Implementation of Nursing Service Operation in Maguindanao Provincial Hospital

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DOI: https://doi.org/10.47772/IJRISS.2026.100300539

Received: 27 March 2026; Accepted: 01 April 2026; Published: 17 April 2026

ABSTRACT

The study assessed the implementation of Nursing Service Operations at Maguindanao Provincial Hospital, focusing on Emergency Room (ER) and in-patient services. It also examined staff processes—triaging, profiling, admission, treatment, and discharging—and patient outcomes in terms of admission to wards and discharge from care.

Using a descriptive-evaluative method, data were collected through researcher-made questionnaires from 255 respondents, including 107 hospital staff and 148 discharged patients (based on medical charts). Data were analyzed using the weighted mean.

Results showed that ER (3.84) and in-patient services (3.70) were both moderately implemented. Among the processes, triaging (4.76) and profiling (4.74) were highly implemented, while admission (4.23) was moderately implemented. Treatment (4.50) and discharging (4.61) were again highly implemented.

In terms of outcomes, admission to the ward (3.56) was highly executed, whereas discharge from care (3.44) was moderately executed.

Overall, despite challenges such as understaffing, limited specialized training, and organizational constraints, the hospital staff maintained a relatively high standard of nursing care in line with operational guidelines. The findings suggest that addressing both strengths and weaknesses can support the sustainability and improvement of the hospital's Quality Management System (QMS), particularly within the Nursing Service unit.

THE PROBLEM AND ITS BACKGROUND

Introduction

Hospitalization is indeed part of every individual's life. At one point, we had tasted the painful insertion of the needle, got accommodated in a white painted room and had the chance to mingle with health personnel in an institution we call Hospital. Nevertheless, there is an indirect sentiment that says patients want to experience the best services that the hospital can offer during this phase of their existence – the hospitalization.

Hospitals are defined as Healthcare institutions that have an organized medical and other professional staff, inpatient facilities, and deliver services 24 hours per day, 7 days per week. They offer a varying range of acute, convalescent and terminal care using diagnostic and curative services (WHO, 2018).

The Department of Health (DOH) as both a stakeholder and regulatory body for health of the Republic of the Philippines reinforced the implementation of Administrative Order No. 2012-0012 in order to improve access to the much needed health services with the goal of "Kalusugang Pangkalahatan" or Universal Healthcare. The said order sets the rules and regulations governing the new classification of hospitals and other health facilities in the Philippines. Generally, all health institutions must consider the implementation of the foregoing statute.

Maguindanao Provincial Hospital is one of the health institutions in the Autonomous Region in Muslim Mindanao (ARMM) particularly in the province of Maguindanao. This was tagged as the only Level 2 general hospital in the entire region and offers secondary level of care towards the locale the province. The hospital has three (3) basic organizational units: Medical Service; Nursing Service; and Hospital Operations and Patient Support Service (HOPSS) (MPH Operations Manual, 2017). These organizational units must work hand in hand to attain the vision and mission of the institution. According to World Health Organization (2018), one of the major functional units of health organization is the Nursing service. WHO-Committee on Nursing, defines the Nursing Services as the part of the total health organization which aims to satisfy major objective of the nursing services - to provide prevention of disease and promotion of health.

Like other health care institutions, Maguindanao Provincial Hospital (MPH) Nursing Service also faces issues and challenges on its operation. Reportedly, MPH exceeds in as much as 300% occupancy rate over years (Hospital Statistical Report 2014-2016) just to accommodate the demand for in- patient health services by the people of Maguindanao and other nearby municipalities considering its 150-bed authorized capacity. Anent to this, it is important to consider that the nursing care rendered must meet the minimum standards of nursing care practice as stated in the Republic Act 9173 otherwise known as the Philippine Nursing Act of 2002 and Association of Nursing Service Administrators of the Philippines (ANSAP) standards for nursing services.

In fact, the demand for care as new trend of the present era put so much pressure on the nursing service personnel to meet the standards considering different constraints in establishing the ideal way of doing nursing. Furthermore, nursing service is also challenged with the evolvement of the nurses' role and functions, organizational practices and culture, rapid turnover and the structural constraints within the healthcare facility such as occupational hazards, understaffing, limited supplies and equipment. Come to think of these? Will the clinicians be able to accomplish all duties and responsibilities stated by their respective professional legal mandates given all these constraints? Moreover, expansion per se of hospital facilities is an advantage to both medical staff and its customers but it also implies additional workload with the increase in patient census and the demand of the working hours. What more to the ideal nurse-patient ratio that is not well established? As a nurse and future public administrator, these scenarios may jeopardize the quality of work rendered but still the Nursing Service is expected to render quality care service – quality for it handles life and handling life acknowledges no room for mistakes.

With all these sentiments in mind, it is the aim of the researcher to evaluate the outcome of the implementation of nursing service operations in Maguindanao Provincial Hospital.

Theoretical Considerations

This study was anchored to General Systems Theory (GST) or more specifically Open Systems Theory (OST) by von Bertalanffy (1968). It is regarded as a universal grand theory because of its unique relevancy and applicability (Johnson & Webber, 2005). The GST was initially introduced in the 1930s by Karl Ludwig von Bertalanffy. In GST, systems are composed of both structural and functional components that interact within a boundary that filters the type and rate of exchange with the environment. Living systems are opened because there is an ongoing exchange of matter, energy, and information.

According to Bertalanffy, the systems compose of common elements such as: input, throughput/process, output and feedback. Input refers to matter, energy, and information received from the environment. Throughput/Process on the other hand refers to matter, energy, and information that are modified or transformed within the system. Elements that were released from the system into the environment were referred to as the Output and the Feedback are the information regarding environmental responses used by the system (may be positive, negative, or neutral) (Kenney, 1995).

Furthermore, this study was also anchored to Imogene M. King's Conceptual System and Theory of Goal Attainment. The von Bertalanffy General Systems (GST) Model is acknowledged to be the basis for King's work. She stated that the science of wholeness elucidated in that model gave her hope that the complexity of nursing could be studied "as an organized whole" (King, 1995 b, p. 23).

Conceptual Framework

This study utilized the Input-Process-Output framework of evaluation.

The input denoted the implementation of nursing service operation in Maguindanao Provincial Hospital in terms of Emergency Room (ER) and In-Patient services.

The process of determining the input was identified based on the process flow of the delivery of nursing services in the Maguindanao Provincial Hospital particularly in Emergency Room which involves three major processes such as Triaging, Profiling and the Admission. For In –Patient services, Treatment and Discharging are the two main processes.

The output determined the outcome of the Nursing Services with regards to Patient status. Specifically, Emergency Room (ER) services shall result to Patients admission to ward and In-Patient services lead to the patient discharged from care.

Furthermore, the feedback mechanism showed the responses of the respondents on the implementation of nursing services. Thus, the respondents were asked for their comments and suggestions to further improve the delivery of nursing services.

These variables were framed as the conceptual framework.

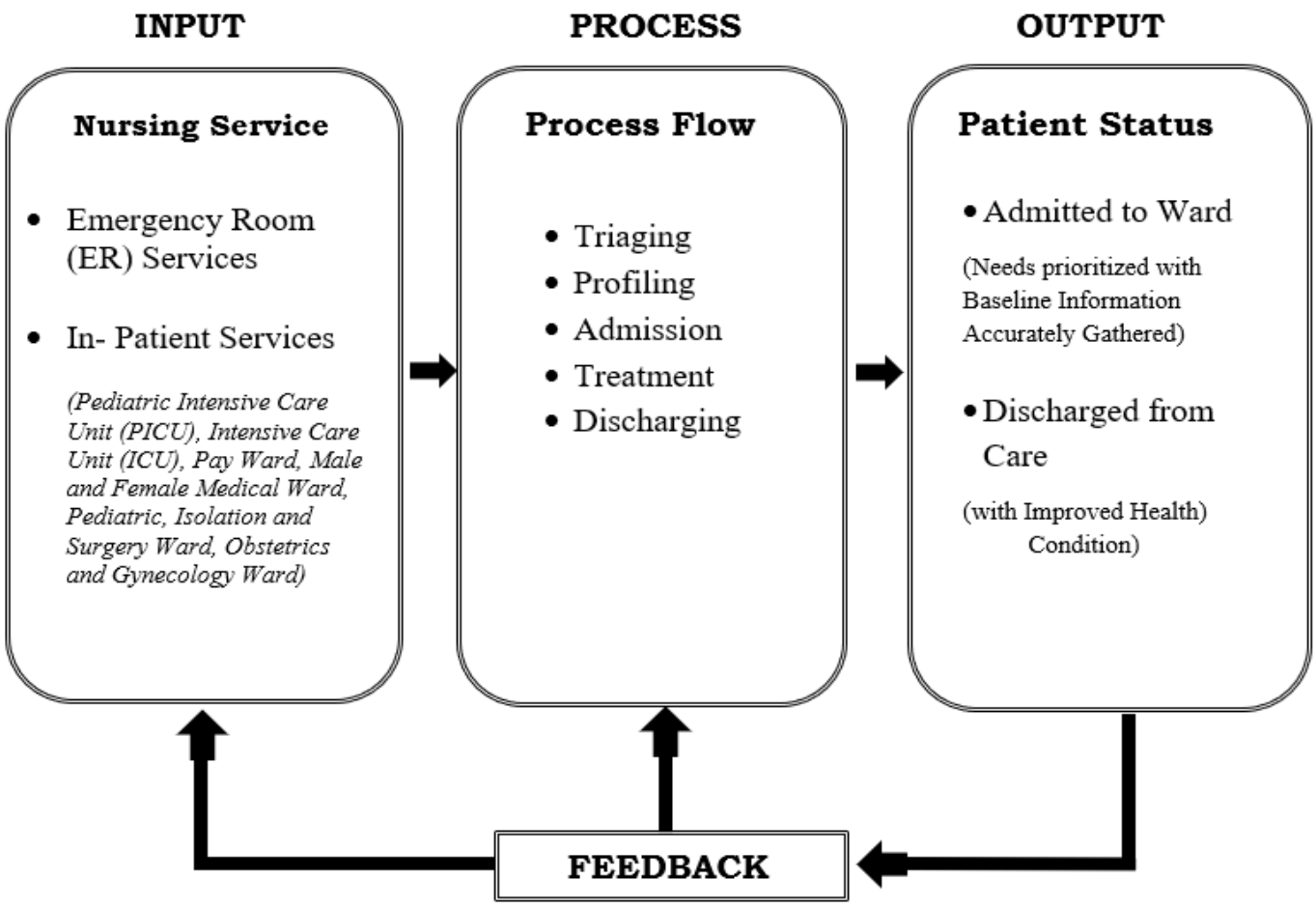

Figure 1. The Schematic Diagram Showing the Variables of the Study.

Statement of the Problem

Generally, this study aimed to determine the implementation of the Nursing Service Operation in Maguindanao Provincial Hospital.

Specifically, the study sought to answer the following questions:

1. What is the level of implementation of the Nursing Service Operation in Maguindanao Provincial Hospital in terms of:

    1.1 Emergency Room (ER) Services; and

    1.2 In-Patient Services?

2. To what extent are the processes followed by the Staff in the delivery of Nursing Services in terms of:

    2.1 Triaging;

    2.2 Profiling;

    2.3 Admission;

    2.4 Treatment; and

    2.5 Discharging?

3. To what extent is the status of the patient as the outcome of the processes in terms of:

    3.1 Admission to Ward (Admitted with needs prioritized and baseline information accurately gathered); and

    3.2 Discharge from Care (Discharged with improved health condition)?

4. What are the problems encountered by the Staff on the implementation of the Nursing service operation?

Significance of the Study

This study offered great benefits to the following entities:

Findings of the study may help the administrators of the Maguindanao Provincial Hospital to improve frontline services that the nursing service could offer to the people of the Maguindanao and other nearby municipalities in order to attain the institutions vision and mission.

The Nursing Service as a functional unit of the Maguindanao Provincial Hospital may benefit as to the findings of the study to sustain or improve the delivery of nursing care services among its clients.

The administrators of the four other hospitals situated in the province of Maguindanao such as Dinaig Municipal Hospital (DMH) at Dinaig, Datu Odin Sinsuat Municipality, Datu Blah T. Sinsuat District Hospital (DBTSDH) at Nuro, North Upi Municipality, South Upi Municipal Hospital (SUMH) in South Upi Municipality and Buluan District Hospital at Poblacion Buluan Maguindanao may adopt the good practices that the Maguindanao Provincial Hospital has and further improved nursing services of their own when they find significant results of the study.

The provincial governor and the local chief executives of the Local Government Units of the Maguindanao province may extend support of any kind in the operation to further improve such services based on the findings and recommendations of this study considering the non-devolved status of IPHO- Maguindanao and the Maguindanao Provincial Hospital to Local and Provincial Government.

To Department of Health (DOH), the results of this study may serve as a concrete database as to how hospital nursing services delivered in Maguindanao Provincial Hospital compared against the Hospital Nursing Service Administration Manual Standards of Nursing Service Delivery as the basis for nursing service delivery in clinical

set up. This is for review of the manual and made revisions if ever they find significant findings in the study that may contribute for its improvement in terms of applicability or flexibility.

Lastly, to the future researchers, this study may provide ideas on how to further improve and develop the delivery of nursing services for its better implementation.

Scope and Limitation of the Study

This study was conducted in Maguindanao Provincial Hospital at Barangay Limpongo, Datu Hoffer Maguindanao during the second semester of school year 2017-2018. This focused on the Implementation of nursing service operation that dealt on the delivery of nursing service processes at the emergency room and in-patient services which includes Pediatric, Isolation, Surgery, Obstetric and Gynecology Wards, Male and Female Medical Wards, Intensive Care Unit (ICU), Pediatric Care Unit (PICU) and Pay Wards. On the other hand, Out-Patient Department (OPD) is also part of the Nursing Service Operation but it was not included in the study. Only those who are admitted patients who undergone the five major processes such as triaging, profiling, admission, treatment and discharge were the focused of the study based from the revised MPH manual of operation. Moreover, procedures were evaluated as how they were carried out by the staff rendering emergency room and in-patient services as stipulated in each process. Quantitative and qualitative data were determined in this study to assess the implementation of the nursing services in Maguindanao Provincial Hospital.

Furthermore, this study also focused on the problems encountered during the implementation of the processes that may affect the delivery of nursing services.

Operational Definition of Terms

The following terms were lexically and operationally defined for clearer understanding as to how they were used in the study.

Admission- Refers to the process of accepting someone into a place, organization, or institution (Macmillan Dictionary, 2009-2018). In this study, admission refers to the process of engaging the patient to more complex kind of treatment plan and become an in- patient service. Doctor's order will be the basis for admission.

Admitted to Ward- Refers to the end outcome of the ER process.

Discharged from Care- Refers to the end output of the entire hospitalization from in- patient services.

Discharged Patients- Refers to the patients that are going to be discharged during the conduct of the study with May Go Home (MGH) order by the Residents on duty (ROD).

Discharging- Refers to discharging as to relieve of or release from something that burdens or confines as defined by Collins Dictionary (2018). In this study, discharging refers to the process of terminating the nurse-patient relationship wherein the patient recovered from illness or infirmity.

Emergency Room (ER) Services- Refers to the nursing services that are made available at Emergency Room specifically for emergency cases and clients that need for admission.

Implementation of Nursing Service Operation- Refers to the process of applying practical effect and ensuring fulfilment of work against standard of nursing practice as stated in the DOH Nursing Service Administration Management Manual, MPH Operations Manual and other certifying bodies.

In-Patient Services- Refers to nursing services rendered either for free or with pay depending on the patient's choice of service.

Nursing Service- Refers to the general concept referring to the organization and administration of nursing activities (Reference.MD, 2012).

Profiling- Refers to the use of personal characteristics or behaviour patterns to make generalizations about a person (Dictionary.com, 2018). In this study, profiling refers to the process of obtaining baseline information such as name, age, sex and chief complaints or sets of information needed based from the Individual Treatment Record (ITR) being utilized by the Maguindanao Provincial Hospital in order to establish treatment plan.

Staff- Refers to an experienced nurse less senior than a sister or charge nurse (Oxford Dictionary, 2018). In this study, staff refers to the nurses and nursing attendants or midwives who are employed at the Maguindanao Provincial Hospital regardless of the status of employment who are assigned at the Emergency Room and in the Wards. They are the respondents of the study.

Treatment- Refers to the medical care given to a patient for an illness or injury (Oxford Dictionary, 2018).

Triaging- Refers to the process of quickly examining patients who are taken to a hospital in order to decide which ones are the most seriously ill and must be treated first (Cambridge Dictionary, 2018).

REVIEW OF RELATED LITERATURE

This chapter exemplified the collection of the different relevant documents, information, facts, ideas and views regarding the pertinent variables or aspects as taken from books, research journals, internet and other publications utilized by the researcher.

Nursing Service Operation

Nursing profession is considered a caring profession, before it was an art and a vocation and now it is considered a scientific profession. Nursing care is defined as the care of the patient with regard to nursing needs, with increasing dimension of medical sciences quantitatively and qualitatively, nursing care is becoming more and more complex with its management services. Nursing Service on the other hand is the part of the total health organization which aims at satisfying the nursing needs of the patients/community. In nursing services, the nurse works with the members of allied disciples such as dietetics, medical social service, pharmacy etc. in supplying a comprehensive program of patient care in the hospital (All India Institute of Medical Sciences (AIIMS), 2011).

The Department of Nursing Service of Hospital recognizes and appreciates the objectives of the hospital and acknowledges that the primary purpose of nursing is to provide the highest quality of nursing care services that is possible in assisting the patient with meeting his daily living needs wherever he is located along the illness-health continuum. The Department of Nursing believes that the hospital is basically an organization of human beings, representative of many professions and occupations, which perform specialized work in which all their skills and achievements are focused on the primary goal of patient care. Furthermore, the Department of Nursing believes that quality in nursing care and management of nursing services is achieved through professional nurses who assist in the development of comprehensive programmes of delivering patient care. Nursing Department of the hospital is to administer high-quality, cost-effective care to patients and families, provide health promotion programmes to all people, maintain a supportive environment for education of professional nurses and promote career development of nursing employees (Department of Health (DOH), Association of Nursing Service Administrators of the Philippines (ANSAP), Young) as cited by Segarra (2013).

The Nursing Service of the Maguindanao Provincial Hospital is consistent with the hospitals quality policy, measurable quality objectives or major final outputs including those needed to meet hospital services requirements are communicated and established at relevant functional level within the organization. Furthermore, establishment of its quality policy is vital to the over-all planning of the organization's Quality Management System (QMS).

Following are the Quality Objectives of MPH based on its core and support services: (MPH revised Manual of Operation)

Nursing Services. To ensure safety of the health stakeholders by providing nursing care services and verifying doctor's orders or prescriptions given verbally, through text messages and/or phone calls before implementation.

In-Patient Services. To ensure high quality and holistic patient care that is consistent with relevant international standards, recognized scientific evidence and compliant with legal requirements.

Patients Admission. To facilitate fast admission processes.

Patient Care. To implement care plan guidelines consistent with scientific evidence, established standards, existing and accepted values, legal requirements, and for easy reference.

Discharging Process. To establish guidelines and procedures in discharging patient wherein patient should be discharged two (2) hours after discharge advice.

Emergency Room (ER) and Emergency Room Services

Emergency Room (ER) is a special area in the hospital where patients with emergent health conditions can go to for consultation and management. It operates 24 hours /7 days a week. Those with non-emergent conditions can go to the out-patient department (OPD) or doctors' clinics which operate during weekdays and specified office hours. The commonly used terms for emergency room nowadays are the department of emergency medical services or DEMS and Emergency Medicine Department or EMD (Joson, 2008).

The ER is primarily intended for patients with acute life-threatening health problems needing immediate resuscitation and stabilization. However, in real practice, only about 30% consulting in the ER have real emergencies by medical standards. Thus, one of the basic issues that the hospital administration has to resolve and set down as a policy is whether to limit the clients of the ER to patients with life-threatening conditions by medical standards or to accept all clients who are brought into it, regardless of whether they have real life-threatening conditions or not based on medical standards, accepting whatever be and respecting the perception of the patients and their relatives that they have life-threatening conditions.

According to Joson (2008), since it is really difficult to sort patients into those with real and non-real life-threatening conditions until they have been fully evaluated by the staff of the ER, the tendency of the hospital and ER administration is accept all initially and then refer them out accordingly and as soon as possible so to decongest the ER. This policy, if adopted, is for the benefit of the hospital administration and ER in the long run, both medico-legal wise and revenue wise, particularly for the private hospitals. If a hospital, particularly, a government one, would like to limit the ER clients with life-threatening conditions, it must establish a very structured, reliable, and safe triage system at the instance patients are brought into the ER.

Emergency Departments are the most challenged components of the health care system. According to a recent study by the American College of Emergency Physicians ―A multitude of factors are responsible for delays including greater medical needs, prolonged ED evaluations, inadequate bed capacity, and redundant use of the ED by those with no other alternative to primary medical care‖ (ACEB 2000b pg 241). In the year 2000, 108 million ED visits occurred in the United States, representing 39.4 visits per 100 people (ACEP, 2000a; McCaig and Burt, 2001) as cited by Trial (2009).

According to the Department of Health Administrative Order No. 2012-0012 under (V) Implementing Mechanisms; (B) Specific Guidelines; (3) Standards; (A) Personnel states that every health facility shall have an adequate number of qualified, trained and competent staff to ensure efficient and effective delivery of quality services. In terms of equipment and instruments, letter (B) of the same order states that every facility shall have available and operational equipment and instruments consistent with the services it will provide. Furthermore, Letter (D) of the same order cited that the health facility should ensure the services delivered to patients comply with the standard quality embodied in the assessment tool for licensure/ accreditation of health facilities, other policy guidelines and or related issuances.

Based from the Maguindanao Provincial Hospital Benchbook Manual of Operation, derived from Philippine Health Insurance Corporation (PHIC) Benchbook 1- 2009 Edition, each admitted customer initial assessment is conducted immediately or within 30 minutes upon the entry of customers at the Emergency Room. The assessment shall be done by the resident on duty to all customers initially assessed at the Emergency Room during the 48 hours tour of duty. Assessment frequency depends upon the severity or seriousness of the health problem. At the least, reassessment is done on a 12-hour period.

Furthermore, the registered nurse shall assess customers' needs for nursing care in all settings where nursing care is provided based on individual customer requirements and area needs. Care decision shall be based upon data information gathered in assessment and reassessment process. The data shall be utilized in prioritizing patient care needs and selecting appropriate interventions.

In-Patient Services

History

In-patient care goes back to 230 BC in India where Ashoka found 18 hospitals. The Romans also adopted the concept of inpatient care by building a specialized temple for sick patients in 291 AD on the island of Tiber. It is believed the first inpatient care in North America was provided by the Spanish in the Dominican Republic in 1502; the Hospital de Jesús Nazareno in Mexico City was founded in 1524 and is still providing inpatient care.

Perhaps the most famous provider of inpatient care was Florence Nightingale who was the leading advocate for improving medical care in the mid-19th century. Nightingale received notoriety during the Crimean War where she and 38 women volunteer nurses traveled to Crimea to treat wounded soldiers. During her first winter at the hospital 4,077 soldiers died in the hospital. She used this experience to change the course of inpatient care by focusing on improving sanitary conditions and better living conditions within the hospital.

Nightingale became known as "The Lady with the Lamp" and is still considered the founder of modern nursing. The Nightingale School of Nursing continues today and her image is the one depicted each year on nurses' day.

The original model for In-patient care required a family physician to admit a patient and then make rounds and manage the patient's care during their hospital stay. That model is rapidly being replaced by hospitalist medicine a term first used by Robert Wachter in an article written for the New England Journal of Medicine in 1996 (Goldman L,1996).

The primary role of the hospital is to provide curative care to the sick through provision of a shelter in the hospital, under direct supervision. It requires a systematically organized 'In patient care' facility. The organization of in patient service is very important because while providing curative care, there should be provision to look into the patients physical, emotional and psychological needs. More so, the patient must feel at home having a clean, peaceful atmosphere, and adequate provision for self-entertainment.

The attendants visiting the patients must also be provided facilities to wait for some times, and must be satisfied with the hospital sanitation and type of care to their patient. There has to be adequate safety and security and privacy for the patients and nutritious diet during the stay (Dr N. C. Das, 2011).

Furthermore, In- patient services includes the ward and nursing station and all other facilities necessary for good patient care. The primary objectives of in –patient care are the following: To provide care under direct supervision for a patient at the point of illness when dependence on others is at its height by admitting in a hospital bed; to provide the highest possible quality of medical and nursing care for an admitted patient; to make provision for essential equipment, drugs and all other items required for patient care in an organized manner; to provide most comfortable and desirable environment on temporary substitution for home; to fulfil all the basic needs in the hospital like eating, toiletry, sleeping, entertainment etc; to facilitate the visit of attendants and visitors and to provide the atmosphere and facilities for highest degree of job satisfaction of nursing and medical staff and high levels of patient satisfaction. (Dr N. C. Das, 2011)

Process Flow from Emergency Room Services to In-Patient Services of Maguindanao Provincial Hospital

Scope: It covers the process from Emergency Room services which includes: triaging, profiling, admission, treatment during the course in the hospital and discharge of patients.

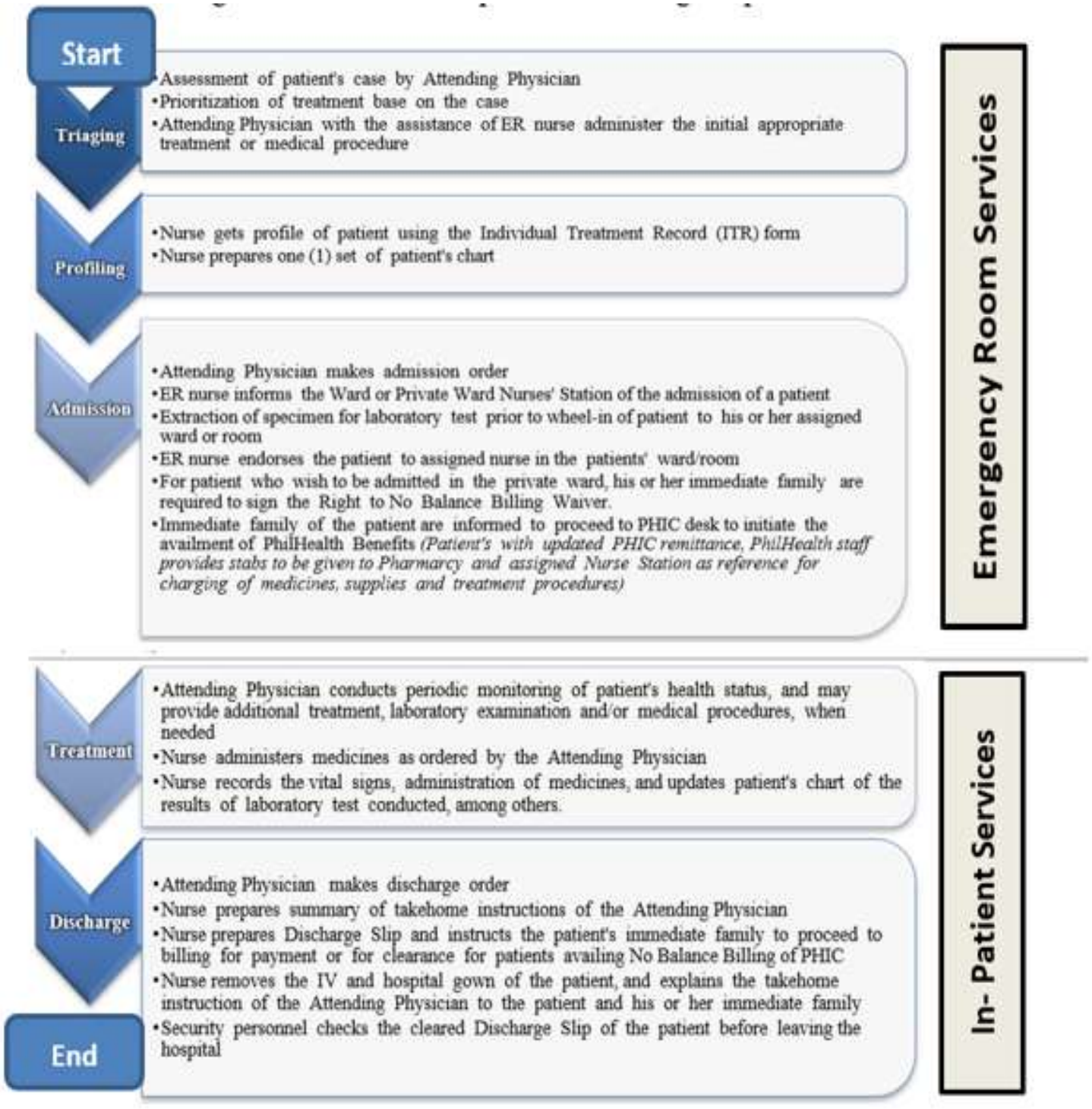

Figure 2. Diagram Showing the Process Flow from Emergency Room Services to In-Patient Services in Maguindanao Provincial Hospital

Triaging

The earliest patient-physician encounter is the triage doctor/nurse, who completes the preliminary evaluation before transferring care to another area of the Emergency Department (ED) or a different department in the hospital. Triage comes from a French word 'Tier' which means to sort out or choose (Elsevier Mosby, 2005).

According to Estrada E.G. (1981) (as cited by Khairulnissa Ajani, 2012), Triage in the emergency department is the process by which a patient is assessed upon arrival to determine the urgency and the type of the problem and to designate appropriate healthcare resources to care for the identified problem. The purpose is to put the right patient in the right area for the right treatment at the right time.

Functions performed by triage staff include initial assessment, physical examination, initial diagnostic studies, documentation and disposition. The expansion of the tasks required by triage staff extends the time required to assess each patient and slows the patient flow and, therefore, any system that is adapted must be designed to balance triage activity with the patient flow.

Emphasising the importance of triage, Blank, Santoro, Maynard, Provost and Keyes (2007), say that the process of triage and acuity assignment is dynamic and should involve multiple re-assessments and possible re-assignments of acuity level (J Em Nurs, 2007).

According to Melissa Conrad Stoppler, MD and William C. Shiel, Jr., MD, FACP, FACR (2018), on their article entitled Medical Triage: Code Tags and Triage Terminology. They believed that triage have arisen historically from systems developed for categorization and transport of wounded soldiers on the battlefield. The triage sieve remains in place and is widely used throughout the United Kingdom, Netherlands, Sweden, India, Australia, and NATO military organisations (Robertson-Steel, 2006).

Triage is used in a number of situations in modern medicine, in mass casualty situations, triage is used to decide who is most urgently in need of transportation to a hospital for care (generally, those who have a chance of survival but who would die without immediate treatment) and whose injuries are less severe and must wait for medical care.

Triage is also commonly used in crowded emergency rooms and walk-in clinics to determine which patients should be seen and treated immediately. Furthermore, Triage may be used to prioritize the use of space or equipment, such as operating rooms, in a crowded medical facility. In a walk-in clinic or emergency department, an interview with a triage nurse is a common first step to receiving care. He or she generally takes a brief medical history of the complaint and measures vital signs (heart rate, respiratory rate, temperature, and blood pressure) in order to identify seriously ill persons who must receive immediate care.

In a hospital, triage might prevent an operation for an elective facelift from being performed if there are numerous emergent cases requiring use of operating facilities and surgical nursing staff.

Systems of triaging were also developed, one of which is the triage system involves a color-coding scheme using red, yellow, green, white, and black tags: Red tags - (immediate) are used to label those who cannot survive without immediate treatment but who have a chance of survival. On the other hand, Yellow tags - (observation) for those who require observation (and possible later re-triage). Their condition is stable for the moment and, they are not in immediate danger of death. These victims will still need hospital care and would be treated immediately under normal circumstances. Green tags - (wait) are reserved for the "walking wounded" who will need medical care at some point, after more critical injuries have been treated. White tags - (dismiss) are given to those with minor injuries for whom a doctor's care is not required and the Black tags - (expectant) are used for the deceased and for those whose injuries are so extensive that they will not be able to survive given the care that is available (Stoppler and Shiel, 2018).

Profiling

In the field of medicine, profiling is significant to help us make clinical decisions.

Baseline information is synonymous with the word demographic profile or patients demographic. In the journal written by Didier Thizy, published on December 21, 2011, he has found more or less five (5) different ways of interpreting the term “demographics.” This includes: (A) Date of birth, gender (Google Health), (B) Birth year, gender, country, postal code, ethnicity, blood type (Microsoft HealthVault: Personal Demographic Information, Basic Demographic Information), (C) (A or B) + Contact information (Name, Phone, Address), (D) C +

Emergency contact information, family doctor, insurance provider data, (E) (C or D) + Allergies, major diagnoses, major medical history

In Emergency Room (ER), obtaining baseline information of the patient and conduct of initial assessment are vital in order to establish judgment on how the treatment be employed to the customers.

Furthermore, a semi- formal interview was established to gain trust towards clients. The interview with a patient, whether it is to gather information, to motivate them to follow a treatment or to change their behaviour, to give them the support they need in the face of an existential difficulty or to give them directions or guidance, is a professional act of the highest importance. It requires that the nurse possess, not only an open and warm personality and solid communication abilities but can also deploy strategies which will help achieve the desired objectives. (Margot Phaneuf, RN, Ph.D.)

Admission

According to McGraw-Hill Concise Dictionary of Modern Medicine, 2002, Admission is defined as a full stay or the formal acceptance by a hospital or other in-patient health care facility of a patient who is to be provided with room, board, and continuous nursing service in an area of the hospital or facility where patients generally reside at least overnight.

In the conduct of admission interview, the nurse establishes a rapport with the patient and gathers information about the current medical condition and health status of the patient. The nurse may conduct some basic tests such as vital signs taking which includes temperature, pulse rate, respiratory rate and blood pressure and will ask questions to assess if the patient is ready for surgery or treatment.

The interview includes the conversation which the nurse establishes on the arrival of the person in order to gather the information which is needed to plan their treatment. However, it is not the only moment when the nurse can proceed in gathering information since she must observe the patient during their entire stay in the health care centre (Margot Phaneuf R.N., Ph.D.).

According to Davies and Shiel (2018), there are two major types of admissions, 1) elective and 2) emergency admissions. Elective admission happens when the patient have known medical condition or complaint that requires further workup, treatment, or surgery. Emergency admission on the other hand occurs through the emergency department wherein the patient may be admitted to a floor, a specialized unit (for example, the medical or surgical intensive care unit), or a holding (observation) unit.

Treatment

The American Nurses Association (ANA,2018) defines nursing as, “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations”.

It is important to consider that the nursing care given should meet the minimum standards of nursing care practice as stated in Republic Act 9173 otherwise known as the Philippine Nursing Act of 2002. Article V (Nursing Practice), Section 27 (Scope of Nursing), states the importance of utilization of the Nursing process in all nursing care rendered to address nursing needs of the clients.

The Nursing Process

According to American Nurses Association (ANA) the common thread uniting different types of nurses who work in varied areas is the nursing process—the essential core of practice for the registered nurse to deliver holistic and patient-focused care.

The nursing process is a series of organized steps designed for nurses to provide excellent care. There are five phases of the nursing process which includes: assessing, diagnosing, planning, implementing, and evaluating.

Nursing Process is also known for its acronym ADPIE. It was first described as a four-stage nursing process by Ida Jean Orlando a nursing theorist in 1958.

Assessment (of patients' needs). A Registered Nurse uses a systematic, dynamic way to collect and analyze data about a client, the first step in delivering nursing care. Assessment includes not only physiological data, but also psychological, sociocultural, spiritual, economic, and life-style factors as well. Data is collected from a variety of sources (clients, families, health records, physicians, nurses and other health care professionals. For example, a nurse's assessment of a hospitalized patient in pain includes not only the physical causes and manifestations of pain, but the patient's response - an inability to get out of bed, refusal to eat, withdrawal from family members, anger directed at hospital staff, fear, or request for more pain mediation (American Nurses Association, 2018).

Diagnosis (of human response needs that nursing can assist with). The nursing diagnosis is the nurse's clinical judgment about the client's response to actual or potential health conditions or needs. The diagnosis reflects not only that the patient is in pain, but that the pain has caused other problems such as anxiety, poor nutrition, and conflict within the family, or has the potential to cause complications - for example, respiratory infection is a potential hazard to an immobilized patient. The diagnosis is the basis for the nurse's care plan (American Nurses Association, 2018).

Planning (of patients care). Planning phase specifies client goals to promote health and/or prevent, reduce, or resolve the problem that are identified in the nursing diagnosis, and related nursing intervention. Based on the assessment and diagnosis, the nurse sets measurable and achievable short- and long-range goals for this patient that might include moving from bed to chair at least three times per day; maintaining adequate nutrition by eating smaller, more frequent meals; resolving conflict through counselling, or managing pain through adequate medication. Assessment data, diagnosis, and goals are written in the patient's care plan so that nurses as well as other health professionals caring for the patient have access to it (American Nurses Association, 2018).

Implementation (of care). Nursing care is implemented according to the care plan, so continuity of care for the patient during hospitalization and in preparation for discharge needs to be assured. Care is documented in the patient's record (American Nurses Association, 2018).

Evaluation (of the success of the implementation care). Evaluation measures the extent to which the patient/ client has achieved the goals specified in the plan of care and identifies the factors that positively or negatively influenced goal achievement. The plan of care is revised as necessary. Both the patient's status and the effectiveness of the nursing care must be continuously evaluated, and the care plan modified as needed (American Nurses Association, 2018).

Ten (10) Rights of Drug Administration)

Nurses are primarily involved in the administration of medication across various settings. Nurses are also involved in both dispensing and preparation of medication. Research on medical administration errors (MAEs) shows an error rate of 60%, 34 mainly in the form of wrong time, wrong rate, or wrong dose. There are many ways to prevent medication errors and one way of which is understanding the 10 "Rights" of drug administration: (Matt Vera, 2012)

1. Right Drug. Check and verify if it's the right name and form. Beware of look-alike and sound-alike medication names. Misreading medication names that look similar is a common mistake. These look-alike medication names may also sound alike and can lead to errors associated with verbal prescriptions.

2. Right Patient. Ask the name of the client and check his/her ID band before giving the medication. Even if you know that patient's name, you still need to ask just to verify.

3. Right Dose. Check the medication sheet and the doctor's order before medicating. Be aware of the difference of an adult and a pediatric dose.

4. Right Route. Check the order if it's oral, Intravenous (IV), Subcutaneous (SQ), Intramuscular (IM), etc.

5. Right Time and Frequency. Check the order for when it would be given and when was the last time it was given.

6. *Right Documentation.* Make sure to right the time and any remarks on the chart correctly.

7. Right History and Assessment. Secure a copy of the client's history to drug interactions and allergies.

8. Drug approach and Right to Refuse. Give the client enough autonomy to refuse to the medication after thoroughly explaining the effects.

9. Right Drug-Drug Interaction and Evaluation. Review any medications previously given or the diet of the patient that can yield a bad interaction to the drug to be given. Check also the expiry date of the medication being given.

10. Right Education and Information. Provide enough knowledge to the patient of what drug he/she would be taking and what are the expected therapeutic and side effects.

Hand washing/ Hand hygiene

The World Health Organization emphasized the importance of Hand hygiene in any clinical set up. "My five moments for hand hygiene" is one of their latest strategies in order to encourage Health Care Workers (HCWs) to maintain hand hygiene practices.

The concept of "My five moments for hand hygiene" aims to: 1) foster positive outcome evaluation by linking specific hand hygiene actions to specific infectious outcomes in patients and HCWs (positive outcome beliefs); and 2) increase the sense of self-efficacy by giving HCWs clear advice on how to integrate hand hygiene in the complex task of care (positive control beliefs) (World Health Organization, 2009).

Moment 1. Before touching a patient, from the two-zone concept, a major moment for hand hygiene is naturally deduced. It occurs between the last hand-to-surface contact with an object belonging to the health-care area and the first within the patient zone – best visualized by crossing the virtual line constituted by the patient zone. Hand hygiene at this moment will mainly prevent colonization of the patient with health care-associated microorganisms, resulting from the transfer of organisms from the environment to the patient through unclean hands, and exogenous infections in some cases (World Health Organization, 2009).

Moment 2. Before a clean/aseptic procedure, once within the patient zone, very frequently after a hand exposure to the patient's intact skin, clothes or other objects, the HCW may engage in a clean/aseptic procedure on a critical site with infectious risk for the patient, such as opening a venous access line, giving an injection, or performing wound care (World Health Organization, 2009).

Moment 3. After body fluid exposure risk, after a care task associated with a risk to expose hands to body fluids, e.g. after accessing a critical site with body fluid exposure risk or a critical site with combined infectious risk (body fluid site), hand hygiene is required instantly and must take place before any next hand-to-surface exposure, even within the same patient zone. This hand hygiene action has a double objective. First and most importantly, it reduces the risk of colonization or infection of HCWs with infectious agents that may occur even without visible soiling. Second, it reduces the risk of a transmission of microorganisms from a "colonized" to a "clean" body site within the same patient (World Health Organization, 2009).

Moment 4. After touching a patient, when leaving the patient zone after a care sequence, before touching an object in the area outside the patient zone and before a subsequent hand exposure to any surface in the health-care area, hand hygiene minimizes the risk of dissemination to the health-care environment, substantially reduces contamination of HCWs' hands with the flora from patient X, and protects the HCWs themselves (World Health Organization, 2009).

Moment 5. After touching patient surroundings. The fifth moment for hand hygiene is a variant of Moment 4: it occurs after hand exposure to any surface in the patient zone, and before a subsequent hand exposure to any

surface in the health-care area, but without touching the patient. This typically extends to objects contaminated by the patient flora that are extracted from the patient zone to be decontaminated or discarded. Because hand exposure to patient objects, but without physical contact with the patients, is associated with hand contamination, hand hygiene is still required (World Health Organization, 2009).

Documentation

Documentation is anything written or electronically generated that describes the status of a client or the care or services given to that client (Perry, A.G., Potter, P.A., 2010). Nursing documentation refers to written or electronically generated client information obtained through the nursing process (*Association of Registered Nurses of Newfoundland and Labrador* (ARNNL), 2010). Furthermore, Documentation is an integral part of nursing practice and professional patient care rather than something that takes away from patient care. Documentation is not optional.

Moreover, nursing documentation must provide an accurate and honest account of what and when events occurred, as well as identify who provided the care. Good documentation has six important characteristics. It should be: factual, accurate, complete, current (timely), organized, compliant with standards (Potter & Perry, 2010).

Since the quality of care given to patients must be reflected in their charts, it is imperative that the nurses' notes be clear, accurate and up-to date. What is not charted has not been observed, nor administered nor done (Hospital Nursing Service Administration Manual, 2009, p.203).

The Medical/health Records. Medical/health records form an essential part of a patient's present and future health care. As a written collection of information about a patient's health and treatment, they are used essentially for the present and continuing care of the patient. In addition, medical records are used in the management and planning of health care facilities and services, for medical research and the production of health care statistics.

Doctors, nurses and other health care professionals write up medical/health records so that previous medical information is available when the patient returns to the health care facility. The medical/health record must therefore be available. The medical record "must contain sufficient data to identify the patient, support the diagnosis or reason for attendance at the health care facility, justify the treatment and accurately document the results of that treatment" (Huffman, 1990).

Discharging

Discharge planning is an interdisciplinary approach to continuity of care; it is a process that includes identification, assessment, goal setting, planning, implementation, coordination, and evaluation (Ottawa: The Association of Discharge Planning Coordinators of Ontario (ADPCO) (1997) and is the quality link between hospitals, community-based services, nongovernment organizations, and carers. (Sydney: NSW Department of Health, 2005).

In view of the importance of an effective discharge planning system, many countries have launched a series of guidelines or policy-driven frameworks for good practices in hospital discharge planning processes. In general, discharge planning is conceptualized as having four phases: (1) patient assessment; (2) development of a discharge plan; (3) provision of service, including patient/family education and service referral; and (4) follow-up/evaluation. (American Hospital Association Guidelines for Discharge Planning, Chicago: AHA; 1984).

Purpose of Discharge Planning. Based on the individual needs of the patient, effective discharge planning supports the continuity of health care between the health-care setting and the community; it is described as "the critical link between treatment received in hospital by the patient, and post-discharge care provided in the community." (Sydney: NSW Department of Health, 2005) The purpose of discharge planning is to ensure continuity of quality care between the hospital and the community. In addition, the aim of discharge planning is

to reduce hospital length of stay and unplanned readmission to hospital, as well as to improve the coordination of services following discharge from hospital (S. Shepperd, J. Parkes, J. Mc Claren, C. Phillips, 2004).

Statutes Related to the Study

Republic Act 9173 (Philippine Nursing Act of 2002)

"AN ACT PROVIDING FOR A MORE RESPONSIVE NURSING PROFESSION, REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 7164, OTHERWISE KNOWN AS "THE PHILIPPINE NURSING ACT OF 1991" AND FOR OTHER PURPOSES"

Every Filipino nurse must know the RA 9173 – The Philippine Nursing Act of 2002 to protect and improve the nursing profession in the country, to improve nursing education and dignify the existence of nurses. Especially now, thousands of nurses are being abused in false volunteerism and false salary or benefits (Catanyag, 2012).

An Excerpt:

Article VI: Nursing Practice; Section 28. Scope of Nursing, states that - A person shall be deemed to be practicing nursing within the meaning of this Act when he/she singly or in collaboration with another, initiates and performs nursing services to individuals, families and communities in any health care setting. It includes, but not limited to, nursing care during conception, labor, delivery, infancy, childhood, toddler, preschool, school age, adolescence, adulthood, and old age. As independent practitioners, nurses are primarily responsible for the promotion of health and prevention of illness. A member of the health team, nurses shall collaborate with other health care providers for the curative, preventive, and rehabilitative aspects of care, restoration of health, alleviation of suffering, and when recovery is not possible, towards a peaceful death. It shall be the duty of the nurse to:

Furthermore, it was stipulated in this section that: (a) Provide nursing care through the utilization of the nursing process. Nursing care includes, but not limited to, traditional and innovative approaches, therapeutic use of self, executing health care techniques and procedures, essential primary health care, comfort measures, health teachings, and administration of written prescription for treatment, therapies, oral topical and parenteral medications, (b) establish linkages with community resources and coordination with the health team; and (c) Provide health education to individuals, families and communities.

Moreover, Article VII: Health Human Resources Production, Utilization and Development, Section 32. Salary states that, in order to enhance the general welfare, commitment to service and professionalism of nurses the minimum base pay of nurses working in the public health institutions shall not be lower than salary grade 15 prescribes under Republic Act No. 6758, otherwise known as the "Compensation and Classification Act of 1989": Provided, That for nurses working in local government units, adjustments to their salaries shall be in accordance with Section 10 of the said law.

Republic Act 6675 (Generic Act Law of 1988)

"AN ACT TO PROMOTE, REQUIRE AND ENSURE THE PRODUCTION OF AN ADEQUATE SUPPLY, DISTRIBUTION, USE AND ACCEPTANCE OF DRUGS AND MEDICINES IDENTIFIED BY THEIR GENERIC NAMES"

An Excerpt:

Sec. 4. The Use of Generic Terminology for Essential Drugs and Promotional Incentives. - (a) In the promotion of the generic names for pharmaceutical products, special consideration shall be given to drugs and medicines which are included in the Essential Drug List to be prepared within one hundred eighty (180) days from approval of this Act and updated quarterly by the Department of Health conditions obtaining in the Philippines as well as in the internationally accepted criteria.

To promote, encourage and require the use of generic terminology in the importation, manufacture, distribution, marketing, advertising and promotion, prescription and dispensing of drugs;

- To ensure the adequate supply of drugs with generic names at the lowest possible cost and endeavour to make them available free for indigent patients;
- To encourage the extensive use of drugs with generic names through a national system of procurement and distribution;
- To emphasize the scientific basis for the use of drugs, in order that health professionals may become more aware and cognisant of the therapeutic effectiveness and;
- To promote drug safety by minimizing duplication in medications and/or use of drugs with potentially adverse drug interactions.

Republic Act 10192 (Continuing Professional Development Act of 2016)

"AN ACT MANDATING AND STRENGTHENING THE CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM FOR ALL REGULATED PROFESSIONS, CREATING THE CONTINUING PROFESSIONAL DEVELOPMENT COUNCIL, AND APPROPRIATING FUNDS THEREFOR, AND FOR OTHER RELATED PURPOSES"

CPD Program refers to a set of learning activities accredited by the CPD Council such as seminars, workshops, technical lectures or subject matter meetings, nondegree training lectures and scientific meetings, modules, tours and visits, which equip the professionals with advanced knowledge, skills and values in specialized or in an inter- or multidisciplinary field of study, self-directed research and/or lifelong learning.

An Excerpt:

Sec. 2. Declaration of Policy. - It is hereby declared the policy of the State to promote and upgrade the practice of professions in the country. Towards this end, the State shall institute measures that will continuously improve the competence of the professionals in accordance with the international standards of practice, thereby, ensuring their contribution in uplifting the general welfare, economic growth and development of the nation.

Sec. 5. Nature of CPD Programs. - The CPD Programs consist of activities that range from structured to non-structured activities, which have learning processes and outcomes. These include, but are not limited to, the following: (a) Formal learning; (b) Non-formal learning; (c) Informal learning; (d) Self-directed learning; (e) Online learning activities; and (f) Professional work experience.

ARTICLE III CPD Program implementation and monitoring

Sec. 10. CPD as Mandatory Requirement in the Renewal of Professional License and Accreditation System for the Practice of Professions. — The CPD is hereby made as a mandatory requirement in the renewal of the Professional Identification Card (PICs) of all registered and licensed professionals under the regulation of the PRC.

Sec. 11. Recognition of Credit Units. - All duly validated and recognized CPD credit units earned by a professional shall be accumulated and transferred in accordance with the Pathways and Equivalencies of the Philippine Qualifications Framework (PQF).

Sec. 15. Implementing Rules and Regulations. - The PRC and the Professional Regulatory Boards (PRBs), in consultation with the Accredited Integrated Professional Organization or the Accredited Professional Organization (AIPO/APO) and other stakeholders, shall promulgate the implementing rules and regulations (IRR) within six (6) months from the effectivity of this Act. However, a PRB may prescribe its own requirements or procedure relating to the CPD as may be pertinent and applicable to the specific profession: Provided, That the same does not contravene any of the provisions of this' Act and its IRR.

Association of Nursing Service Administrators of the Philippines (ANSAP) Standards of Nursing Services An Excerpt:

The Standards of Nursing Services Manual published by Association of Nursing Service Administrators of the Philippines (ANSAP) was designed to assist hospitals with significant standards necessary to deliver quality nursing service towards its customers. To achieve this, it has been designed with two components: Clinical services and Administration and Management. (Hospital Nursing Service Administration Manual, 2009, p.449)

Clinical services focuses on defining what the standards are in the clinical setting which highlighted the utilization of the nursing process. There are five identified standards to wit:

I- Standards on Assessment of Care. Classified under are two (2) criteria which include the process and scope and content of assessment.

II- Standards on Care of Patient. There are seven (7) identified criteria that identify care process, care plan, implementation of care and evaluation of care rendered included also are the medication management and family rights.

III- Standards on Patient and Family Education. This has two (2) criteria in which the nurse's independent role in providing health education is hereby identified.

IV- Standards on Access and Continuity of Care. There are seven (7) criteria that guide the nurses regarding the importance of access to care. These standards identify the need to establish policies and procedures from admission to discharge and referral follow up.

V- Standards on Nursing Documentation. There are two (2) identified criteria under this component, which include documentation of significant data both structure, and clinical based on applicable laws and regulations, professional standards and institutional requirements. (See Appendix H for the full text)

American Nurses Association Standards for Organized Nursing Services An Excerpt:

The American Nurses' Association has issued the following 16 standards for organized nursing services to serve as a guide for the nursing departments in any setting in which the clinical practice of nursing takes place-hospitals, public health agencies, nursing homes, industries, clinics.

To assist nurses in using this guide, factors which must be assessed in considering each standard have been added to the statements. The standards, in book let form, are available from the ANA, 10 Columbus Circle, New York, N.Y.

STANDARD 1 The nursing department has stated beliefs and stated objectives which reflect the purposes of the health care facility and give direction to the nursing care program.

STANDARD 2 The nursing department has the responsibility and authority for the practice of nursing in the health care facility.

STANDARD 3 The nursing department participates in all planning and decision making within the health care facility which affect the operation of the nursing department and the care of patients.

STANDARD 4 The nursing department's organizational plan delineates the functional structure of the nursing department and shows established relationships of personnel.

STANDARD 5 The nursing department is allocated the funds necessary to carry out the departmental program.

STANDARD 6 The nursing department promotes safe and therapeutically effective nursing care through implementation of established standards of nursing practice.

STANDARD 7 The nursing department has clearly delineated responsibilities in the health care facility's disaster plan.

STANDARD 8 The nursing department has written personnel policies which can be expected to attract qualified nursing personnel and which will assist in creating and maintaining a stable staff.

STANDARD 9 The nursing department provides training programs and opportunities for staff development.

STANDARD 10 When the health care facility is used for educational programs, the nursing department participates in the formulation of policies governing such use which affect the care of patients, the patients' environment, or nursing personnel.

STANDARD 11 The nursing department develops a written agreement with an educational institution for the use of the agency's clinical facilities by nursing students, which ensures the safety and welfare of the patients.

STANDARD 12 The nursing department participates in the formulation of policies governing the use of the health care facility for studies and research which may affect the care of patients, the patients' environment, or nursing personnel.

STANDARD 13 The nursing department initiates and promotes studies of and, where feasible, research on administrative, supervisory, and nursing care practices.

STANDARD 14 The physical facilities, supplies, and equipment needed to carry out the objectives and standards of the nursing department are provided.

STANDARD 15 The nursing department participates in planning for the introduction of new patient care programs and for expansion of services which affect the nursing department.

STANDARD 16 The nursing department continuously evaluates its administrative, supervisory, and nursing care practices (The American Journal of Nursing, Vol. 65, No. 3 (Mar., 1965), pp. 76-79).

RESEARCH METHODOLOGY

This chapter presents the methodology of the study which consists of the research design, locale of the study, respondents, sampling technique, instrumentation, validity and reliability of the instrument, data gathering procedure and statistical treatment of data.

Research Design

This study utilized the descriptive-evaluative method to describe the perception of the respondents on the implementation of Nursing Service Operation in Maguindanao Provincial Hospital. According to Nachmias and Nachmias (1999), the descriptive method of research is concerned with the procedures used to organize, describe and summarize data (as cited by Bagolong, 2011). Likewise, evaluation method is distinguished by the nature of the questions it attempts to answer. Outcome evaluation was done also to assess the delivery of nursing services in Maguindanao Provincial Hospital.

Moreover, Descriptive-evaluative method also focused on systematic acquisition and assessment of information to elicit useful feedback about some object. This was done to know how the delivery of nursing service operation was implemented and to find out whether the objectives were met.

The researcher considered this method as an appropriate design to describe and evaluate at the same time the implementation of Nursing Service Operation in Maguindanao Provincial Hospital.

Locale of the Study

The study was conducted in Maguindanao Provincial Hospital, the only level 2 general hospital in the entire Autonomous Region in Muslim Mindanao (ARMM) operating with 150-bed authorized capacity, located at Barangay Limpongo, Datu Hoffer Municipality, Province of Maguindanao.

Respondents of the Study

The respondents of this study were the staff of the Maguindanao Provincial Hospital which includes nurses and nursing attendants or midwives regardless of their status of employment (plantilla or regular, contractual or job order and those nurses who are part of the Nurse Deployment Program (NDP) of the Department of Health - Human Resource for Health Deployment Program (HRHDP)) that were employed in Maguindanao Provincial Hospital specifically those staff who were assigned in the Emergency Room (ER) and those rendering nursing care for In-patients. There were nineteen (19) respondents from Emergency Room, sixteen (16) nurses and three (3) midwives. On the other hand, a total of eighty eight (88) respondents from in-patient services, fifty-eight (58) nurses and thirty (30) midwives or nursing attendants. In- Patient services include Obstetrics and Gynecology Wards, Surgery Wards, Pediatric Wards, Isolation Wards, Male and Female Medical Wards, Pay Wards and Intensive Care Unit respectively. A total of one hundred seven (107) nurses and midwives or nursing attendants were chosen to answer the questionnaires made by the researcher.

Furthermore, one hundred forty eight (148) discharged patients' based from their chart with discharge order were chosen to answer the Part III of the questionnaires during the conduct of the study, all of them were completely enumerated.

Over-all, the study had two hundred fifty five (255) total numbers of respondents.

Sampling Technique

The study used the purposive sampling specifically homogenous type. According to Simon (2005), purposive sample is a sample selected in a deliberative and non- random fashion to achieve a certain goal (as cited by Bagolong, 2011). A purposive sample is a non-probability sample that is selected based on characteristics of a population and the objective of the study. Purposive sampling is also known as judgmental, selective, or subjective sampling.

This type of sampling can be very useful in situations when you need to reach a targeted sample quickly, and where sampling for proportionality is not the main concern.

Research Instrument

The research instrument that was used in this study was survey questionnaire, self-made by the researcher. This consisted of four (4) parts.

Part I elicited responses on the level of implementation of the Nursing Service Operation in Maguindanao Provincial Hospital, this part was further divided into two (2) parts. I.A focused on Emergency Room services while the I.B focused on the In- patient services.

Part II on the other hand obtained responses on the processes followed by the staff on the delivery of nursing services. This part of the questionnaire was further divided into five (5) parts. II.A, II.B, II.C, focused on the processes in Emergency Room (ER) set up while Parts II.D and II.E focused on the processes on In-Patient services.

Part III obtained status of the patient as the outcome of the entire processes. This part consisted of two (2) parts. III.A focused on the outcome as admitted to ward and III.B as discharged from care. Lastly, Part IV focused on the comments and suggestions of the respondents and these were treated as the feedback component of the study.

Validity and Reliability of the Instrument

The instrument was submitted to the experts in nursing services management and hospital operations to establish content validity. The validated survey questionnaire yielded results of 5.00 interpreted as excellent. Furthermore, for the purpose of drawing out reliability, a dry run was conducted to respondents who were not included in the study proper. The result of the survey questionnaire was analysed and interpreted properly using Alpha Cronbach's Test which revealed data of 0.80 suggesting a high internal consistency of items considered as reliable.

Items in Part I and II of the questionnaire were measured using a Likert Scale where:

Likert Scale for Level of Implementation and Extent of the Processes in the Delivery of Nursing Services

Scale	Range of Means	Description	Interpretation
5	4.50-5.00	Always	Highly Implemented
4	3.50-4.49	Oftentimes	Moderately Implemented
3	2.50-3.49	Sometimes	Slightly Implemented
2	1.50-2.49	Seldom	Less Implemented
1	1.00-1.49	Never	Least Implemented

On the other hand, Part III used the Likert scale where:

Likert Scale for the Extent of Patients' status as the Outcome of the Processes

Scale	Range of Means	Description	Interpretation
4	3.50-4.50	Strongly Agree	Highly Executed
3	2.50-3.49	Agree	Moderately Executed
2	1.50-2.49	Disagree	Less Executed
1	1.00-1.49	Strongly Disagree	Least Executed

Data Gathering Procedures

In order to materialize the study, three stages of data gathering procedure were carried out. The first stage was the introductory stage wherein all needed materials were prepared such as the validated self- made survey questionnaires and letter of permission to the respondents. Before the administration of the questionnaire, permission of the Provincial Health Officer II and at the same time the Chief of Hospital in the person of Dr. Tahir B. Sulaik, MPHM, DTC&E was sought for the approval. A formal letter was also handed over to him personally together with the Chief Nurse Trinidad S. Dignadice, RN- this also served as a courtesy call for the conduct of the study.

The second stage was the actual data gathering procedure which includes the administration of the questionnaire to the respondents during their break between duty hours. Respondents were given ample time to answer the questionnaire.

Part I of the questionnaire was divided into two parts. I.A was answered by the Emergency Room (ER) staff only while I.B was evaluated by the staff rendering In-patient nursing services.

On the other hand, Part II of the questionnaire was divided into 5 parts. II.A, II.B and II.C were evaluated by the Emergency Room (ER) staff. II.D and II.E were answered by In-Patient services staff.

The Part III of the questionnaire was divided into two parts. III.A and III.B, these were evaluated by the discharged patients' during the conduct of the study based from their respective chart with discharge order. Apparently, discharged patients' have gone through all the processes involving the delivery of nursing services from admission up to discharge. Questions were interpreted in vernacular language during the administration to

facilitate easy understanding and for the respondents to make judgment for each item personally administered by the researcher.

On the other hand, ethical consideration was ensured therefore, regular watcher of the discharged patient's served as representative to answer the questionnaire limited to the following conditions: admitted patients' under pediatric and geriatric services who were not able to make decision of their own, physically challenged (e.g. verbal and hearing impaired patients), mentally challenged (e.g. patients suffering from dementia, altered level of cognition and memory) and other conditions that apparently hinder the patient to answer the survey based on the researchers judgment. Furthermore, the questionnaire elicited and supported the views and responses of the respondents.

Part IV of the questionnaire elicited information about comments and suggestions were answered by the Emergency Room (ER) and In –Patient service staff.

The last stage was the data encoding and editing in the excel format ready for data analysis. Data were analysed through the Statistics Package for Social Sciences (SPSS) with the help of an expert or statistician.

Statistical Treatment

This study employed simple statistical tool in analysis and interpretation of the research data, the Weighted Mean.

The Weighted Mean was obtained by multiplying the number of responses by the given weight and dividing results by the total number of respondents (Calmorin, L., 2001).

The Weighted Mean (WM) was used to determine the level of implementation of the Nursing Service Operation in Maguindanao Provincial Hospital, its processes in carrying out the delivery of nursing services and its output.

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the results of the tabulated data and illustrated figures based on the responses taken from the data gathering instrument. The interpretation and descriptive-evaluative analyses are discussed as a result of the statistical applications made use for the study.

Level of Implementation of the Nursing Service Operation

The level of implementation of the nursing service operation in Maguindanao Provincial Hospital was measured based on the indicators set forth in this study. These were Emergency Room (ER) services and In-patient services.

Table 1 shows the result on the level of implementation of the nursing service operation in Maguindanao Provincial Hospital in terms of Emergency Room (ER) services. As seen, item 1 which states that "The hospital emergency room services are made available at all times" rated as highly implemented with weighted mean of 5.00. According to Joson (2008), ER is a special area in the hospital where patients with emergent health conditions can go to for consultation and management and it operates 24 hours /7 days a week, this idea supports the findings of the study. Furthermore, emergency room services of Maguindanao Provincial Hospital conformed to the Administrative Order 2012-0012 Rules and Regulations - Governing the New Classification of Hospitals and other Health Facilities in the Philippines issued by the Department of Health.

Table 1. Mean Rating on the Level of Implementation of the Nursing Service Operation in Maguindanao Provincial Hospital N= 19

I.A. Emergency Room (ER) Services Mean Interpretation			
1.	The hospital emergency room services are made available at all times	5.00	Highly Implemented

2.	The emergency room have enough space for the conduct of its activities and provision of its services	4.57	Highly Implemented
3.	The number of emergency room staff are in line with the staffing standards for government hospitals	3.00	Slightly Implemented
4.	The emergency room staff are updated with trainings and seminars to respond with emergency crisis/ situation	2.42	Less Implemented
5.	All supplies and equipment are made sure to be adequate/ ready for emergency use at all times (e.g. sterile/non- sterile supplies, instruments, Emergency cart with complete medicines, resuscitation materials, Vital Signs kit etc.)	4.21	Moderately Implemented
	Over-all Mean	**3.84**	**Moderately Implemented**

Legend:

4.50-5.00 - Highly Implemented

3.50-4.49 - Moderately Implemented

2.50-3.49 - Slightly Implemented

1.50-2.49 - Less Implemented

1.00-1.49 - Least Implemented

It was stipulated in the said order under V-Implementing Mechanism; B-Specific Guidelines; 3 standards; b-physical facilities that "every facilities shall have physical facilities with adequate areas to safely, effectively and efficiently provide health services to patients as well as members of the public as necessary". Moreover, sentence number 2 of the said section states that "every facility shall provide enough space for the conduct of its activities depending on its workload and the services being given". Thus, it also supports the idea of item 2 that also rated as highly implemented.

On the other hand, Administrative Order 2012-0012 also emphasized the importance of trainings and seminars wherein sentence number 3 of the aforementioned statute stipulates that "there shall be staff development and continuing education program at all levels of organization to upgrade the knowledge, attitude and skills of staff". In an interview, respondents undeniably claimed that they lack of seminars and trainings. As seen, item number 4 was rated less implemented with weighted mean of 2.42. In such, the respondents all agreed that Emergency Room services are moderately implemented with over-all mean of 3.84.

Table 2 shows the result on the level of implementation of the nursing service operation of Maguindanao Provincial Hospital in terms of in- patient services, findings revealed that item 1 which states that "The hospital in-patient services are made available at all times" was highly implemented with weighted mean of 4.72. According to World Health Organization (2018), the hospital should deliver services 24 hours per day and 7 days per week, this idea supports the findings of the study wherein in-patient services of Maguindanao Provincial Hospital are always available.

Table 2. Mean Rating on the Level of Implementation of the Nursing Service Operation in Maguindanao Provincial Hospital N= 88

I.B. In- Patient Services Mean Interpretation			
1.	The hospital in- patient services are made available at all times	4.72	Highly Implemented

2.	The rooms/wards have enough space for patients occupancy	4.03	Moderately Implemented
3.	The number of in-patient staff are in line with the staffing standards for government hospitals	3.05	Slightly Implemented
4.	The in-patient staff are updated with trainings and seminars to meet the level of required competencies per area of assignment	3.05	Slightly Implemented
5.	All supplies and equipment are made sure to be adequate/ ready to use at all times (e.g. sterile/non- sterile supplies, instruments, Emergency cart with complete medicines, resuscitation materials etc.)	3.69	Moderately Implemented
	Over-all Mean	**3.70**	**Moderately Implemented**

Legend:

4.50-5.00 - Highly Implemented

3.50-4.49 - Moderately Implemented

2.50-3.49 - Slightly Implemented

1.50-2.49 - Less Implemented

1.00-1.49 - Least Implemented

In addition, the result also signified that the requirement as stipulated on Administrative Order 2012- 0012 was given high regards when it comes to service delivery in Maguindanao Provincial Hospital.

However, both items 3 and 4 were rated by the respondents as slightly implemented which state that "The number of in-patient staff are in line with the staffing standards for government hospitals "and "The in-patient staff are updated with trainings and seminars to meet the level of required competencies per area of assignment "with the same weighted mean of 3.05. On these results, aside from the issued Administrative Order 2012-0012 of the Department of Health, American Nurses Association (ANA) also stressed out the importance of the availability of adequate numbers of qualified registered nurses and other essential nursing personnel in order to deliver the highest possible health services to all admitted patients, therefore, this standard is an unmet and undeniable truth among staff in Maguindanao Provincial Hospital on issue of inadequacy of staff as to their claimed. Furthermore, standard 9 of ANA's standards for organized nursing service states that "The nursing department provides training programs and opportunities for staff development". In an established interview, staff nurses claimed that they lack of related trainings as per demand of their area of responsibility. On this issue, respondents also expressed their anxiety to meet the required Continuing Professional Development (CPD) units as mandated by RA 10912 otherwise known as "The Continuing Professional Development Act of 2016" under the regulation of Professional Regulation Commission (PRC) before renewal of expired Professional Identification Cards (PICs) or licenses. In this light, all of the respondents agreed that in-patient services implementation of Maguindanao Provincial Hospital was moderately implemented with an over-all weighted mean of 3.70.

Extent of the Processes followed by the Staff in the Delivery of Nursing Services

The processes followed by the staff nurses in the delivery of nursing services were measured based on the indicators set forth in this study. These were triaging, profiling, admission, treatment and discharging.

As shown in Table 3 the data on the processes followed by the staff in the delivery of nursing services in terms of triaging revealed that all items were rated by the respondents as highly implemented with weighted means of 4.84, 4.63, 4.68, 4.84, and 4.84 respectively.

As presented, items 1, 4 and 5 which state that "The staff assist and attend patients immediately who came in the emergency room in any mode (ambulatory, by wheelchair, stretcher, etc.)", "The staff prioritize treatment based on the patients case and condition" and "The staff respond to life threatening cases immediately with emergency measures / treatments as needed" obtained the same weighted mean of 4.84 perceived as highly implemented. During an interview, the staff initiated triaging upon entry of the patient at emergency room, with this, they will able to decide who among the patients will be given immediate attention or care. Moreover, they claimed that they respond immediately to the patients manifesting life threatening condition.

Table 3. Mean Rating on Extent of the Processes followed by the Staff in the Delivery of Nursing Services N= 19

II.A Triaging Mean Interpretation			
1.	The staff assist and attend patients immediately who came in the emergency room in any mode (ambulatory, by wheelchair, stretcher, etc.)	4.84	Highly Implemented
2.	The staff conduct/perform initial assessment of patient's case/ status at once	4.63	Highly Implemented
3.	The staff group and categorize the patients according to case and severity of condition/complaints	4.68	Highly Implemented
4.	The staff prioritize treatment based on the patients case and condition	4.84	Highly Implemented
5.	The staff respond to life threatening cases immediately with emergency measures / treatments as needed	4.84	Highly Implemented
	Over-all Mean	**4.76**	**Highly Implemented**

Legend:

4.50-5.00 - Highly Implemented

3.50-4.49 - Moderately Implemented

2.50-3.49 - Slightly Implemented

1.50-2.49 - Less Implemented

1.00-1.49 - Least Implemented

These manifestations support the idea of Estrada (Nurs Clin N. America, 1981) as cited by Khairulnissa Ajani that triaging is the earliest patient-clinician encounter, it is the triage doctor/nurse, who completes the preliminary evaluation before the patients were transferred to another area of the Emergency Department (ED) or a different department in the hospital. The purpose is to put the right patient in the right area for the right treatment at the right time.

Similarly, item 2 which states that "The staff conduct/perform initial assessment of patient's case/ status at once" signifies that the staff utilized the concept of the nursing process which starts on the "Assesment". According to American Nurses Association, registered nurse (RN) uses a systematic, dynamic way to collect and analyze data about a client, the first step in delivering nursing care – Assessment. This includes not only physiological data, but also psychological. This implies that the process related to triaging in the Emergency Room services is highly implemented with an over-all weighted mean of 4.76.

Table 4 presents the data on the processes followed by the staff in the delivery of nursing services in terms of profiling, findings revealed that the respondents rated all items as highly implemented with weighted means of 4.73, 4.73, 4.68, 4.94 and 4.63 respectively.

According to George Castledine (2013), British Journal of Nursing, measuring and recording a patient's vital signs accurately is important as this gives an indication of the patient's physiological state. Vital signs are recorded upon arrival to the emergency department, on admission to a ward, at regular intervals during a patient's stay and also before, during and after a procedure".

Table 4. Mean Rating on Extent of the Processes followed by the Staff in the Delivery of Nursing Services N= 19

II.B Profiling Mean Interpretation			
1	The staff utilize and accomplish Individual Treatment Record (ITR) form for all patient in all cases	4.73	Highly Implemented
2	The staff gather data from eligible source as much as possible at all times (patient/parents/guardian)	4.73	Highly Implemented
3	The staff ensure that the provided information are valid as backed up by pertinent/ supporting papers/ documents (e.g. Member Data Record (MDR), Birth certificate, Barangay Clearance etc.)	4.68	Highly Implemented
4	The staff consider vital signs as important data in Individual Treatment Record (ITR) hence are taken and documented accurately	4.94	Highly Implemented
5	The staff check the Individual Treatment Record's (ITR's) and re-checked for correction before submitting to physician for reference	4.63	Highly Implemented
	Over-all Mean	**4.74**	**Highly Implemented**

Legend:

4.50-5.00 - Highly Implemented

3.50-4.49 - Moderately Implemented

2.50-3.49 - Slightly Implemented

1.50-2.49 - Less Implemented

1.00-1.49 - Least Implemented

In an interview, staff claimed that they pay much of their attention about the obtained vital signs for this can give them an idea and initial judgment about the patient's present condition. The aforementioned concept on vital signs taking supports the claimed of ER staff which then item number 4 states that "The staff consider vital signs as important data in Individual Treatment Record (ITR) hence are taken and documented accurately" obtained a weighted mean of 4.94 interpreted as highly implemented.

Similarly, item 5 which states that "The staff check the Individual Treatment Record's (ITR's) and re-checked for correction before submitting to physician for reference" with a weighted mean of 4.63 perceived also as highly implemented. ER staff claimed that they are very much particular about the data that they have written in the Individual Treatment Record for each patient. ITR serves as a communication tool among clinicians that directly involved in patient's care. On this context, Association of Nursing Service Administrators of the

Philippines (ANSAP) – Committee on Nursing Practice standards of nursing services, Standard V states that "There should be an accurate and complete documentation of patient's structural data in all nursing and applicable forms". Then, ITR was made available for physician's reference for further treatment and plan of care. On these manifestations, MPH conformed to the ANSAP's standards on profiling and data gathering procedures when rendering initial nursing services therefore this process was rated by the respondents as highly implemented with an over-all weighted mean of 4.74.

Table 5 presents the data on the processes followed by the staff in the delivery of nursing services in terms of admission.

Table 5. Mean Rating on Extent of the Processes followed by the Staff in the Delivery of Nursing Services N= 19

II.C Admission	**Mean**	**Interpretation**
1	The staff carry out the admitting orders made by the physician completely and on-time.	3.84	Moderately Implemented
2	The staff carry out procedures and nursing interventions without fail. (e.g. Intra Venous (IV) and Nasogastric (NGT) insertion, catheterization etc.)	4.57	Highly Implemented
3	The staff ensure that first/STAT dose ordered medications are started (e.g. Per Orem (PO), Intra Venous Through Tubing (IVTT), Intramascularly (IM), Side Drip etc.)	4.73	Highly Implemented
4	The staff secure consent from an eligible consenter (patient/authorized significant others) before the admitting procedure	4.68	Highly Implemented
5	The staff endorse the patients to charity ward/room of choice without delay	3.36	Slightly Implemented
	Over-all Mean	**4.23**	**Moderately Implemented**

Legend:

4.50-5.00 - Highly Implemented

3.50-4.49 - Moderately Implemented

2.50-3.49 - Slightly Implemented

1.50-2.49 - Less Implemented

1.00-1.49 - Least Implemented

As revealed, respondents agree that the staff ensure that first/STAT dose ordered medications are started (e.g. Per Orem (PO), Intra Venous Through Tubing (IVTT), Intramascularly (IM), Side Drip etc.), as seen in item 3 obtained a weighted mean of 4.73 which was interpreted as highly implemented. According to Maguindanao Provincial Hospital's stated Major Final Output (MFOs) and Quality Objectives (QOs) based on its core and support processes stipulates that the admission services to patients will be based upon doctor's order. In an interview with the staff, they claimed that they prioritized the order which required immediate action or labelled as "STAT" per patient after the consent to care was secured and all the rest of the orders will be carried out in one at a time basis. According to Jablonski's *Dictionary* of Medical Acronyms & Abbreviations - 6th Edition (2009) defines STAT as "immediately". STAT came from the Latin word "statum", meaning "immediately" (Medicine net.com). This definition conforms to the justification raised by the staff.

On the other hand, as to the completion of the entire admission process with the medical records completely filled out was somehow a burden for them since they were able to cater an average of 30-40 admissions per shift with not well- established nurse- patient ratio as for the respondents' claimed. Anent to this, significant delay of patients' endorsement to ward was manifested. Hence, despite of the delay, rest assured that all of the doctor's orders are carried out and patient's condition was stabilized as respondents' justification. As seen, item number 5 was rated slightly implemented with obtained weighted mean of 3.36 which states that "The staff endorse the patients to charity ward/ room of choice without delay". Staff justification also supports their answer in item 1 which was rated as moderately implemented with a weighted mean of 3.84. According to Gregory Bush, M.D, medical director, emergency department, Community Hospital Long Beach, the emergency department care team works in close quarters and is in constant contact with each other in order to make sure the needs of each individual patient are met. Emergency departments can come with long waits and sometimes frustration, but there is a reason behind every decision made in the emergency department – and that is to provide each patient with the highest quality of care. This idea supports the justification of the respondents. An over-all weighted mean of 4.23 on this process was interpreted as moderately implemented.

Table 6 presents the data on the processes followed by the staff in the delivery of nursing services in Maguindanao Provincial Hospital in terms of treatment. As seen, respondents perceived item 4 as highly implemented which states that "The staff administer routine medications on time as ordered" with weighted mean of 4.68. In an established interview with the respondents, they claimed that they were able to administer medications on time since they were practicing the functional type of rendering nursing care wherein, specific task or functions performed for all patients in a given unit like administering medications was assigned to specific nursing personnel. In spite of the fact that the nursing service administration required them to adapt primary nursing instead, the staff preferred the latter in order to accomplish nursing task in a timely manner. They find functional nursing is more adaptable for them considering the issue regarding inadequacy of manpower and the number of patients they were taking care of every shift.

Table 6. Mean Rating on Extent of the Processes followed by the Staff in the Delivery of Nursing Services N= 88

II.D Treatment		**Mean**	**Interpretation**
1	The staff continuously monitors patient condition/status (Vital Signs (VS), Neuro Vital Signs (NVS), Intake and Output (I&O) etc.) every shift	4.56	Highly Implemented
2	The staff carry out doctors order on time during tour of duty	4.50	Highly Implemented
3	The staff refer the laboratory results immediately/on time to Resident on Duty (ROD)	4.48	Moderately Implemented
4	The staff administer routine medications on time as ordered	4.68	Highly Implemented
5	The staff document procedures completely within duty hours (e.g. Nurses notes, Intravenous flow sheet, signing of medication sheet etc.)	4.45	Moderately Implemented
	Over-all Mean	**4.50**	**Highly Implemented**

Legend:

4.50-5.00 - Highly Implemented

3.50-4.49 - Moderately Implemented

2.50-3.49 - Slightly Implemented

1.50-2.49 - Less Implemented

1.00-1.49 - Least Implemented

According to stipulated standards of Association of Nursing Service Administrators of the Philippines (ANSAP), the nursing service department should have an established policies procedures and guidelines on medication management which includes observing the 10 golden rules in drug administration. Similarly, MPH Operations manual also highlighted the procedures on drug preparation and administration considering the 10 Rights of giving medications which includes the right time at the right patient and so on. The foregoing claimed of the respondents conformed to this standard in terms of administering medications.

However, when it comes to documentation, staff nurses honestly confessed that they do not pay much attention on the quality of their documentation e.g. charting or the nurse's notes. In an interview, they also claimed that when the situation do not permit them to document, they will just comply the missing entry during their next duty or they will just wait for the notification of the Nursing Audit to comply the said missing entry. These manifestations of the respondents negate the importance of documentation. According to Potter & Perry (2010), good documentation has six important characteristics. It should be: factual, accurate, complete, current (timely), organized, compliant with standards. Similarly, since the quality of care given to patients must be reflected in their charts, it is imperative that the nurses' notes be clear, accurate and up-to date. "*What is not charted has not been observed, nor administered nor done".* (Hospital Nursing Service Administration Manual, 2009, p.203). As seen, item number 5 was rated as moderately implemented with a lowest mean rating of 4.45. This process was rated by the respondents as highly implemented with an over-all weighted mean of 4.50.

Table 7 presents the data on the processes followed by the staff in the delivery of nursing services in terms of discharging. As shown below, it can be observed that respondents agree that "The staff explain discharge instructions to appropriate recipient without fail", as seen in item 4 with a weighted mean of 4.73 interpreted as highly implemented. According to ANSAP standards of nursing practice stipulates under standard IV- Access and continuity of care; discharge, out on pass, referral and follow-up; measurable element 5 states that "the patient's discharge summary is prepared by qualified individuals recognized by the organization. A copy of patient's discharge summary is placed in the patient record and another copy is given to the patient. Follow-up instruction in an understandable form and manner which includes: activity, diet and next medical consultation were also indicated", staff strongly affirmed that discharge slip were given directly to patient or watcher and explained using vernacular language to ensure mutual understanding of the instructions. The foregoing statement of the respondents conformed to the cited statute.

Similarly, the result also supports the idea of American Hospital Association (AHA) Guidelines for Discharge Planning (1984). In view of the importance of an effective discharge planning system, it should be conceptualized as having four phases: (1) patient assessment; (2) development of a discharge plan; (3) provision of service, including patient/family education and service referral; and (4) follow-up/evaluation.

Table 7. Mean Rating on Extent of the Processes followed by the Staff in the Delivery of Nursing Services N= 88

II.E Discharging		**Mean**	**Interpretation**
1	The staff carry out discharge orders immediately	4.72	Highly Implemented
2	The staff accomplish discharge slips immediately	4.52	Highly Implemented
3	The staff perform routine discharge procedures (e.g. Intra Venous (IV) termination, armband removal, charts forwarding for billing etc.) without delay	4.39	Moderately Implemented

4	The staff explain discharge instructions to appropriate recipient without fail	4.73	Highly Implemented
5	The staff assess/check the patient for disposition before released from care	4.71	Highly Implemented
	Over-all Mean	**4.61**	**Highly Implemented**

Legend:

4.50-5.00 - Highly Implemented

3.50-4.49 - Moderately Implemented

2.50-3.49 - Slightly Implemented

1.50-2.49 - Less Implemented

1.00-1.49 - Least Implemented

Respondents also emphasized the essentials of the doctor's order during morning shift for them to identify who among the patients will be discharged. As soon as the doctors made their rounds, they carry out the orders immediately to facilitate patients billing and released from the institution in an efficient and timely manner. As seen, item number 1 which states that "The staff carry out discharge orders immediately" was rated as highly implemented with weighted mean of 4.72. As stated in the Major Final Output (MFOs) of the Maguindanao Provincial Hospital revised manual regarding discharging process stipulates that the patient is discharged two (2) hours after discharge advice.

However, in an established interview, it was revealed that the respondents can't promise to perform routine discharge procedure without delay due to the following factors that beyond their control. First, the delayed rounds of residents on duty (ROD) can cause, delayed order for discharge was manifested, second, the PhilHealth online discharge processing is too slow. Therefore, lapses on the delay do not necessarily reflect on their performance rather on the two cited factors as they concluded. As seen, item 3 was rated moderately implemented which states that" The staff perform routine discharge procedures (e.g. Intra Venous (IV) termination, armband removal, charts forwarding for billing etc.) without delay" with weighted mean of 4.39.

Generally, the result implies that the staff highly conformed to the procedures to be followed during the discharging process with an over-all weighted mean of 4. 61 and perceived as highly implemented.

Extent on the Patients' Status as the Outcome of the Processes

The patients' status as the outcome of the processes was measured based on the indicators set forth in this study. These were admission to ward as the result of emergency room service processes and discharged from care as the outcome of in-patient service processes.

Table 8 presents the data on the Patients' status as the outcome of the Emergency Room (ER) processes in terms of admission to ward, findings revealed that the items 1, 2, and 4 were highly executed with the same weighted mean of 3.85. The following items state that "The staff assisted and attended the patient immediately", "The staff asked for supporting documents to back up data gathered", and "The staff gave prompt medications/treatments based on patients complaint".

In an established interview with the patients who are discharged based from the charts with doctor's order revealed that they are satisfied with the rendered services of the staff nurses during the entire process of admission. As to the provision of emergency room services, emergency care were emphasized by the ER staff as stipulated in RA 8344 in which, penalizing hospitals and medical clinics for refusing to administer appropriate

initial medical treatment and support in emergency or serious cases. As far as the Emergency Room services are concerned, this conformed to the cited statute as perceived by the ER staff and manifestations of the respondents. Furthermore, the respondents' emphasized that the staff demand for pertinent documents to back up data gathered. During data validation, staff defended that this is to ensure consistency and authenticity of the provided information thus help them in the latter part of hospitalization. For instance, Philhealth processing and issuances of other pertinent document issued by the hospital after discharge advised, these could be done in a more convenient way since baseline information were accurately gathered as cited by the staff.

Table 8. Mean Rating on Extent of the Patients' status as the outcome of the processes N= 148

III. A Admission to Ward (Emergency Room (ER) Services)		**Mean**	**Interpretation**
1	The staff assisted and attended the patient immediately	3.85	Highly Executed
2	The staff asked for supporting documents to back up data gathered	3.85	Highly Executed
3	The staff took and monitored Patients Vital Signs (Temperature, Pulse, Respiratory Rate, Pulse Rate, Blood Pressure)	3.80	Highly Executed
4	The staff gave prompt medications/treatments based on patients complaint	3.85	Highly Executed
5	The staff endorsed the patient to ward within 30 minutes of emergency room stay via wheelchair or stretcher	2.49	Less Executed
	Over-all Mean	**3.56**	**Highly Executed**

Legend:

3.50-4.50 - Highly Executed

2.50-3.49 - Moderately Executed

1.50-2.49 - Less Executed

1.0-1.49 - Least Executed

On the other hand, item 5 which states that "The staff endorsed the patient to ward within 30 minutes of emergency room stay via wheelchair or stretcher" obtained a weighted mean of 2.49 and interpreted as less executed. During an interview, majority of the discharged patients' claimed that they almost stay at the ER for couple of hours which made them feel annoyed during the admission process. On this issue, according to Philippine Health Insurance Corporation (PHIC) published benchbook on performance improvement of health services (2004) under 2.2 Entry, standards 2.2.1 states that "the patients should receive prompt and timely attention by qualified professionals upon entry and should be informed about the cause of any delay of services and are satisfied with the actual waiting time", though ER staff undeniably claimed on this significant delay on patient's endorsement to ward is highly evident. The results suggested that the Emergency Room (ER) staff were able to deliver nursing services in a highly executed manner with an over-all weighted mean of 3.56 which lead patients' admission to ward.

Table 9 presents the data on the Patients' status as the outcome of the In- patient processes in terms of discharge from care. Findings revealed that the respondents rated items 1, 2, 3 and 4 as highly executed with weighted means of 3.82, 3.66, 3.74 and 3.70 respectively.

As seen, respondents' agreed that item 1 which states that "The staff continuously monitored the patient (Vital Signs (VS), Neuro Vital Signs (NVS), Intake and Output (I&O) etc.) during the course of hospitalization" was

highly executed. According to ANSAP, there should be an evidence of patient's reassessment throughout the care process to determine response to intervention at interval appropriate to patient's condition, plan of care, individual needs or according to institutional policies and procedures". This supports the idea of the aforementioned item which obtained the highest weighted mean of 3.82.

Table 9. Mean Rating on Extent of the Patients' status as the outcome of the processes N= 148

III. B Discharge from Care (In- Patient Services)		**Mean**	**Interpretation**
1	The staff continuously monitored the patient (Vital Signs (VS), Neuro Vital Signs (NVS), Intake and Output (I&O) etc.) during the course of hospitalization	3.82	Highly Executed
2	The staff medicated the patient on time	3.66	Highly Executed
3	The staff conducted health education to patient or watchers who are involved in patient's care	3.74	Highly Executed
4	Discharge instructions were well-explained by the staff	3.70	Highly Executed
5	The patient was discharged on time	2.31	Less Executed
	Over-all Mean	**3.44**	**Moderately Executed**

Legend:

3.50-4.50 - Highly Executed

2.50-3.49 - Moderately Executed

1.50-2.49 - Less Executed

1.0-1.49 - Least Executed

Staff interview revealed that monitoring and re-assessment of patient's vital signs were the main function of the nursing attendants. According to the respondents' their vital signs were taken twice in every shift including how many times do they urinate and defecate. Furthermore, respondents agreed that the staff medicated them on time, health teachings were included during rounds and discharge plan were well explained to them. Therefore they rated items 2, 3 and 4 as highly executed. These practices also confirmed the presence of organized discharge plan of care as stated in the ANSAP standards on nursing service.

However, most of the respondents' pointed out the significant delay on the discharging process. In an interview, they claimed that it took many hours for them to wait before they were released from the discharging area. Moreover, they are aware that the problem is on the Philhealth discharge processing and the delayed rounds of the doctor. On the other hand, some of the respondents' claimed that the cause of the delay is on their end due to late filing of Philhealth requirements before discharge advised and discrepancy on the information compared with other supporting documents presented upon admission. As shown on the result, the in-patient staff were able to deliver nursing services in a moderately executed manner as confirmed by the discharged patients' with improved health condition based on their chart. An over-all weighted mean of 3.44 perceived as moderately executed as rated by the respondents.

Feedback on Implementation of the Nursing Service Operation in Maguindanao Provincial Hospital

Presented in the succeeding diagram are the concepts and constructs derived from the comments and suggestions of the respondents conducted during the data gathering procedure as stipulated in the survey questionnaire. The

diagram below delineated the problems and issues including suggestions to improve the nursing service delivery of Maguindanao Provincial Hospital.

As collective views of the respondents regarding problems encountered on the implementation of the nursing service operation, majority of them recognized the inadequacy of man power in both emergency room and in-patient services. On this issue, based from the revised manual on organizational structure and staffing standards for government hospitals released by the Department of Budget and Management (DBM), for level 2 hospital with 150 authorized bed capacity should have a nursing service personnel compliments for clinical nursing units alone are as follows: Nurse III-2, Nurse II-4, Nurse I-51, and 26 Nursing Attendants, with a total of 83 personnel (Please see Appendix I, for the full text). However, the MPH only has 12 nurses with regular plantilla positions including the highest position which is the chief nurse. According to Provincial Health Officer I (Hospital Operation) of IPHO- Maguindanao Dr. Mohammad Ariff A. Baguindali, the hospital administration recognizes the discrepancy on the personnel compliments as compared to its authorized bed capacity based from the released manual on organizational structure and staffing standards for government hospitals pursuant to joint circular number 2013-1of Department of Budget and Management (DBM) and Department of Health (DOH). Anent to this, in behalf of the top management, they are trying to address the issue by hiring additional staff utilizing the hospital income from Philippine Health Insurance Corporation (PHIC) reimbursements as for the source of the salary and at the same time working the hospital's request for additional plantilla position.

Uncontrolled number of watchers, cultural health belief and language barrier were also perceived as problems by the staff. This supports the major concept of Madeleine Leininger's Transcultural Nursing (1991), which states that "The health concepts held by many cultural groups may result in people choosing not to seek modern medical treatment procedures". However, Leininger also emphasized that health care provider need to be flexible in the design of programs, policies, and services to meet the needs and concerns of the culturally diverse population, groups that are likely to be encountered. For a nurse to successfully provide care for a client of a different cultural or ethnic background, effective intercultural communication must take place. Furthermore, the practice of nursing today demands that the nurse identify and meet the cultural needs of diverse groups, understand the social and cultural reality of the client, family, and community, develop expertise to implement culturally acceptable strategies to provide nursing care, and identify and use resources acceptable to the client (Andrews & Boyle, 2002).

Regular power interruption and insufficient water supply is also one of the issues that the respondents emphasized. Water is vital for the delivery of health services since most of hospital activities need water. For instance, in cleaning and disinfecting of instruments/equipment, hand washing, house-keeping and activities related to infection control. On this issue, respondents' confessed that they use alcohol as an alternative way of disinfecting their hands. According to World Health Organization (WHO) hand hygiene is an important practice in any clinical set up that needs to be sustain. In fact, they popularized the *"My five moments for hand hygiene"* where clinicians should observe and maintain hand hygiene practices. Moment 1: Before touching a patient, Moment 2: Before a clean/aseptic procedure, Moment 3: After body fluid exposure risk, Moment 4: After touching a patient, and Moment 5: After touching patient surroundings. This good practice is an unmet need of the respondents considering its significance in rendering nursing care.

Furthermore, the respondents find it hard to refer laboratory results, client's response to care or treatment and other significant findings to the doctors' considering the distance of the in-patient wards to emergency room but they left no choice but to communicate the findings. In an interview, some pointed out that they need to store reserved energy and a bunch of adrenaline in order to be ready whenever there is an emergency encounter during the tour of their duty. For instance, a case running for the life of their patients where there is a need for administration of emergency medications and initiate intubation. These are dependent nursing interventions wherein orders of the latter are deemed necessary. Furthermore, the presented scenario also established the importance of trainings and seminars to increase competency and enhance skills of the respondents, in which they recognized as lacking on their part too. On this issue, ANSAP nursing service standards under Administration and Management emphasized that the Nursing Services Department should have an established staff development program for all nursing personnel to encourage and promote continuing personal and

professional growth and development. Moreover, continuing education, training and opportunities for professional advancement of staff member to enhance their knowledge and skills.

Delayed rounds of the doctor and poor PhilHealth claims section processing during discharge of the patients' were also raised as problems that put so much trouble for the nurses' towards patient's and watcher. In an established interview with the Residents On Duty (ROD), they said that they have to attend all emergency cases and clients in the Emergency Room (ER) first before doing rounds for in-patients'. On the other hand, as to validate the reason why PhilHealth processing is a perceived problem, the PhilHealth claims personnel asserted that they have poor internet connection to cater all discharged patients' in a timely and efficient manner thus, delayed discharging process will be the result.

Furthermore, the respondents also stressed out the delayed release of the salary in a span of almost three months. This would mean struggle for them to out-source financial means whenever they go on duty as they claimed. Reportedly, 50-55% of the nursing service personnel of Maguindanao Provincial Hospital (MPH) were hired under Department of Health (DOH)- Human Resource for Health Deployment Program (HRHDP) Nurse Deployment Program (NDP). In the contract, specifically in the terms and conditions entry number 1 states that, *"The Second Party (refers to the NDP hired nurse) shall receive a monthly salary of (amount figure) inclusive of taxes (TRAIN) payable in two (2) equal installments. The cut-off dates are during the 15th and end of the month. Salary shall be processed for payment after each cut – off period and upon submission of complete supporting documents, chargeable against the funds of the Human Resources for Health (HRH) Deployment, this Department, subject to government accounting and auditing rules and regulation".* Similarly, it was reflected in the Article VII, Section 32 of Republic Act 9173, *Salary. – "In order to enhance the general welfare, commitment to service and professionalism of nurses the minimum base pay of nurses working in the public health institutions shall not be lower than salary grade 15 prescribes under Republic Act No. 6758, otherwise known as the "Compensation and Classification Act of 1989": Provided, That for nurses working in local government units, adjustments to their salaries shall be in accordance with Section 10 of the said law."* This provision is applicable for those regular nurses' but they said it was not also implemented accordingly. These manifestations indicate major deviation against to the aforementioned statutes that needs further intervention.

Lastly, respondents also made mentioned about the problem on the communication among different departments of the hospital as well as not well communicated Standards of Operating Procedures (SOPs). According to Arcangelo, Fitzgerald, Carroll and David (1996) as cited by Linda Roussel, RN, DSN, NEA, BC (2002), this refers to interdisciplinary collaboration. It is a joint- decision making and communication process among health care providers that is patient-centered, focusing on the unique needs of the patient and the specialized abilities of those providing care. This fosters teamwork, conflict resolution, mutual respect, trust, good communication, cooperation, coordination, shared responsibility and knowledge. On the other hand, it was stipulated in Administrative Order 2012-0012 particularly in V-Implementing Mechanism; B-Specific Guidelines 3 standards; d-service delivery, sentence number 2 that "every health facility shall have documented technical policies and procedures in the different clinical areas of the facility" in which perceived by the respondents as less implemented.

As to the suggestions to improve the nursing service delivery, it was perceived that the hospital management interventions will be a great help to address most of the enumerated problems. Enumerated therein are the suggestions from the respondents: to hire additional man power, installation of water supply system, well-ventilated nurses' station, additional stand-by doctor for in- patient services, strict implementation of provisions stated in the employment contract specially on issue regarding the release of salary, provisions of free trainings and seminars, strengthening collaboration and teamwork among health workers (see Figure 3).

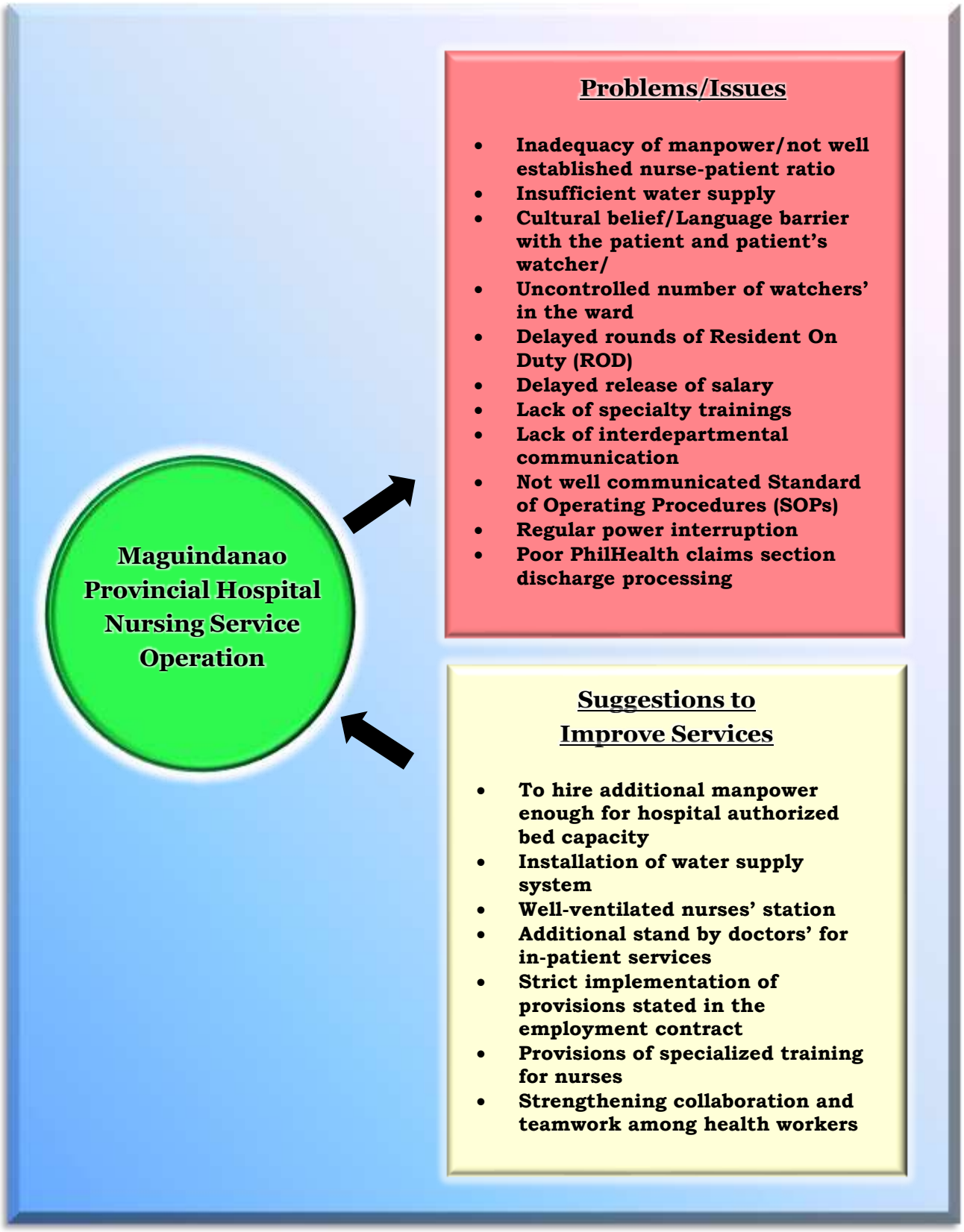

Figure 3. Diagram showing the Feedback on Implementation of Nursing Service Operation in Maguindanao Provincial Hospital

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the restatement of the problem, summary of the findings including conclusions, recommendations of the study and recommendations for further study.

Restatement of the Problem

Generally, this study aimed to determine the implementation of the Nursing Service Operation in Maguindanao Provincial Hospital.

Specifically, the study sought to answer the following questions:

2. What is the level of implementation of the Nursing Service Operation in Maguindanao Provincial Hospital in terms of:

    1.1 Emergency Room (ER) Services; and

    1.2 In-Patient Services?

2. To what extent are the processes followed by the Staff in the delivery of Nursing Services in terms of:

    2.1 Triaging;

    2.2 Profiling;

    2.3 Admission;

    2.4 Treatment; and

    2.5 Discharging?

3. To what extent is the status of the patient as the outcome of the processes in terms of:

    3.1 Admission to Ward (Admitted with needs prioritized and baseline information accurately gathered); and

    3.2 Discharge from Care (Discharged with improved health condition)?

4. What are the problems encountered by the Staff on the implementation of the Nursing service operation?

Summary of Findings

This study was designed to describe and evaluate the implementation of Nursing Service Operation in Maguindanao Provincial Hospital (MPH) in Barangay Limpongo, Datu Hoffer Maguindanao.

To achieve the objective of the study, descriptive-evaluative method was used in which the researcher-made survey questionnaire as the primary instrument in acquiring data. A total of two hundred fifty five (255) respondents were the subject of the study, nineteen (19) staff from Emergency Room (ER), eighty eight (88) staff rendering In-patient services and one hundred forty eight (148) from discharged patients' during the conduct of the study. Moreover, all of the discharged patients' were completely enumerated. The study was conducted during the second semester of school year 2017-2018.

The data were tallied, analysed and interpreted using the weighted mean.

The following were the findings of the study.

Results revealed that the level of implementation of the Nursing Service operation in Maguindanao Provincial Hospital in terms of Emergency Room (ER) and In-patient services found to be moderately implemented with an over-all weighted means of 3.84 and 3.70 respectively.

Furthermore, findings showed that the processes followed by the Emergency Room (ER) Staff in the delivery of nursing services in terms of Triaging and Profiling were interpreted as highly implemented with an over-all weighted means of 4.76 and 4.74 respectively. On the other hand, process on Admission was interpreted as

moderately implemented with an over-all mean of 4.23. Treatment process was interpreted as highly implemented same as with the process on discharging with an over-all weighted means of 4.50 and 4.61 respectively.

Furthermore, it was reflected in Chapter 4, table 8 that the patient's status as the outcome of the Emergency Room processes in terms of admission to ward was rated as highly executed with an obtained over-all weighted mean of 3.56. On the other hand, table 9 perceived as moderately executed with an over-all mean of 3.44, this refers to patients' status as the outcome of In-patient processes in terms of discharge from care.

Generally, it can be considered that despite of inadequacy of man power or understaffing, lacks on specialty trainings, organizational and structural constraints, the Maguindanao Provincial Hospital staff were still able to employ nursing care services with high regards with the statutes governing its operation. Hence, by considering negative feedbacks, this will lead for the improvement of this functional unit of the institution-the Nursing Service.

Conclusions

On the basis of the findings of the study, the following conclusions were drawn:

Generally, the Maguindanao Provincial Hospital strictly follows the Department of Health guidelines for health facility as stated in the Administrative Order 2012-0012 in terms of physical facilities, equipment and instruments in both emergency and in in-patient services. However, personnel compliments as compared to the hospital authorized bed capacity based from the revised manual on organizational structure and staffing standards for government hospitals released by the Department of Budget and Management (DBM) and Department of Health (DOH) pursuant to Joint Circular 2013-1 is an unmet requirement of the institution. Moreover, in terms of personnel enhancement, majority of the respondents confessed that they lack specialty trainings and seminars especially as per demand of their respective clinical area of assignment.

The processes involving Emergency Room (ER) services such as Triaging, Profiling and Admission and their underlying procedures were implemented accordingly. Similarly, procedures on the processes followed by In-patient services staff in the delivery of nursing services such as Treatment and Discharging were also rated as highly implemented. Generally, it was concluded that the staff carried out nursing procedures with high regards of its governing statutory and mandatory requirements.

Based from evaluation made by the discharged patients' in terms of their outcome after experiencing three (3) major Emergency Room (ER) processes such as Triaging, Profiling and Admission, all of them agreed that procedures were properly done in highly executed manner. More so, they were admitted with their needs prioritized and baseline information accurately gathered. However, significant delay of their endorsement to ward was noted as remarkable for their entire Emergency Room (ER) experience. It was concluded that this is due to insufficient man power and delay on the completion of medical charts based from staff justification.

On the other hand, as to the outcome of hospital in- patient services experience along with its two (2) major processes such as Treatment and Discharging, respondents agreed that procedures were moderately executed resulted them to be discharged with improved health condition based from their respective charts. However, significant delay of their released from the institution was evidently manifested and remarkable for their entire in-patient experience. It was concluded that this is due to the following reasons: delayed Philhealth claims section discharging process secondary to poor internet connection, delayed rounds of resident on duty (ROD) and respondents negligence on filing PHIC requirements before discharge advised based from the respondents and staff justification.

Based from the enumerated problems encountered by the respondents on the implementation of nursing service operation, it was concluded that, due to insufficient water supply, the Maguindanao Provincial Hospital staff used alcohol in disinfecting their hands most of the time instead of performing hand washing during tour of their duty. In terms of documentation, the staff do not pay much on the quality of their recording and reporting procedures just to accommodate the workload secondary to not well- established nurse-patient ratio based from

their justification. Furthermore, nurses recognized the presence of nursing attendants or midwives to fulfil routine Emergency Room (ER) and ward procedures. Hospital staff considered Functional nursing care is more adaptable and suitable approach in rendering nursing service delivery with the present working condition of the staff as to their claimed. Lastly, there is a significant delay on the release of the salary for the staff nurses who were employed under the Department of Health (DOH)- Human Resource for Health Deployment Program (HRHDP)- Nurse Deployment Program (NDP) based from their justification.

Recommendations

In view of the findings drawn from this study, the following are the recommendations of the researcher:

1. Hospital administrators of the Maguindanao Provincial Hospital may consider to allot budget for sending the staff on specialty trainings and seminars or offer free conduct of continuing professional development program for the staff since issues on health are dynamic hence, updates, new methods, strategies on nursing delivery are vital tools for effective nursing service operation. More so, interdisciplinary collaboration among health workers (doctors, nurses and midwives) should be strengthened by establishing schedules of meeting at least quarterly to discuss issues and concern regarding health care delivery and ways to improve it. On the other hand, with regards to the issue on referral versus the distance between emergency room and in-patient wards, the hospital management may consider the installation of "Intercom" in all nurses' stations connected to Emergency Room or directly to the Doctors' Quarter. This will facilitate easy transmission of information and referrals especially in an emergency situation. This recommendation may also be useful if ideal doctors' and patient ratio seems impossible to address. In order to facilitate easy discharging procedure and transmittal of E-claims, upgrading of the internet connection and blocking of unnecessary websites from other departments should be considered, this is to enhance efficiency and cost-effective strategy towards billing and claims.

2. The hospital administrators and the Nursing Service Department shall work hand in hand in reviewing the Manual of Operations and Benchbook to ensure consistency of practices against statutory and mandatory requirements set by the certifying bodies (PhilHealth, Department of Health and ISO etc.). Reinforcements of its implementation should also be strengthened. Furthermore, adaption of Identification (ID) system for patient's watchers and strengthened the existing policy on visitors in terms of numbers and visiting hours should also be considered. In such, this will promote safety, decongestion of clinical wards, prevent nosocomial and cross- infections and even facilitate noise reduction. All of these factors could interfere directly and indirectly to effective nursing service delivery. More so, the hospital management shall conduct at least an annual team building among health workers to promote friendly and harmonious relationship among clinicians.

3. The Nursing Service Department shall activate the existing Nursing Audit Committee of the hospital specifically the concurrent idea of auditing, this will ensure somehow the quality of documentation, reduce the number of compliances made by the nurses, nursing attendants and doctors. Re-orientation on the importance of quality documentation shall be conducted among nurses and other health care professionals. This is to safeguard the institution and clinicians from any legal matters as to the perceived implications of poor quality of recording and reporting. On the other hand, staff should conduct and submit a monthly inventory of supplies in their respective area of responsibility so that immediate requisition and replacement of unavailable supplies will soon be addressed.

In another point of view, comments and suggestions of the customers' should be given special time to be discussed by the top management and nurse supervisors in a form of formal meeting. This is for further improvement of nursing service delivery to attain optimum customer satisfaction as illustrated in the process map of the hospital.

4. Eventhough the Maguindanao Provincial Hospital or the Health Sector is not devolved with the Provincial and Local Government Units pursuant to Muslim Mindanao Autonomous (MMA) Act 25 known to be as the replica of the Local Government Code passed by the Regional Legislative Assembly. The provincial governor and Local Chief Executives of the LGUs may extend help to the hospital on the issues regarding

the insufficiency of water supply by installation of Water Supply System since water is vital in the delivery of effective health care services. On the other hand, as to the issue on regular power interruption, the hospital management may consider having a talk or may send communication letter to Maguindanao Electric Cooperative (MagElCo) in collaboration with the Local leaders. This is to make an agreement or consider the hospital power line being exempted from such rotational brownout, though the power supply do not much perceived as a major problem due to the availability of Power Generator unit of the hospital, unstable power supply will cause direct effect from the hospital's equipment such as aircondition unit, refrigerator, cardiac monitor and other electric bio-medical devices. Damage and repair from this hospital equipment is another issue. It also mean requisitions that may took time to be addressed, not to mention its role to deliver effective nursing services directly and indirectly.

5. In relation to the issue regarding staffing or personnel compliments, the Department of Health both the Central office and DOH–ARMM in collaboration with the Department of Budget and Management (DBM) may take into consideration the idea of granting the institution with additional plantilla position for health workers (nurses, midwives and doctors) consistent with Maguindanao Provincial Hospital (MPH) current authorized bed capacity which is one hundred fifty (150). On the other hand, monitoring and evaluation of the implementation of Department of Health (DOH)- Human Resource for Health Deployment Program (HRHDP) shall be conducted to diagnose what seems to be the problem why there is a significant delay on the release of salary in which deviation from the signed contract was highly evident.

Recommendations for Further Study

1. Implementation of Nurse Deployment Program (NDP) in Autonomous Region in Muslim Mindanao (ARMM)
2. Infection Control Procedures among 5 Hospitals in Maguindanao Province
3. Implementation of No Balance Billing (NBB) Policy Among Hospitals in Maguindanao Province
4. Nursing and Medical Services and its Impact to Hospital Operations
5. Human Resource for Health and Deployment Program (HRHDP) of the Department of Health and its Impact to Health Service Delivery in Autonomous Region in Muslim Mindanao (ARMM)

ACKNOWLEDGMENT

BISMILLAHHIR RAHMANIR RAHIM IN THE NAME OF ALLAH (SWT) THE MOST GRACIOUS, THE MOST MERCIFUL

The researcher would like to express his sincerest gratitude and grateful appreciation to the people who supported and assisted in pursuing this noble academic and professional endeavour:

Paramount is to ALLAH (SWT) for the gift of "ilmo" and spiritual guidance during the conduct of this study. Shukran Ya Allah for the bestowal of strength, courage and outpouring blessings, Your plan is indeed the best plan in this Dunya for without You this humble piece of work would not be brought into reality. Thank You as well for sending good people to me that became an instrument to complete building blocks of this paper. To mention some:

To my family, my mother, **HADJA TABAI DAUD-ABDULLAH UDA**, for the unconditional love and support all throughout my journey in life. To my brothers and sisters who always cheer, encourage and celebrate success with me. To Ate Bhia and Daddy who are in heaven, our prayers will always be with you. All of you serve as my "primera inspiracion".

To my family in academe, most especially to my adviser, statistician and at the same time the Dean of the Graduate College,

Dr. SAIDAMIN P. BAGOLONG, for the passion, encouragement and constructive criticism that really helps in the refinement of this paper, he is such an inspiration to our batch in pursuing this another milestone in our life;

To **Dr. MOCAMAD M. MACASAYON, Dr. MHD. FAHEEM M. ALIUDEN, Dr. SYLVIA A. DELOSA,** who are members of the panel headed by **Dr. RACKMAN B. LALAOG,** for their comments and suggestions that contributed much to the final substantial outcome of this study;

To **Dr. MARILYN G. BILLONES,** my reader, for her untiring effort in doing the major critiquing and editing of this paper;

To **Dr. TAHIR B. SULAIK, MPHM, DTC&E**, the Chief of Hospital of the Maguindanao Provincial Hospital and at the same time the Provincial Health Officer II of IPHO-Maguindanao for his support by allowing the conduct of this research study;

To **Dr. MOHAMMAD ARIFF A. BAGUINDALI, DPBO, HNS,** the Provincial Health Officer I-Hospital Operations of IPHO-Maguindanao and **TRINIDAD S. DIGNADICE, RN,** the Chief Nurse of Maguindanao Provincial Hospital, my instrument validators, for sharing their expertise to serve the purpose of this paper;

To all my professors for their selfless effort in imparting wisdom and knowledge as we learned the concept of organizational management, bureaucracy, public information, administrative system, statistics and public personnel administration is all about.

To the **STAFF (Nurses and midwives)**, my colleagues in the health sector and my primary respondents, for the participation during the conduct of the study, without you guys, this paper would not be brought into tangible one;

To **EMRAIDA C. ALI, RN, MPA, MBA**, for the encouragement and technical support during the working phase of this study;

To **SAED E. ABDULRAHMAN, RN**, my best friend and critic as well, thank you for helping me out in refining this paper. To **BAHARUDIN S. MOKAMAD, RSW**, thank you for the gift of friendship and support all throughout.

To the **SABADO BOYS** for the gift of friendship and brotherhood, the care for each other motivated us to strive hard to reach this far, finally got our title **MPA,** Alhamdulillah;

To the **MPAers**, for the classroom memories that we have gone through, for the gift of friendship and become siblings by heart, may our moments together will be treasured forever in our hearts and mind.

To ALL of YOU, THANK YOU ONCE AGAIN!

DEDICATION

This humble piece of work is wholeheartedly dedicated to my beloved mother, ***Hadja Tabai Daud- Abdullah Uda,*** my brothers and sisters, ***Kaka Bai, Kuya Datu, Kaka Sem and Don, Phots, Waj, King and Bolkhs,*** to my nephew and nieces, ***Altafh, Dania,*** and ***Russia Mae,*** to all of my aunts, uncles, cousins, relatives and friends.

Above all, to ***Almighty ALLAH SWT.***

RYAN ABDULLAH UDA, RN, Al-hadj

Researcher

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