpose, the HB is

11. Conduct studies that will address the need to maintain an operational revolving fund for the various hospitals to ensure effective delivery of basic health services in coordination with COA, Provincial Budget Office, Provincial Accounting Office and the Provincial Treasurer's Office.
12. Creation other sub committees that it may deem necessary to ensure that the purpose of the Ordinance and the tenets by which it has been created is achieved.

4.3. The Sub-Committees of the HB and their Functions. The Hospital Management Board shall be divided into sub-committees that are tasked to resolve specific policy issues and other concerns aligned to their respective functions and jurisdiction. These committees shall act then as recommendatory body of the whole Hospital Board which shall act on these recommendations according to the generally accepted corporate laws. The following sub committees, which shall have a maximum membership of five, except for the Hospital Advisory Council, are hereby created;

- 1. HOSPITAL ADVISORY COUNCIL (HAC)** – There shall be an Hospital Advisory Council for each of the nine (9) district hospitals and one (1) provincial hospital which will act as the advisory and/or recommendatory body of the Hospital Board. In view of this, it is charge with receiving and entertaining all concerns relative to the operation of the hospitals. The HAC shall be composed of the following:
 - a. The Chief of Hospital or his duly authorized representative
 - b. The duly elected District representative or Sangguniang Panlalawigan Member to which the hospital belong;
 - c. The Mayor or his duly authorized representative;
 - d. The representative from a Non-Government Organization to be chosen by the District Representative upon consultation with other members

The HAC shall report directly to the Hospital Board and shall likewise be a recommendatory body relative to any personnel movement, assignments, re-assignments and hiring of hospital personnel. The membership to the HAC, shall be purely on voluntary basis. The HAC, shall elect a chairman among itself and set its regular meeting.

- 2. Finance Committee** – this committee is composed of representatives from the Provincial Budget Office, Provincial Accounting Office, Provincial Treasurer and a representative from the EEDD. This committee shall handle policies and issues on financial aspect at the HB level. It is likewise tasked to come up with measures that will expedite the procurement process for all hospital equipment, medicines and other needs;
- 3. Human Resource Committee** – this committee is chaired by the PHRMO and composed of members designated by the HMB. Its function is mainly to give policy recommendations on Personnel and Human Resource Development as defined in this ordinance.pects

4. **Technical Committee** – this committee is composed of the EEDD Head, HOD-Head of EEDD and other members that may be designated by the HMB. The Technical Committee shall handle policy concerns for hospital operations and development, accreditation of private doctors to practice in the provincial government owned hospitals, as well as private practice of medical profession by government hospital personnel, ;
5. **Infrastructure Committee**- this is chaired by the Provincial Engineering Office (PEO). Its main task is to ensure the expeditious execution of any and all hospital infrastructure and facility development and/or construction.
6. **Legal Support Committee** – this committee is composed of the representatives of the Provincial Legal Office (PLO), Provincial Health Office (PHO), Provincial Human Resource Office (PHRMO), Economic Enterprise Development Department (EEDD) and Hospital Operations, EEDD The committee is primarily tasked with coming up of plans and programs that will make possible the provision of legal support and access to legal advice and/or service in event that any of the doctors or medical personnel are faced with complaints arising from the due performance of their duties. It will likewise take an active role in ensuring that the Magna Carta for Health Workers are adhered to in event that disciplinary actions and/or cases are filed against any of hospital personnel.
7. **Computerization and Electronic Networking Committee** – this is chaired by the Electronic Data Processing Office (EDP) and other designated members which is tasked to provide technical and policy support in institutionalizing computerization and electronic networking among hospitals;
8. **HB Secretariat.** A Secretariat to handle and/coordinate the activities and manage the records, minutes and communication of the Board is hereby created, the head to be determined by the Board during its first formal meeting.
9. **Such other committees** that the HMB may create.

4.4. The Hospital Operations Group. The Hospital Operations Group shall be composed of all the Chiefs of hospitals in the province and shall be chaired by the HOD-Head of the EEDD. The Hospital Operations Group has the following functions to wit;

1. Implementation of policies formulated by the HB;
2. Recommend operational policies for adoption by the HB and approved of the Governor;
3. Institute improvements and reforms at the operational level and as well as institute a well coordinated hospital system
4. Assessment of hospital operations and systems
5. Submission of reports to the HB, Governor and Sangguniang Panlalawigan
6. Accreditation of doctors to practice in the hospitals as per policies formulated by HB
7. Recommendation of hospital doctors and other personnel to be allowed to privately practice their profession or expertise during off duty as per HB policies
8. Coordination and synchronization of hospital functions and specializations in accordance with the referral system established by this ordinance.
9. Other functions that is necessary for the effective operation of the hospitals.

4.5. The Medical Consortia. The hospitals are hereby grouped into two categories for purposes of institutionalizing training programs, effective coordination, and synchronization of work assignments, specialization, and efficient hospital operations. The first group is the Northern Negros Consortium and shall cover the hospitals in Calatrava, Escalante, and Cadiz, while the second group is the Southern Negros Consortium shall cover the hospitals in Hinobaan, Himamaylan, Valladolid, Isabela and La Carlota. The Teresita Jalandoni Provincial Hospital in Silay City and Corazon Locsin Regional Memorial Hospital based in Bacolod City are regular members in both consortia. The Honorable Governor through the recommendation of the Hospital Management Board, is authorized to enter into a Memorandum of Agreement (MOA) with the latter two hospitals to formalize its membership into the consortia.

4.6. Meeting. The HB shall meet quarterly. The Chairman or through general assent of the members of the Board may call for a special meeting to address urgent matters.

The Hospital Operations Group shall conduct its meeting on a monthly basis, the schedule of which shall be agreed by the members. Special meetings may be called to address urgent matters. Meetings with consortium may be called for by the EEDD Hospital Operations Head in an operational case to case basis or as he deems it necessary. The HAC shall conduct its meeting at least once a month or as it will determine from time to time.

V. REFORMS

5.1. Open Hospital Policy. In order to upgrade and modernize hospital operations, accredited private doctors, consultants and other technical experts by the Hospital Operations Group shall be allowed to practice in the provincial government owned hospitals subject to the policies and guidelines issued by the HB as approved by the Governor. Only those private practitioners who have undergone sufficient training and specialization shall be allowed to practice in the above named hospitals of the Provincial Government. Likewise, government personnel are allowed to privately practice their profession during “off duty” in accordance with the recommendation of the Hospital Operations Group, pursuant to the guidelines set by the HB subject pertinent Civil Service Rules and Regulations.

5.2. Referral System. The Provincial Government operated hospitals shall adopt/ conform with the Negros Occidental Referral System, which is being formulated by a Multi-Sectoral Body led by the Department of Health. The system encourages the referral of patients from one hospital to another hospital/s before finally reaching the Provincial and Regional Hospitals in Silay and Bacolod City, respectively with the exception of private paying and non-indigent patients who may opt to be referred to any hospital of their choice. The system shall also adopt the synchronization of the doctor’s duties in every hospitals to be able to render efficient medical or surgical services and ensure availability of the medical/ surgical team during emergency cases.

5.3. Institutionalization of Medical Consortia. By virtue of this ordinance, the Provincial Governor is hereby authorized to represent the Province of Negros Occidental to sign a Memorandum of Agreement (MOA) with other appropriate Government and Private Hospitals for the institutionalization of the Northern Negros Medical Consortium (NNMC) and Southern Negros Medical Consortium (SNMC) including the creation of a Specialty Consortium.

The creation of these consortia is intended to improve and provide quality in the delivery of health and hospital services through the training of personnel.

5.4. Increase in Hospital Bed Capacities. All hospitals in the Province shall be upgraded to one maximum capacity of the facility within five (5) years from the approval of this ordinance.

5.5 Human Resource Development. This ordinance takes cognizance of the primordial role of hospital and health workers and does hereby enforce a policy of augmenting and upgrading hospital personnel through trainings, personnel exchange program, categorization of doctors, augmentation of personnel as well as profit and incentive schemes as the HB may provide.

5.5.1. Attendance to Trainings and Seminars. The Hospital Operations Group shall adopt a policy of upgrading the legal, technical and administrative capabilities of its personnel through attendance to trainings and seminars either publicly or privately funded. At least ten (10%) percent of the institutional, hospital and affiliation fees shall be allotted to training and seminars of hospital personnel.

The participation of both local or foreign private companies, government agencies and other donors who may opt to sponsor trainings and seminars of hospital personnel and members of the HB is hereby institutionalized; subject to policies and guidelines that the HB may hereinafter issue for this purpose.

5.5.2. Personnel Exchange Program. This ordinance hereby authorizes EEDD personnel to be detailed or assigned in other provincial government hospitals for a maximum period of six (6) months through the Personnel Exchange Program. Such temporary detail assignment of a personnel shall bear the favorable endorsement of the Hospital Operations Group as recommended by the Hospital Advisory Council. The said application shall further subject to the approval of the Governor through a Memorandum Order that shall stipulate the personnel's reassignment;

5.5.3. Other EEDD personnel. Other personnel based in Bacolod City who directly provide support and service to the hospitals in the province shall be considered and classified as Hospital or Health Workers and as such, they shall be given privileges as in the like of what the hospital Health Workers, enjoy under the Magna Carta for Health Workers.

Upon the recommendation of the Hospital Advisory Council and the HB, the hospitals may hire additional additional workers/ personnel to ensure twenty four hours delivery of important hospital services. For this purpose, the Province shall make efforts to comply with the granting of adequate benefits as outlined in the Magna for Health Workers.

5.6. Utilization of the Consignment Income. The Health Board is hereby granted authority to further determine the utilization of the consignment income in conjunction to Section 5.5 of Ordinance Npo. 009 Series of 2007 of the Province of Negros Occidental. Any inconsistencies that may arise out of the guidelines that the HB may issue shall be deemed an amendment to the provisions of Section 5.4 and 5.5 of the Negros Occidental Consignment Ordinance.

5.7. Categorization of Doctors' Job Descriptions. Medical Practitioners and doctors are hereby categorized according to their job assignment, to wit;

5.7.1. Medical Officers – are permanent plantilla positions for doctors in the hospital as per civil service rules and regulations. They may be allowed to privately practice their profession during “off duty” in other hospitals subject to Hospital and HB policies, rules and regulations issued for this purpose.

5.7.2. Medical Specialists – are permanent plantilla positions for doctors in the hospital who have undergone specialty training. They are allowed to practice privately during off duty and outside of base or station hospital, and may be authorized to use government hospital facilities subject to HB policies, rules and regulations;

5.7.3. Junior Consultants – are trained medical doctors from appropriate institutions and specialty programs accredited by the hospital Operations Group pursuant to HB policies who are allowed, under contract, to practice their profession in the Provincial Government owned hospitals at an honorarium basis. They are not considered permanent employees of the Provincial Government and therefore their terms of employment emanates from the Contract between the Junior Consultants and the Province. They must also render services for the service patients or indigents in the Provincial Government Hospitals. Furthermore, they shall be allowed to use government hospital facilities subject to HMB policies, rules and regulations.

5.7.4. Visiting Consultants – are accredited specialists by the Hospital Operations Group as per HB Policies who are allowed, under contract, to practice their specialization in the Provincial Government Owned Hospitals. They are not considered permanent employees of the Provincial Government and therefore their terms of employment emanates from the Contract between the Visiting Consultants and the Province. They shall have admitting privileges and shall share a minimum of 10% and a maximum of 20% of their Phil Health Professional Fees to the hospital pool. Likewise they must, as part of their duty, render services “pro-bono” to the service patients in the hospitals.

5.7.5. Personnel Augmentation and Incentive Scheme. Parallel to the efforts on augmenting personnel and staffing in the hospitals, the province shall also endeavor to effect incentive scheme, including compliance of Magna Carta for Health Worker Benefits for the hospital personnel as the HB policies, rules and regulations shall allow and as approved by the Governor.

5.8. Classification of Patients. The province hereby enforces the policy of classifying patients prior to admission or availment of medical services of hospitals. This shall be ascertained upon the registration of patients, his relatives, his company and watcher. This is for the purpose of segregating and determining accountability or liabilities of patients who may pay either personally, by Phil health, Insurance and other Health Care Fund apart from those who availed of discounts and indigents privileges. The patients are hereby classified as follows;

5.8.1. Private Paying Patients (PPP) – those patients who voluntarily opt to be admitted in private rooms, semi private rooms and wards. Hence, they are personally paying all the costs of hospitalization, the services of doctors, drugs, medicines and other like expenses. These may also refer to patients who have personal insurances and health care plans that cover for hospital bills and/or expenses.

5.8.2. Private Philhealth Patients (PHP) - are private paying patients who have Phil health benefits admitted in the private and semi private rooms. They will be personally paying any excess amount of accountabilities from their philhealth privileges.

5.8.3. Philhealth Ward Patients (PWP) those patients who are admitted in ward rooms and have Phil health privileges

5.8.4. Service Patients (SP) – are those charity patients who avail themselves of hospital and medical services at a discounted rate or through indigency and social welfare programs of the government.

5.9. Innovative Programs. By virtue of this ordinance and pursuant to RA 7160 and other pertinent laws, the Provincial Governor is hereby authorized to represent and sign for and in behalf of the province to enter into all transactions specified in the proceeding provisions. These innovative programs must have undergone study and has been duly recommended by the HB, HAC and the Hospital Operations Group to the Governor for Approval.

For this purpose the following innovative programs are hereby recommended for adoption:

5.9.1. Joint Ventures. The Governor, is hereby given authority by virtue of this ordinance to enter into Joint Ventures on matters relative to the supply of items, services, equipment, human resources, technical and managerial expertise, such as but not limited to the following dialysis center and respiratory therapeutic centers.

5.9.2. Adopt a Hospital Program. Upon recommendation and pursuant to the policies and guidelines of the HB relative to this program, the Provincial Governor is hereby authorized to sign agreements with donor individuals, entities and organizations, foreign or local, relative to sponsorship and funding in the improvement of specific or all facilities, equipment and operations of the hospitals. The acknowledgment of the sponsoring funding individual shall be given due recognition by putting up signages or appropriate markers in full appreciation of the public.

5.9.3. Expansion to Other Forms or Related Businesses. In order to maximize the revenue generating capabilities of the hospitals, the Province through the Economic Enterprise Development Department (EEDD) shall engage into innovative related forms of business which shall include but is not limited to the following;

5.9.3.1. Establishment of Oxygen Plant -for support of the provincial owned hospitals and other patronizing hospitals;

5.9.3.2. Issuance of Financial Bonds - for hospital development projects

5.9.3.3. Dental Tourism - wherein foreigners and balikbayans can avail themselves the technical expertise and services of the province's accredited dental clinics for a fee.

5.9.3.4. Establishment of Specialty Centers (e.g. Eye Center, Cardiovascular and Stroke Center, Trauma Center, Kidney and Liver Institute) – for future expansion in response to medical tourism. Each District Hospital shall cater to specific specialty program aside from being a general hospital.

For this purpose, all the above-enumerated programs and all other programs that may be innovated hereinafter are subject to study and recommendation of the HB

5.10. Retention and Management of PhilHealth Share. At least twenty (25%) percent of PhilHealth Share of the Hospital shall be retained by the concerned hospital for its direct management and utilization with an increment of 25% per year until it reaches 100%. The policies on the foregoing shall be recommended by the Hospital Operations Group to the HB and the Governor. The fund shall be allotted for the implementation of the institutionalization programs as identified in this ordinance or those that may be identified by the HB hereafter.

5.11. Computerization and Electronic Networking. To enhance competitiveness and efficiency in the technical and administrative operations including referral and networking capacities among hospitals. The Province through the Hospital Operations of the EEDD, must complete its computerization and electronic networking capabilities within five (5) years from the approval of this ordinance.

5.12 Support to Public Health. By virtue of this ordinance and in accordance with applicable laws and policies, all hospitals of the province are hereby created as blood stations, and as such, the Hospital Operations Group shall assess the status, potentials and the resources needed for the implementation of this program. Subject to the recommendation of the Hospital Operations Group and the HB, the province may allow the free use of blood and blood testing of patients in case of epidemic of some diseases.

5.13. Social Responsibility. Resultant from increased revenues among hospitals, it is the obligation of the province to throw back the realized income to the patronizing public not only in terms of effective and quality hospital and medical services but in the form of corporate social responsibilities as well. Subject to policies and guidelines formulated by the HB, and in addition to other fund sources, at least ten percent (10%) of the total Hospital Operations Income of the Economic Enterprise Development Department (EEDD) shall be earmarked for the implementation of EEDD innovative social responsibility programs as follows;

5.13.1. Volunteer Program - to benefit the non-working medical professionals and technicians receiving reasonable honorarium for at least one year. The trainings, experiences and certificates received by the volunteers will be put to use in their application for employment in other hospitals and abroad

5.13.2. Hospitalization Benefits - for Barangay Nutrition Scholars and Barangay Health Workers, senior citizens and war veterans will be entitled to an additional 20% discount on top of the discounts provided by law

5.13.3. Medical and Dental Programs – for the needy negrenses

5.13.4. Health Care and Insurance Mutual Fund – This mutual shall cover affordable insurance plan for the people of Negros Occidental in coordination with a Non-profit non-stock foundation which shall handle its implementation and operation, subject to the policies and guidelines recommended by the HMB to the Governor.

5.13.5. Health and Fitness Information Activities and Campaign

5.13.6. Other Social Responsibility Programs that the HB may recommend for implementation

VI. BUDGET

The source of fund for the realization of the plans and programs of the hospital operations shall be from allocations of the province, participating LGU's, Foundations and NGO's, income from the joint ventures of the EEDD, Affiliation and Hospital Use Contracts, PhilHealth, Investors and other sources as may be identified for this purpose. Consistent with other ordinances, joint venture agreements and Policies on the management of the derived income of the EEDD, the HB shall submit a budget proposal sourced from the EEDD revenues.

VII. OTHER PROVISIONS

Physical Inventory and Assessment of Facilities. Prior to the full implementation of this ordinance, the HOD-EEDD shall conduct physical inventory of used and unused medical equipment and realign their uses according to the need and utilization set up of every district hospital.

VIII. SEPERABILITY CLAUSE

If for any reason, any section or provision of this ordinance shall be held to be unconstitutional or invalid, no other section or provision hereof shall be affected.

IX. EFFECTIVITY

This ordinance shall take effect approval of the Provincial Governor and after the compliance with the publication required under the 1991 Local Government Code.

UNANIMOUSLY ADOPTED, August 18, 2008

CARRIED BY THE VOTES OF:

HON. NEHENIAS DE LA CRUZ
Member – 1st District

HON. RENATO Y. GUSTILO
Member – 1st District

HON. EDGARDO Y. ACUNA
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NEGATIVE/ ABSTAIN : NONE

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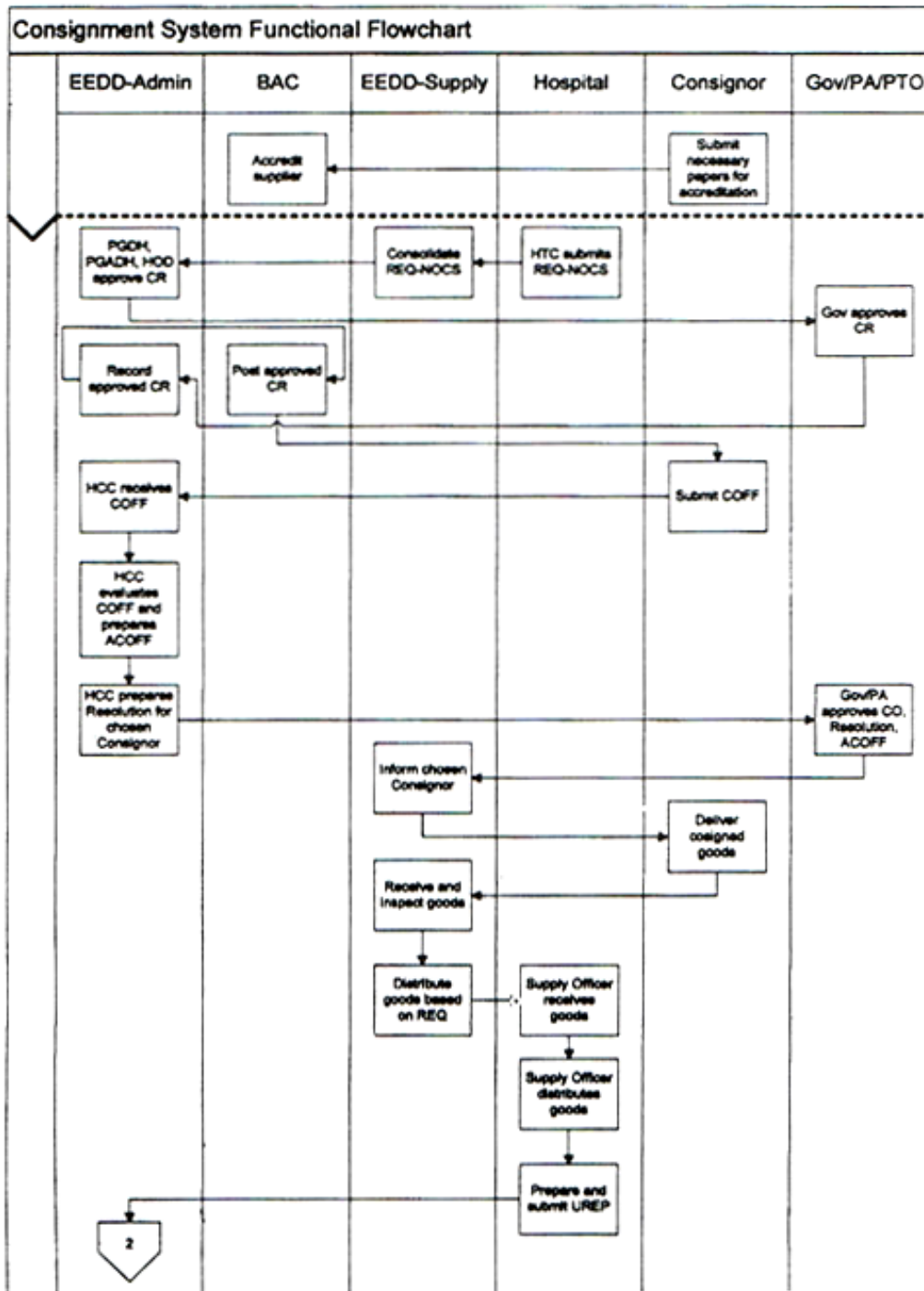
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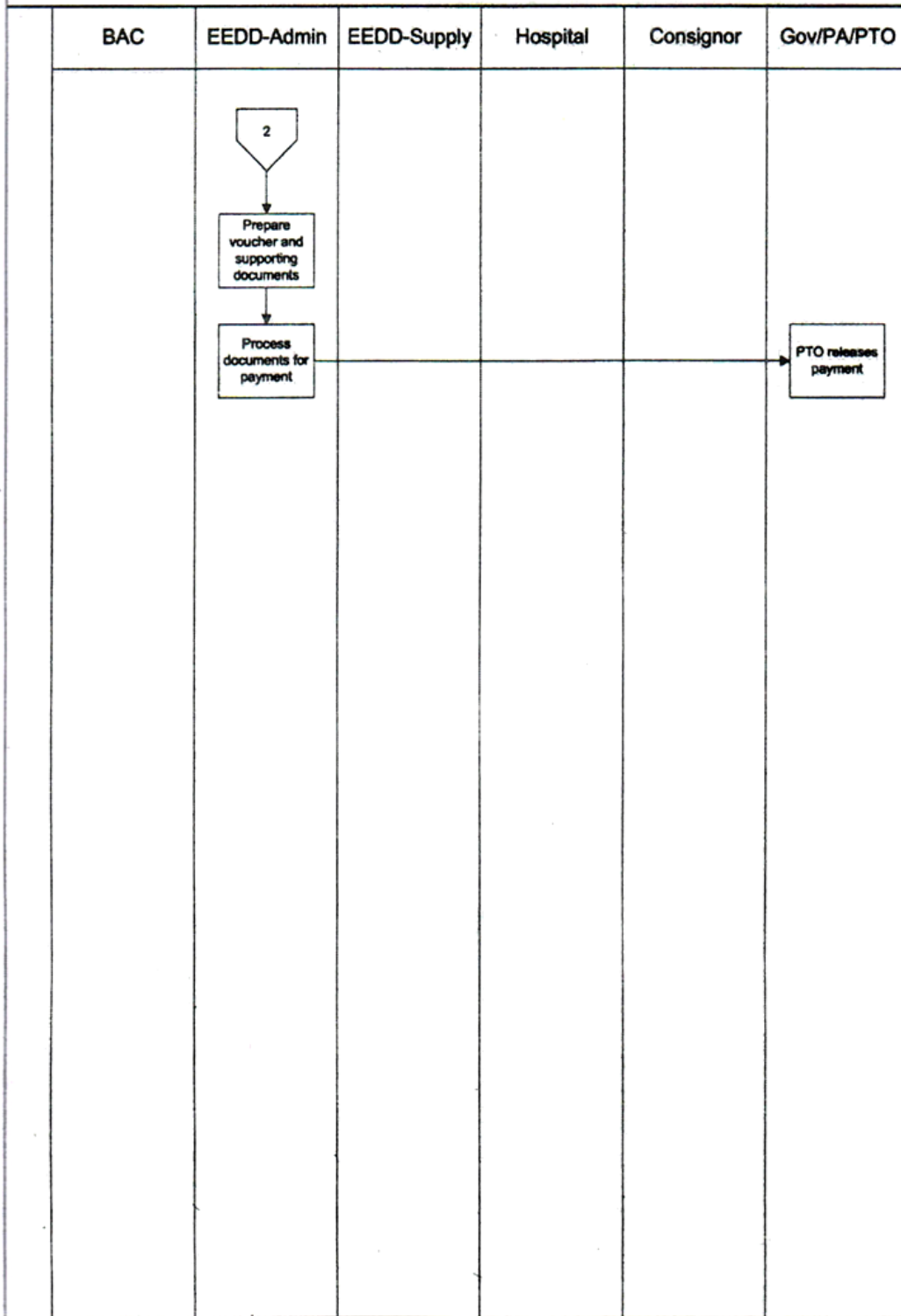
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INSTITUTIONALIZATION OF THE NEGROS OCCIDENTAL CONSIGNMENT SYSTEM



Consignment System Functional Flowchart



ACKNOWLEDGMENT

“The policies and programs herein highlighted proved the dynamic partnership of the Executive and Legislative Branches of the province, and the synergized legal, technical and administrative capabilities of its employees with the motivation to improve quality of public service and to increase revenues for the benefit of the Negrenses”

The Economic Enterprise Development Department (EEDD) through its Administrative Support Services Office would like to recognize and extend its heartfelt appreciation to all offices and individuals who in many ways or another assisted the EEDD in making the Consignment System and this primer a reality;

The untiring support of the Executive Office headed by the Honorable Governor, Isidro P. Zayco and the late Governor Joseph G. Marañon;

The ever supportive members of the Sangguniang Panlalawigan through Hon. Vice Gov. Emilio Yulo III, Board Member Melvin Ibañez, Chairman, Committee on Health for his ideas in modernizing the hospital operations and to Board Member Mae Javellana, the former Committee on Health Chairperson;

Heads and representatives of different departments and the Commission on Audit who lend their technical, legal and administrative expertise;

The strong EEDD staff led by its Department Head, Atty. Japhet T. Masculino and Assistant Department Head, Ma. Yvonne Gustilo, backed up by a strong Administrative Support Services personnel;

The staff of the various EEDD hospitals through Hospital Operations Head, Dr. Romulo Rhoel Mogul, and the Chiefs of Hospitals for their inputs and feedback;

To all Negrenses who served as inspiration to innovate for quality public service.

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