

# Annual Report 2013



# THE PCMC LOGO



The PCMC Logo symbolizes love for children. The round structure stands for the perpetuity and continuity of life. Inside the circle is a yellow flower symbolizing youth's vitality, bright future, and happiness. The heart is for love and the courage to love unconditionally. The hands holding the children stand for humanity embracing the youth and lifting them up to a vision of a brighter future.







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## Vision

To be the leader in pediatric medicine in the Philippines in service, training, and research, and to be a self-reliant institution devoted to quality pediatric healthcare

## Mission

We deliver the most responsive service to patients. We train our people to foster intellectual development and conduct collaborative research to achieve the best health outcomes, and protect the vulnerable Filipino children.

### Goals

- To provide state-of-the-art healthcare to pediatric patients and high risk pregnant women delivered by competent and compassionate professionals and multidisciplinary teams;
- To provide for the manpower needs of the nation for experts in general pediatrics, pediatric subspecialties, and perinatal medicine, particularly in underserved areas, by offering innovative training programs;
- To excel in essential pediatric and perinatal research through national and international collaborative network of scientists;
- To achieve a self-sustaining level of financial performance and effective corporate governance;
- To create a community of highly motivated and creative healthcare workers at peak level of performance; and
- To promote family-centered, holistic, and multidisciplinary healthcare programs and advocacies of national relevance and public health importance.

### Core Values

The PCMC Destiny Map or **DESTIMAP**



**Dedication to Duty**

**Excellence**

**Sense of Urgency**

**Teamwork**

**Integrity**

**Malasakit (Care and Compassion)**

**Audacity**

**Professionalism**



## Message to the Community

PCMC continues to be entrusted with so many sick children. Despite a decrease in the total number of in-patients because of the hospital-wide renovation, it has maintained a 40-60 ratio in favor of service patients being served for 2013. In certain clinical care center however, an increase by 10% was seen among patients admitted in the Lung-Heart-Kidney-Liver (LHKL) and Surgery Centers.



Budget allocation to the hospital has remained to be limited. The huge challenge of equitably using this for our mandated sector of our population did not deter us from executing proper actions that would alleviate the problem of unpaid bills from our poorer service patients.

Our bill collection rate for pay patients remained at 99% high with an improvement in our service patients at 46% from a previous of 32%. Philhealth membership has likewise increased for both pay and service patients from 70% and 33%, to 82% and 45%, respectively.

The quality of care the patients received from PCMC remained impressive. We achieved ISO certification for our medical services last year, and successfully built a strong foundation for continuous quality improvement. Best health outcomes were achieved. We maintained a low mortality rate of 2.9%. Likewise we managed to keep a low nosocomial infection rate of 2.95% and a short duration of hospital stay at an average of 5.9 days.

In order to continue achieving the best health outcomes by providing the most responsive service, the Public Assistance Unit created in 2011 has carried on its role of assisting service patients with their financial needs by maximizing utilization of service patients Trust Funds, and ensuring that additional funds from both the public and private sectors would continue to pour in. In 2013, funds from other government agencies increased by 21 % (PhP 77.88M to PhP 94.1M), while funds from private sector donations increased by 34% ( Php 6.2M to Php 8.3M). With this encouraging performance, we will continue to engage both the public and private sectors to partner with us in order to increase the number of service patients whom we can serve.

As an acknowledged leader in Pediatric Medicine, we produced last year, 39 new pediatric specialists and subspecialists who were committed to serve in underserved areas outside the NCR. As such, we are now the largest producer of the country's manpower need for pediatric experts which will improve access to pediatric specialty quality care for underserved areas. We also produced 40 scientific papers that would better define the standards of care in Pediatric Medicine.

In order to serve as many service patients as possible, we need to be financially sound as an organization. In 2013, our journey towards self-reliance was greatly challenged. The hospital-wide

renovation which included a major retrofitting work to strengthen the structural integrity of the hospital and provide a more safe and secure haven to our patients significantly took a toll in our operational revenue as well as in our corporate income. Because of this we were constrained to limit patient admissions. Thus, our operational revenue decreased by 6% from the previous year and only 93% was realized in our corporate income. We were able to manage though our operational expenses with a good 19% savings. On the other hand, we believed that improving on our physical facilities coupled with the acquisitions of state-of-the-art equipment are sound investments and our solid foundation for a better financial performance in the coming years.

As we continuously improve on our Performance Management System, and guided by our hospital's strategy map and performance score card that were all aligned with the policies and priorities recommended by the Department of Health and the Department of Budget Management, we will be propelled further towards operational efficiency, optimal customer satisfaction, and better financial performance. We will remain steadfast in achieving our targets and sustain our commitment in saving more children from their life-threatening illnesses and improve their quality of life. I believe in the strength of our collective efforts.



**JULIUS A. LECCIONES, MD, MHSA, MPM, MSChSM, CESO III**  
Executive Director

## PCMC History

The theme of the *International Year of the Child* in 1979, “Mankind owes to the child the best it has to give” inspired the concept and the impetus to provide to children a tertiary institution for expert health care. By August 10, 1979, P.D. 1631 created the hospital known as *Lungsod ng Kabataan*. This was inaugurated on April 29, 1980, graced by the presence of Her Royal Highness Princess Margaret of the United Kingdom. On June 23, 1980, under then the Minister of Human Settlements, First Lady Imelda R. Marcos, the hospital first opened its doors to commence delivering expert healthcare to children.

*Lungsod ng Kabataan* is described as a “*Wonderland for Children*”. Thus, inside the hospital, the child is greeted by colorful, educational, cultural and historical murals that line its corridors. The rooms have various fancy beds designed as jeepneys, fire wagons, speedboats, and slippers or *bakya*. This aims to make the child’s hospital stay a soothing and comfortable experience, as well as informative, educational and enjoyable. The decorative rooms also distract children from their ills and pain, making their environment conducive to healing.



Seven years later, on January 12, 1987, Malacañang issued Memorandum Order No. 2, renaming the hospital as the Philippine Children’s Medical Center or PCMC.

PCMC began with 47 active medical staff composed of recognized pediatricians and pediatric surgeons who pioneered the 4 clinical services initially offered, to wit: Ambulatory, In-Patient Care, Surgery, and Critical Care. At about the same time, the Department of Laboratories and the Physical Rehabilitation Unit were also established and became fully operational.

From 1983 to 1985, PCMC expanded its activities in patient care services, Residency and Fellowship training, and in continuing medical education. Improvement in physical infrastructure and the creation of more service components became the focus toward the late 1980s. Pediatric subspecialties such as Neonatology, Pulmonology, Nephrology, Cardiology, Hematology, and Allergology under the Department of Pediatric Medicine, as well as Anesthesia under the Department of Pediatric Surgery were subsequently established.

In line with the PCMC vision to be the premier Pediatric Center of the country, the Child Neuroscience Department, the Center for Developmental Intervention, Perinatology Department and Research Department were likewise created. With its goal of strengthening the tertiary care facilities of the institution, Pediatric Dentistry, and Child Psychiatry were formed in 1989. Throughout the 1990s, PCMC continued with its tasks of setting standards of excellence in service, training, and research. Various innovative activities under the Committee of Primary Preventive and Promotive Programs were organized. Institutional highlights during the turn of the century introduced new Fellowship Training Programs such as Pediatric Radiology and Pediatric Gynecology.

Testament to its enduring commitment to quality in all aspects of patient care, PCMC was awarded the *Salamin ng Bayan Award* in 1992 and 1994, *Buhay Award* in 1995, *National Public Service Award* in 1997, and the *Three Star Excellence Award* in 1998, *Quezon City Most Outstanding Organization* in 2012, and the most recent achievement that it received in 2013 is the *ISO Certification in Pediatric Specialized Healthcare Services and Pediatric Dental, Diagnostics and Laboratory Services*.



As a government owned and operated corporation [GOCC], PCMC is administratively attached to the Department of Health, sharing a Board of Trustees with the other three specialty centers, namely: Philippine Heart Center, Lung Center of the Philippines, and National Kidney and Transplant Institute.

With the able, compassionate, decisive and firm leadership of its Executive Director, Dr Julius A. Lecciones since 2006, PCMC was accredited as a Level IV training hospital (one of only three in the country), with an authorized 212-bed capacity, serving patients from newborn to 19 years old, as well as high-risk pregnant women.

Today, PCMC's expert service and infrastructure capabilities showcase the largest ICU for children in the country. It has the biggest neonatal intensive care unit [NICU] that is integral to the Perinatal Care and Neonatology Center. Its Child Neurology and Neurosurgery Service Program, inclusive of a neurodevelopment center, is fully equipped with up-to-date services. It also has the most comprehensive pediatric rehabilitation facility and the most extensive pediatric multi-specialty for in-patients, as well as for clinic service to out-patients and referrals. Among these are the Cancer and Hematology Center; Adolescent Center (Teen Republic); Pediatric Lung, Heart, Kidney and Liver Center; Pediatric Critical Care Center, and; the Clinical Centers for General Pediatric Services and Surgical & Allied Medical Services, respectively.

In July 2013, the newly constructed OPD building was finally opened to accommodate the increasing number of service patients being referred to PCMC for specialty care.

PCMC also partnered with Rotary Club Makati West- Gift of Life International, an international non-government organization, which give way for two open-heart surgery missions for service patients with congenital heart diseases who needed cardiac surgeries.

Later during this year, it began its hospital-wide retrofitting, an infrastructure improvement to strengthen the building and to secure safety of clients being served.

As PCMC moves onto the next decade, it will continue to blaze the trail in its pursuit of excellence by delivering quality specialized pediatric healthcare to those who are sick as well as maintaining the quality of health of those who are well, always taking to heart the safety and well-being of all of its healthcare providers and hospital support staff.



## PCMC **DESTIMAP** is all about...

### **D**EDICATION TO DUTY

#### **We believe in public service as a trust, and serving others is the best of all lifeworks**

Faithful to our mandate as a government institution, we are committed to our oath as public servants. We endeavor, as our most solemn duty for our hospital, to be a big shining symbol of our government's caring attitude towards its constituents, and ally the fear of neglect. We swear allegiance to our duty to heal and to serve without regard to race, religion, political affiliation, educational attainment, or social and economic status of our patients.

### **E**XCELLENCE

#### **Giving the best of care is our source of fulfilment**

We go the extra mile in delivering the best care to our patients. We take nothing of importance lightly so that we can deliver quality healthcare that is relevant, up-to-date, safe, and guarantees the best health outcomes. We are committed to take every day as an opportunity for improving ourselves to be the best.

### **S**ENSE OF URGENCY

#### **The needs of the child cannot wait – it is today and now, not tomorrow**

We endeavor to give prompt and adequate medical attention to our patients, particularly the poor and the vulnerable children. We commit to always deliver critical services expeditiously. We will remove barriers that tend to obstruct or delay delivery of service because time is of the essence in saving lives.

### **T**EAMWORK

#### **We can achieve more by synergy of our efforts, rather than by acting alone**

We work with others harmoniously in a multidisciplinary team environment to deliver service more effectively and efficiently. United in purpose to achieve the best health outcomes for our patients, we share knowledge and experiences out of our sincere desire to help colleagues achieve their personal and professional goals. We are happy in the success of our peers, and generous in recognizing the meritorious achievements of others, believing that the collective success of Team PCMC is also our individual success.

### **I**NTEGRITY

#### **Honesty and probity are of paramount importance to us.**

Honor is our wealth. It is the reason why we always strive for trustworthiness in the stewardship and management of public resources entrusted to us. Ethical conduct, a clean conscience, and spotless career are priceless and they drive us in our pursuit of our mandate to serve others.

### **M**ALASAKIT (Care and Compassion)

#### **We believe in a culture of compassion to permeate all our actions in dealing with patients and their families**

An ethics of care and a culture of compassion must always prevail in our hospital. Sick children are ours to take care of and we embrace them wholeheartedly without reservation. We do not regard patients as burdensome, nor are they a waste of time - not worthy of our attention; they are the very reason why we are all here in our hospital. Without them, PCMC will not exist. Excellence and professionalism are our physical strength. Compassion is our heart and soul.

### **A**UDACITY

#### **We are bold and daring in our actions to leave nothing unturned to save lives, to serve our patients, as well as attain self-reliance for our hospital**

We are creative in finding ways to serve our patients better. We have the passion to discover possibilities that result to improvement in healthcare. Innovations are impetus for progress, and we are always on the look-out for opportunities that inspire PCMC to achieve self-reliance. Audacity is the energy that drives the fire of our enterprise. Probity is the compass that guides us always on our ethical path.

### **P**ROFESSIONALISM

#### **Improving ourselves will result to a more responsive delivery of healthcare**

We strive to be the best we can be in what we do daily; always responsive to the needs of our patients and of the call of time. We continuously seek new knowledge, relevant technologies, and better processes to create an ever-improving healthcare delivery in PCMC. Our commitment to continuous self-improvement will result to both our professional growth and the best health outcomes for patients.

## **Quality Policy**

### **PCMC Takes the Lead to Best Health Care for Children**

Be the first choice of parents for their children's healthcare by delivering our services and products with uncompromising quality. Utilize a continual cycle of performance excellence by enabling our healthcare providers, support services, and management, providing them with a safe happy environment and robust work ethic to attain professional and personal growth.

### **Quality Objective**

PCMC AIMS to be the Premier Children's Medical Center and achieve operational excellence by: Ensuring ownership and accountability of all processes by the entire workforce; Implementing best practices and global processes; Focusing on customer's wellness and delight to drive change; Using a systematic review process which identifies and eliminates performance gaps.

### **Environmental Objective**

#### **Commitment to Health, Wellness, Safety, and Environment**

We at PCMC commit ourselves to promote quality awareness and manage health, wellness, safety, and environment as our core service and business value. We commit ourselves to provide a safe and healthy environment for children. We ensure compliance with all applicable government standards and regulations, and the requirements of the healthcare industry.

We integrate health, wellness, safety, and environment into all aspects of our hospital activities as a competitive advantage in achieving best clinical practice outcomes, profitable fiscal growth, and significantly increase productivity in order to become a self-reliant GOCC.

#### **Employees and Operations**

We at PCMC seek to protect the safety, wellness, and health of our employees and minimize our environmental footprints by preventing work-related accidents, injuries or illnesses. All employees shall be personally involved in furthering this objective. We empower our Medical, Nursing, Allied Health, and support staff to identify and resolve problems, maintain customer focus, and gain competence by providing them appropriate training and support.

#### **Patients, Suppliers and Other Customers**

We at PCMC prioritize health, wellness, safety, and environment concerns as integral to our services, processes, and products. We seek to know, understand and always meet and try to exceed the requirements of our customers and stakeholders. We train and educate our patients, their families, and other customers, as well as influence our suppliers and the public about the safe use of our facilities, services, and products. We openly communicate to them the protective measures we take for our employees, the community around us, and our other stakeholders.

#### **Accountability**

We at PCMC make use of quality management systems by applying global and local standards, including compliance with applicable laws, statutes, and regulations. We promote quality awareness in all functions and levels within PCMC and among our clinical and business associates. All in the organization, individually and corporately, is measured and held responsible for the safety and environmental performance of our core services, led by example and inspired by the PCMC Executives, Directors, and Managers.

#### **Stakeholder Involvement**

We at PCMC team up with our stakeholders in the implementation and where necessary, in the development of guidelines, regulations, and standards that safeguard our workplace, the community, and environment. As a responsible corporate citizen, we demonstrate this commitment by upholding the Civil Service Good Citizen Charter, and by actively pursuing independent certifications and/or accreditations, as well as vie for recognitions, nationally and internationally.

#### **Continuous Improvement**

We at PCMC handle occupational hazards, injuries, illnesses, wastes, and inefficient use of resources, water, and energy as preventable process defects. We continuously improve our compliance processes and clinical practices, using quantifiable goals, monitor and measure them, and take actions to drive and sustain health, wellness, safety, and environmental performance.

## Institutional Highlights

PCMC is now the biggest and the best-equipped tertiary-care facility for children in the country with a concentration of nationally-and internationally-recognized pediatric specialists and subspecialists. It has the biggest Newborn and Pediatric Intensive Care Unit, Perinatology, Cancer and Child Neuroscience services, respectively. As the DOH's flagship hospital for Filipino children, PCMC is the acknowledged premier pediatric tertiary-care facility in the country.

- Maintaining its stature, as one of only three PPS-accredited Level IV training hospital in pediatrics and its subspecialties, PCMC has the most complete and among the best training programs in the country. It is likewise the pioneer in many pediatric training programs, and the birthplace of almost all pediatric subspecialty professional societies. Thus, PCMC is the biggest contributor to the manpower need of the nation for pediatric subspecialists.
- PCMC is a vast repository for medical research. The wealth of data for study coupled with a pool of competent researchers and scientists place the institution in a unique opportunity to take the lead in pediatric research. Since 2012, a number of collaborative researches have been undertaken with the Research Institute for Tropical Medicine.
- True to its mission of providing quality pediatric health care through quality system processes to the Filipino Children, it received the ISO Certification in Pediatric Specialized Healthcare Services and Pediatric Dental, Diagnostics and Laboratory Services.
- For the first time, two open- heart surgery missions took place in PCMC in 2013 which benefited 20 service patients with congenital heart diseases.
- A newly constructed OPD building in July 2013 provided a more spacious area to accommodate the increasing number of patients referred to PCMC for specialty care
- Despite the hospital-wide renovation causing disruptions to the hospital operations, patient admissions have been steady and OPD consultation have reached above the 65,000 mark
- Majority are service patients, and although majority are from the NCR and the neighbouring provinces, PCMC gets referrals from all over the country. Mortality rate remained low at 2.90, as well as nosocomial infection rate of 2.95% - an accomplishment which a hospital admitting the most difficult cases must be proud of. The average length of confinement is 5.97 days.
- Major equipment purchases were achieved enhancing the hospital's capacity to provide state-of-the-art pediatric specialty services. Notable among them are the newly- acquired CT Scan, MRI etc.

# ISO 9001:2008 CERTIFIED

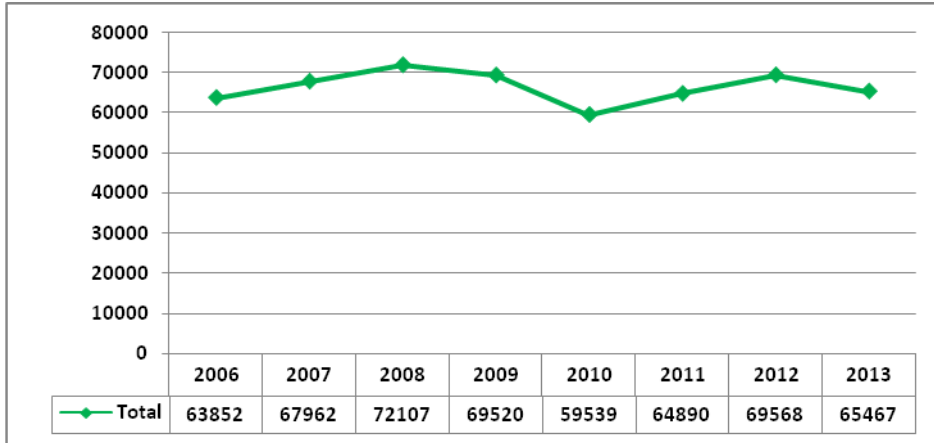


Dr. Julius A. Lecciones receiving the plaque of ISO Certificate from President Benigno S. Aquino III

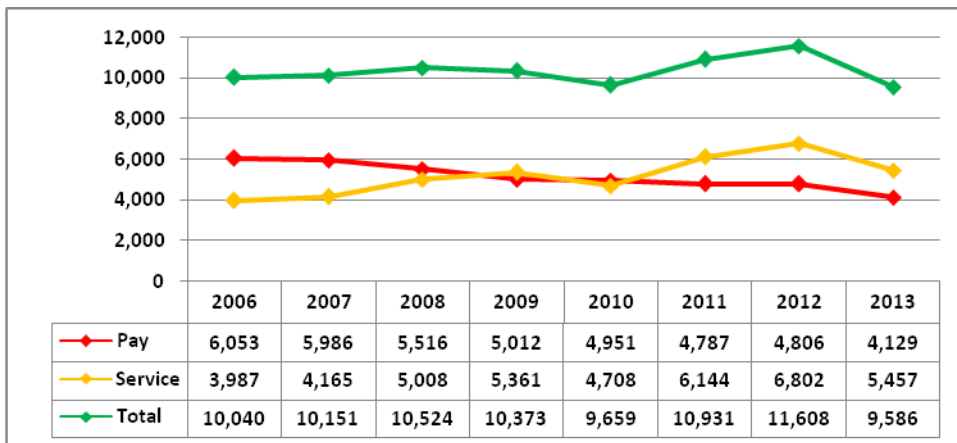


# HOSPITAL STATISTICS

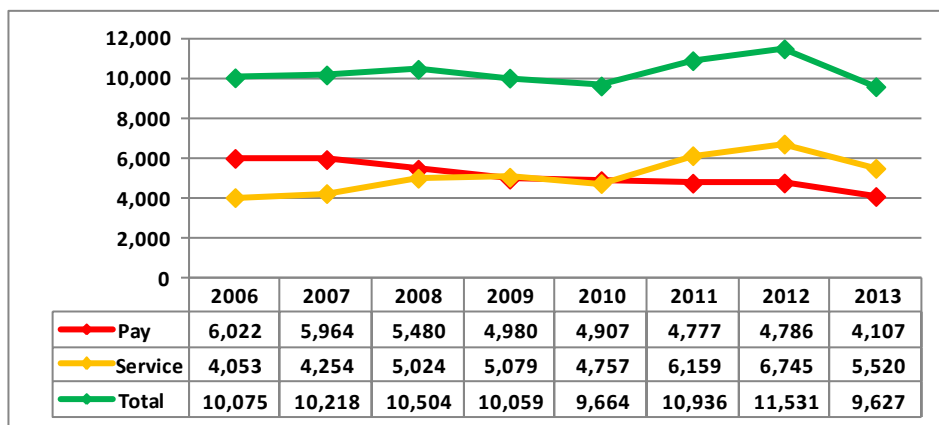
## PATIENT CONSULTATIONS



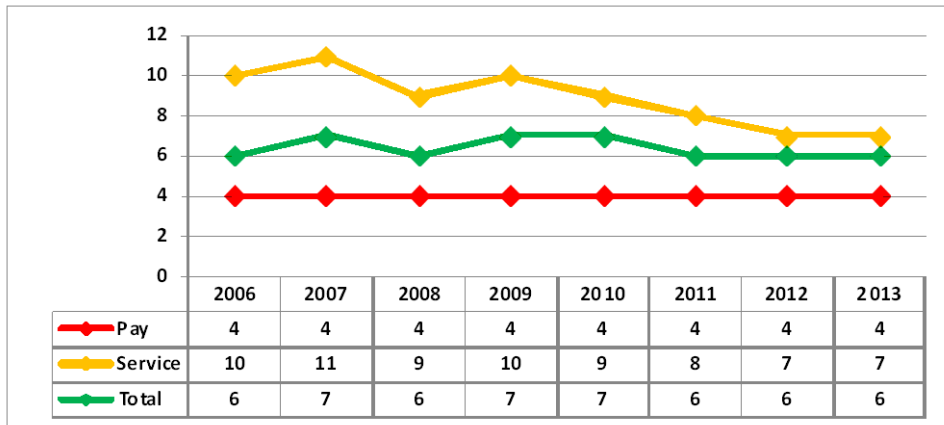
## ADMISSIONS



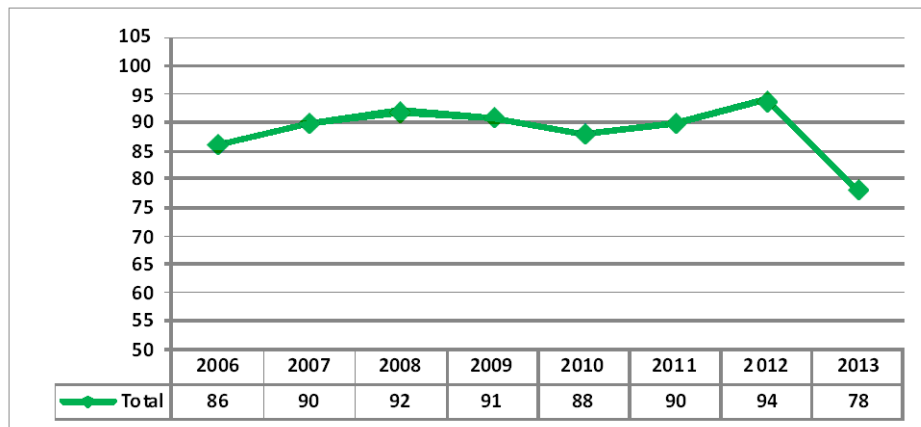
## DISCHARGES



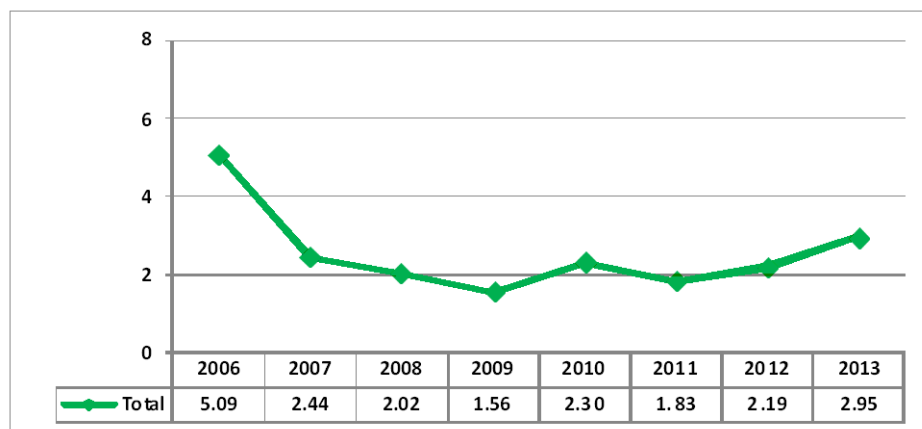
### AVERAGE LENGTH OF HOSPITALIZATION



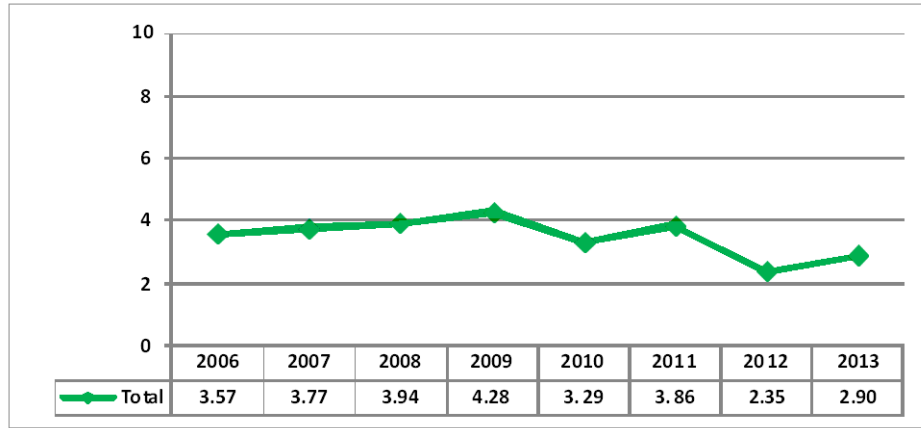
### OCCUPANCY RATE



### NOSOCOMIAL INFECTION RATE



## MORTALITY RATE

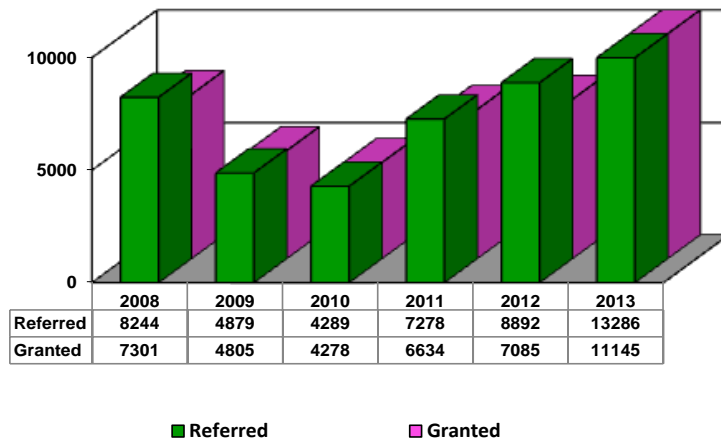


TOP TEN MORBIDITY (DISCHARGES)	TOP TEN CAUSES OF MORTALITY
LEUKEMIA (ALL, AML, CML, BIPHE)	LEUKEMIA (ALL, CML)
DENGUE (DF, DHF, DFS, DSS)	PNEUMONIA
PNEUMONIA	CONGENITAL ANOMALIES
ACUTE GASTROENTERITIS	DENGUE SHOCK SYNDROME
SYSTEMIC VIRAL ILLNESS	SEPSIS
PREMATURITY	CONGENITAL HEART DISEASE
THALASSEMIA	ACUTE RESPIRATORY DISTRESS SYNDROME
BRONCHIAL ASTHMA	PNEUMOTHORAX
HIRSCHSPRUNG'S DISEASE	PREMATURITY
NEPHROTIC SYNDROME	HEPATIC ENCEPHALOPATHY

## CHILD PROTECTION UNIT

Year	SA &/or PA	Neglect &/or Abandoned	Psych/EA	Child Labor	Unclear (Pt. did not return)	Total No (%)
2008	65 (94)	4 (6)	0	0	0	69
2009	109 (87)	13 (10)	2 (2)	1 (1)	0	125
2010	74 (65)	24 (21)	10 (9)	0	6 (5)	114
2011	87 (70)	16 (13)	7 (6)	0	14 (11)	124
2012	57 (38)	37 (25)	43 (29)	0	12 (8)	149
2013	9 (24)	16 (43)	10 (28)	0	2 (5)	37

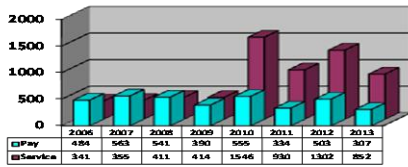
### In-Patients Served by Medical Social Service thru Fund Sourcing



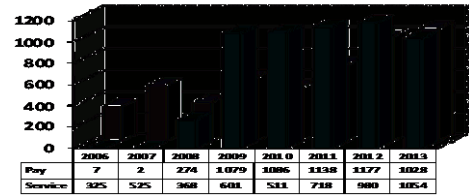


# Admission by Center

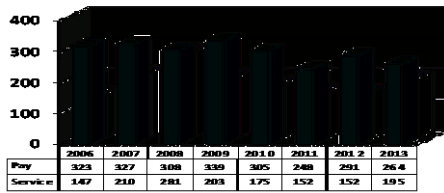
## CNS



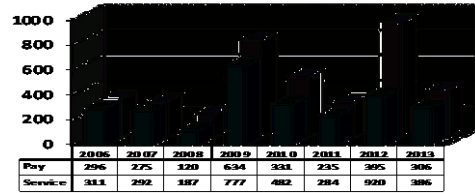
## Cancer & Hema



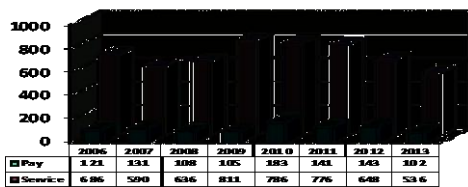
## Peri



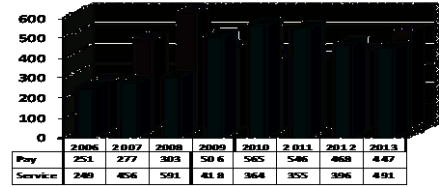
## Neo



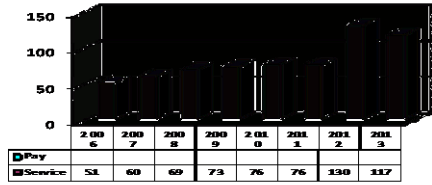
## Critical Care



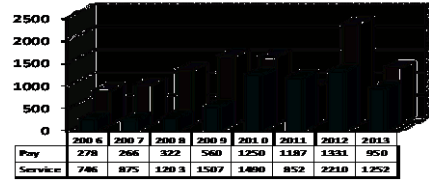
## LHKL



## Adolescent



## General Pediatrics



Note: Adolescent-all are service referrals

## Surgery



## CHILD NEUROSCIENCE CENTER 2013

The Philippine Children's Medical Center, Child Neuroscience Center is the biggest and the most comprehensive multidisciplinary training center in the country and perhaps in Asia. It is committed to promote the neurological and mental health of children, through excellent training, socially responsive and comprehensive service, and relevant research, using a collegial, interdisciplinary approach.



The Child Neuroscience Center is composed of interdisciplinary team of experts in Child Neuroscience namely: 15 Child Neurologists, 7 Neurosurgeons, 4 Epileptologists, 7 Child and Adolescent Psychiatrists, 4 Neurodevelopmental Pediatricians, 4 ENT specialists, 3 Neuroradiologist and 1 Neuromuscular Disease Specialist.

Support Staff includes 8 technicians in the Neurodiagnostic Center and 4 administrative (secretarial) staff. Each work in a collaborative manner to ensure that every child gets the best neurological care he deserves.

This distinguished center is presently chaired by Dr. Teresita N. Rabanal. It has 7 vital sections with its respective heads, namely, Child Neurology headed by Dr. Marilyn Ortiz, Neurosurgery – Dr. Gerardo Legaspi, Child Psychiatry – Dr. Portia Luspo, Neurodevelopmental Pediatrics – Dr. Ermenilda Avendaño, Neuropsychology – Dr. Lourdes Ledesma, Neurodiagnostic Center – Dr. Amparo Agrava, and Hearing Unit – Dr. Adonis Jurado.

The Child Neuroscience Center continues its pursuit to be the Center of Excellence in Epilepsy, CNS infections, Congenital Malformations, Attention-Deficit/Hyperactivity Disorder, Autism, and Motor and Movement Disorders by working towards improving existing protocols on diagnosis and management strategies of these diseases/disabilities.

## **Service**

The Center continues to provide quality care and service to a huge number of children with varied neurological problems. It has shown a steady increase in the number of patients seen in the ward and at the out-patient. In order to be efficient in delivering service, the Center has embarked on creating clinical pathways on certain diseases such as status epilepticus, febrile and afebrile seizures, acute motor weakness, depressed sensorium and ADHD.

Committed to the mission of becoming the center of excellence in epilepsy. We educate and empower patients with epilepsy and their families. Likewise, the Center has held annual epilepsy camps for the past 21 years.



## **Training**

From its fellowship program it has produced 36 Child Neurologists, 9 child and adolescent psychiatrists, 11 neurodevelopmental pediatricians, 1 epileptologist and 1 otolaryngologist – all successful in their respective areas of practice.

The training program continues to attract applicants keen to become child neurologists, neurodevelopment pediatricians and child psychiatrists.

## **Research**

With the great number and extensive array of neurological and neurobehavioral patients seen, the Child Neuroscience Center is a rich ground for initiating relevant research. The Center has a research unit with its research committee closely supervising and monitoring the consultants' and fellows' research projects and investigations.



## PEDIATRIC CANCER AND HEMATOLOGY CENTER 2013



The International Agency for Research on Cancer (IARC) estimates that about 3,300 new cases of childhood cancer are diagnosed in the Philippines each year. Of these, approximately 265 cases are seen at PCMC. Patient census in 2006 revealed that 4,907 or 7.5% of all consultants in the hospital comprised of children afflicted with cancer. Most are referrals from all over the country, and their number is steadily increasing annually by at least 30%. Children with cancer belong to a vulnerable group that needs special attention, care and protection.

PCMC likewise caters to the needs of children with chronic hematologic disorders particularly haemophilia and thalassemia. Caring for these children require prompt diagnosis and comprehensive multidisciplinary care. Such specialized care can only be given in a separate dedicated facility. In 2007, Dr. Julius A. Lecciones, PCMC Executive Director, mandated the establishment of the Cancer and Hematology Center, under the leadership of Dr. Eustacia M. Rigor, one of the country's renowned pediatric hematologist.

Anticipated to be the national referral center for children and adolescent with blood diseases and cancer, the Cancer and Hematology Center is expected to deliver a comprehensive, multidisciplinary treatment to improve outcome in a cost-effective manner. With the use of modern diagnostic and therapeutic approaches initiated expeditiously, this will translate to early detection, accurate diagnosis, appropriate management, and ultimately better chances of survival.

The facility will include an in-patient unit, out-patient unit, ocular oncology unit, palliation/hospice care unit, oncology pharmacy, pediatric surgery and neurosurgery services, intensive care, and social services. In 2010, the PCMC Pediatric Cancer and Hematology Center was designated by DOH as the national end-referral center for childhood diseases.

PCMC Cancer and Hematology Center statistics are as follows from 2010 to present are as follows: Leukemia: 268; Hodgkins' Lymphoma: 5; Non-Hodgkins' Lymphoma: 18; Solid Tumors: 90; Thalassemia: 69 ; Hemophilia: 42.

## **Service**

Since its establishment in 1980, the Philippine Children's Medical Center then known as Lungsod ng Kabataan, one of the pediatric medicine subspecialties that developed was the Pediatric subspecialty of hematology/oncology. With the increasing number of children and adolescents afflicted with cancer and chronic hematologic disorders as thalassemia and haemophilia requiring specialized care, expansion of the diagnostic and therapeutic facilities that are updated with the advances in knowledge and technology, universally. The Center is undertaking the development of a Comprehensive Pediatric Hematology/Oncology Program (CPHOP) of our Center. The Center has to set-up programs and activities to ensure development of skills/expertise, board certification of its Multi-disciplinary Team (Pediatric Surgery, Anesthesiology, Pathology, Radiology, Critical Care) staff and graduates of the respective Multidisciplinary Team training program; expansion/updating of the diagnostic/therapeutic facilities, etc.

The CHC since 2010, operates its own Out-Patient (Ambulatory) and In-Patient divisions which facilitated the formulating of programs to strengthen the Center patients' care such as the nutrition support and the Infection Control programs for the patients, majority of whom are immunocompromised. Programs much needed by the Cancer & Hematology Center where a great percentage of the patients have cancer a threatening illness requiring Palliative/Hospice Care program. This is integrated at the time of initial diagnosis of cancer, as recommended by the AAP (American Academy of Pediatrics) and WHO since 2000. The palliative/hospice care is carried out together with the cancer directed treatment by the same CHC treatment team with the help and supervision of the Palliative/Hospice Care Core Team constituted by a team of medical, nursing, social worker, and support of the child life program coordinators and spiritual support by volunteers.

Multidisciplinary activities are regularly conducted at the CHC. These are the Tumor Board Conferences, tissue review held bi-monthly, pre-operative case conferences before surgery (biopsy or total tumor resection of patients) about to 3 to 5 per week.

A comprehensive psychosocial-psychologic support program is being set-up: with a Long-term Survivor follow-up program already in place.

Other CHC programs to strengthen patients' care are set-up such as the unified stratified treatment protocol for leukemia/lymphoma, for the solid tumors and the retinoblastoma, etc.

### **Thalassemia Unit**

The Cancer & Hematology Center has set up programs to strengthen the thalassemia patients' care, the treatment of its major problem of chronic often severe anemia and iron overloading. Multidisciplinary team care of these patients with the help of the PCMC pediatric medicine subspecialties of pulmonology, cardiology, gastro-enterology/hepatology, endocrinology, adolescent medicine has been set-up.

### **Hemophilia Unit**

The program for the hemophilia total care is being strengthened its diagnostic, therapeutic facilities requiring multidisciplinary care is being set-up with the different pediatric medicine subspecialties for the management of its complications with the help of Pediatric Surgery and pediatric physical therapy/rehabilitation.

Both the thalassemia and haemophilia patients need preventive pediatric health care which need to be instituted for their total care with psychosocial support need to be given to the patients/families. Counselling/patient, family support programs have to be regularly conducted.

## Training

The three-year training program in the pediatric subspecialty field of hematology/oncology is designed to prepare the trainee(s) to undertake the required certifying board examination in pediatric hematology and in pediatric oncology, respectively. The CHC likewise provides a training program for the graduates to practice in any part of the country and/or to go into the academe to teach/train paediatricians in the subspecialty of hematology/oncology. The training program at the CHC emphasizes that the trainees not only fulfil the institution's research requirement for trainees, but also will participate in all the Center-directed researches.

## Research

The Cancer & Hematology Center of PCMC aims to create the CHC as a center for research in the field of pediatric hematology/oncology. Hopefully besides expanding its research activities to strengthen its services/care of the patients it can set-up its program/activities for cancer epidemiology/control.



## **PERINATAL-NEONATOLOGY-PEDIATRIC GYNECOLOGY CENTER 2013**

The Goal of the Perinatal-Neonatology-Pediatric Gynecology Center is to deliver world class medical and nursing care to high risk pregnant mothers, neonates, and children. PCMC is one of only three hospitals accredited by the Philippine Pediatric Society as a Level IV training hospital, the highest level awarded to a hospital with a pediatric residency training program. This refers to several qualifications, among which are evidenced “high quality of instruction” delivered by seven subspecialty programs with corresponding inpatient and outpatient services, and a Level III neonatal unit which is a referral center with “comprehensive high-risk and intensive care”. Likewise, research endeavours are ongoing for the advancement of the subspecialty. Provision of more equipment has enabled the center to serve more patients.

Perinatal-Neonatology-Pediatric Gynecology Center celebrated its 25<sup>th</sup> year of service last June 27, 2013. The following are training activity highlights 1) monthly Perinatal Statistic with NICU, 2) monthly OPD Audit; 3) monthly Perinatal Council, 4) Perinatal Research Updates, and 5) Case Management Conferences.

In view of the innovations on diagnostic and therapeutic strategies, the hospital purchased an ultrasound with color/power Doppler and 3D/4D capability and new electronic fetal monitors (maternal and twin monitoring). To improve the services we give to mothers with congenital anomalies or babies with birth defects, the Fellows are having their rotation at the National Institute of Health, Department of Human Genetics.

### **PERINATAL CENTER**

Conceptualized in 1986 and inaugurated in 1988, the PCMC Perinatal Center is a tertiary medical facility equipped and manned by skilled and committed personnel in the field of perinatology. With a mission to reduce maternal and neonatal morbidity and mortality by providing exemplary antenatal, intrapartum and postpartum care among high risk pregnancies and to promote the science of Perinatology through training of competent perinatologist, application of world class technology and research. Its vision is to establish PCMC perinatal center as center of excellence for service, training and research in the field of perinatology.

With its 25 years of dedicated service to the Filipino people, the PCMC has made significant contributions in Subspecialty of Perinatology in terms of service, training, and research.

Through networking has been established down the traditional birth attendants, midwives, rural health units, Lying-ins, Primary, secondary and tertiary hospitals both private and government owned, and other Corporate National Centers for Specialized Health Care under DOH namely, the Lung Center of the Philippines, the Heart Center of the Philippines, and the National Kidney and Transplant Institute of the Philippines.

Basic and Color Doppler Velocimetry, as applied to the subspecialty of Perinatology was first introduced by PCMC perinatal center in 1989.

Special services offered at the PCMC perinatal center includes: Fetal Electronic Monitoring, Ultrasound Services (Basic First Trimester Ultrasound, Congenital Anomaly Scan, Biophysical Profile Scoring, Color Doppler Studies, 3D/4D Scanning, Pelvic Ultrasound Sonohysterogram, Breast Ultrasound, Medical fetal Therapy, Genetic counseling/ Diagnostics such as Amniocentesis, procedures such as Mmnioreduction and Amnioinfusion, Fetal Maturity Testing and Cerclage.



We have 13 consultants, 3 of which were visiting consultants. We had 4-perinatology fellows- in- training and 16 OB- resident rotators from 7 different training institutions.

The Perinatal Center has a total of 459 admissions for the year 2013, 264 (57.5 %) of which are pay and 159 (42.5 %) are service patients. The Perinatal Center has a 14-bed capacity Postpartum Ward, comprising of 8 beds for pay patients and 6 beds for service patients. We have a steady number of admissions with the highest in September. From November 2013, there had been a drastic decline in admission due to the scheduled retrofitting. Similar trend in admissions and occupancy of the section with steady trend of admissions in the months of starting January until October 2013.

We had a total of 365 deliveries. We had perinatal mortality rate of 49.72 per 1000 and 1 case of maternal mortality.





## NEONATAL CENTER



The PCMC NICU is an equipped 20-bed unit which oftentimes admits more patients than its actual capacity. It is ably manned by seven certified neonatologists, six fellows in training, rotating residents and their complement from the nursing service and respiratory therapy in tandem with perinatal care. Intensive neonatal caring addresses the various problems which an infant may be born with and acquired as complications of various maternal disorders during pregnancy or during labor and delivery. These problems may be transient like RDS Types I and II, meconium aspiration, sepsis neonatorum – problems which may vary in severity but is unique to the newborn period, to the permanent sequelae of congenital infections and devastating heart defects, and chromosomal abnormalities. Management of these patients may consist of benign close monitoring to postoperative care, ventilatory support and some sensitive procedures like exchange transfusion and surfactant administration. Some surgically correctible lesions like abdominal wall defects, congenital diaphragmatic hernia, intestinal atresia, or megacolon may seem transient but as a consequence of these abnormalities, many babies encounter chronic concerns like repeated bouts of pneumonia, failure to thrive from GER, dehydration and electrolyte imbalances from malabsorption syndromes and chronic lung disease. All these are adequately managed by multi-disciplinary teams composed of highly skilled and compassionate neonatologists, subspecialists, fellows, residents, nurses, midwives, and nursing aides.

Beyond intensive caring are discharge and follow-up programs, e.g., vaccinations, ROP screening, universal hearing screening, newborn screening, neurodevelopment screening, high-risk newborn follow-up for proper problem identification and early intervention.

Data from the past eight years' census showed yearly admission of about 700 neonates, of whom sick outborns comprise a big percentage. Since 2008, top three leading causes of morbidity are sepsis, pneumonia and the problems related to prematurity. To address the unchanging morbidity pattern and high mortality rate especially of non-institutionally delivered infants, neonatal resuscitation and stabilization courses are offered for neonatal health care providers all year round. State of the art equipment like cardiac monitors (invasive and non-invasive), defibrillators, phototherapy (LED light), oxygen blender, bubble CPAP, transcutaneous bilirubinometer, ophthalmoscope/otoscope and hearing screening machine, have also been acquired this year to further equip the center in the management of these patients. Plans of purchasing high frequency ventilators and whole body cooling device are also under way. A neonatal transport program is likewise a long term plan.

## PCMC MILK BANK

In 1996, the system of milk banking at PCMC was started by the former head of the Newborn Services Division, Dr. Gloria B. Ramirez. At this time, the Alay Gatas Community Program was born. Activities involved community mobilization, donor recruitment and screening, education, and training of Baranggay health workers. Donor milk was frozen in the milk bank freezer, thawed and distributed to NICU patients. However, ensuring safety of donated milk is of utmost importance and this served as an impetus for the development of the pasteurization, jointly by Dr. Gloria Ramirez and Vincent Valentus of the Advanced Science and Technology Institute (ASTI).

The “PCMC Milk Bank” was initially located inside the NICU and was more popularly known as the breastfeeding room. This served as a venue for breastfeeding as well as breast milk expression by the patients’ mothers and donor mothers. There was a -20C° medical freezer (Sanyo, JICA donation) for the storage of these mothers’ breast milk. Donor milk was received and processed in the Dietary Section, where the pasteurizer was placed. Donor recruitment and screening were done in the community through the Alay Gatas Program.

In April 2008, the new milk bank facility at ward 2A was inaugurated. It is equipped with medical grade freezer, refrigerators, oven, and hospital grade electric breast pumps generally donated by San Miguel Corporation. Three 4<sup>th</sup> generation pasteurizers were donated by ASTI. This year saw an increase in the donation both for human milk and equipment. Human milk donations from private individuals and from communities like Caloocan and Valenzuela have amounted to about 21,000 ounces. Both electric and manual milk pumps have also been donated by private individuals and by the Junior Chamber International. Currently, we service requests for pasteurized donor milk from hospitals outside of PCMC, e.g. Makati Medical Center, St. Lukes Hospital, Victor Potenciano Medical Center, and other hospitals outside the catchment areas of Fabella Hospital.



## PEDIATRIC CRITICAL CARE CENTER 2013

The pediatric Intensive Care unit was established in July 1980. It started as a 30-bed capacity unit for a tertiary newborn and pediatric care with Dr. Pura Flor D. Isleta as the Head, and Dr. Emilio Hernandez Jr. as the Assistant. In 1983, Dr. Herminia Cifra, the “Mother of Critical Care” in the Philippines, took over the administration of the Unit. It was during her time that the PICU facilities were upgraded through the donations from Japan International Cooperation Agency (JICA).



### Service

The PCMC Pediatric Intensive Care Unit is a tertiary medical facility staffed with competent doctors and nurses trained in the critically ill. The renovation was started in May 2008 under the administration of Dr. Florentina Ty and was inaugurated on December 15, 2008. It was also at this time that the Pediatric Intensive Care Division and the Emergency Department were merged and became the Pediatric Critical Care Center. At present, a total of 15 patients can be accommodated in the intensive care unit and 1 isolation room equipped with a state of the art mechanical ventilators, cardiac monitors (invasive and non-invasive), esophageal thermometer, capnography, pulse oxymeter, infusion pump and other ICU equipments specialized to treat critically ill patients. The Unit has 9 Pediatric Intensivists as active consultants, and 4 fellows in training. All nursing and medical staffs are AHA BLS and PALS providers.

The Emergency Room Department offers 24 hours service to pediatric emergency cases. Although it is a 19-bed capacity unit manned by four residents on 24 hours duty, and an average of four to five nurses and two midwives on an eight-hour shift duty, the average census can reach up to 60 patients a day. An innovation was the hiring of MO-IV consultants and part-time consultants to see non-urgent patients and doing triage beyond 5 pm to decongest the Emergency Room.



## Training

In 1987, Dr. Herminia L. Cifra founded the 1<sup>st</sup> PPS-accredited Critical care Fellowship Training Program in the Philippines. This comprehensive 2-year training program to this day has produced 33 competent Pediatric Intensivists who have taken and passed the qualifying examination of the prestigious Society of Pediatric Critical Care Medicine Philippines. All 33 Intensivists are members of the said society and are serving in the different regions all over the Philippines, and are making good in their respective clinical practices. At present, there are 9 Pediatric Intensivists who are active in PCMC. On February 8, 2011, PCMC ICU was accredited by the American Heart Association as an International Training Center for BLS and PALS and 6 months after, ACLS was added to the course. By 2012, PCMC AHA ITC was ranked number one among the AHA ITC all over the Philippines.



The plan of the Pediatric Emergency Section to come up with its Clinical Fellowship program is in the process of getting approval from the Philippine Pediatric Society.

## Research

Graduates of the training program have submitted high quality research papers which have been presented and won awards locally and internationally. Last year, the paper on “Measurement of Anxiety in Acutely and Chronically Ill Patients of Philippine Children’s Medical Center” co-authored by one of our active Pediatric Intensivist, Dr. Jesus Nazareno Velasco, was presented orally at the European Academy of Pediatrics in Lyon, France. And one of the recent graduates of the ICU fellowship program, Dr. Jeroselle Bugay’s paper on “Sonographic Triad of Plasma Leakage as Predictor of Recurrent Shock and Mortality Among Children with Dengue Shock Syndrome” was accepted for E-poster presentation at the 3<sup>rd</sup> Global Congress for Consensus in Pediatrics and Child Health at Bangkok, Thailand.

**PEDIATRIC LUNG, HEART, KIDNEY AND LIVER 2013**





## **PEDIATRIC LUNG, HEART, KIDNEY AND LIVER 2013**

### **SECTION OF PULMONOLOGY**

Since its establishment on July 1, 1987, the section of Pulmonology has continued to uplift the life of every child afflicted with pulmonary disease. Its primary mission is to be the premiere center of excellence for pulmonary specialty care in children guided by dynamic programs and equipped with the state of the art technology for institutional growth and development.

With a full roster of competent and self-motivated staff, innovations and improvement of the section's services were made possible. The Pediatric Pulmonary Rehabilitation Unit was inaugurated on August 31, 1998 and a year later, the Pulmonology Diagnostic Laboratory and Rehabilitation Unit was established. The pulmonary medical staff comprise of six (6) active consultants, four (4) pulmonology fellows, ten (10) respiratory therapists and office clerks.

Since then the section has been sought to see patient with respiratory problems. The top 5 causes of admissions include: bronchial asthma, pediatric community acquired pneumonia, parapneumonic effusion, childhood interstitial lung disease, complicated tuberculosis.

### **Training**

The expertise and dedication of mentors in the person of Drs. Estrella P. de Leon, Dr. Alexander O. Tuason, Dr. Miguel A.T. Rivera and Dr. Armand Cornejos gave birth to a new breed of highly proficient pediatric pulmonologists. To date, the section has already produced 39 pediatric pulmonologists who are presently practicing in different parts of the country. Fellows in training together with the residents and inters who rotate in the section are given the opportunity to handle pulmonary cases and perform/observe different procedures done.

To date, the section has already produced 39 pediatric pulmonologists who are presently practicing in different parts of the country.



Left to Right: Dr. Arnel Q. Jiao, Dr. Emily G. Resurreccion, Dr. Cristan Q. Cabanilla, Dr. Mary Therese M. Leopando, Dr. Mary Ann E. Aison, Dr. Cesar M. Ong



## Research

Research endeavors of the section have received both local and international recognition. Distinguished international organizations such as the American College of Chest Physicians and American Thoracic Surgery have consistently invited the consultants and trainees to present researches.

## Services

Currently, the section offers the following services: pulmonary consultations, pulmonary function tests (spirometry, exercise challenge test, tidal breathing analysis and impulse oscillation system test), flexible nasopharyngoscopy, flexible bronchoscopy and pulmonary rehabilitation, pulmonary care services such as nebulization, chest physiotherapy, pulse oximetry, respiratory care support such as invasive and non-invasive mechanical ventilation



**TIDAL BREATHING ANALYSIS**



**BRONCHOSCOPY**



**INCENTIVE SPIROMETRY**



**EXERCISE  
CHALLENGE TEST**



**SPIROMETRY**



**ASTHMA EDUCATION**

## **SECTION OF NEPHROLOGY**

The Section of Pediatric Nephrology which was founded in June 1988, under the active leadership of Dr. Joel S. Elises was again granted with 3 years of accreditation for training by the accreditation board of the Pediatric Nephrology Society of the Philippines. While continuing its main vision which is to make the Section of Nephrology the premiere center for pediatric nephrology through training, service and research.



## **SERVICE**

Services offered by the section include ultrasound-guided percutaneous renal biopsy, manual and automated peritoneal dialysis, chemotherapy and family counseling. In 2013, the section rendered service to a total of 2,075 patients including those admitted and referred in the pay and service departments and those seen at the out-patient department. Referrals from all over the country needing special procedures such as renal biopsy and peritoneal dialysis were accommodated. A total of 39 renal biopsy and 25 peritoneal dialysis procedures were performed. Currently the section has 12 active consultants and 3 fellows-in-training.

## **TRAINING**

True to its mission to provide training and education and to enhance further knowledge in the field of pediatric nephrology through research and scientific studies, the section boasts of 25 graduates who are now holding top administrative and consultative positions in different hospitals nationwide. In 2013, a total of 130 interns and residents rotated in the section that gave them exposure on how to care for pediatric nephrology patients and to different procedures like renal biopsy and peritoneal dialysis.





## RESEARCH

The section has produced 25 research papers and many collaborative studies with residents-in-training, some of which were presented and recognized internationally by the 2004 Congress of the International Pediatric Nephrology Association (IPNA) held in Adelaide, Australia and the European Society of Pediatric Nephrology (ESPN) Congress in 2006, Turkey. Another research conducted by Dr. Rachelle dela Cruz on the use of probiotics as UTI prophylaxis won the first place in the Fellows Platform Presentation in November 2008. Recently, Dr. Alyce Gail Tan participated the poster presentation at the 16<sup>th</sup> International Pediatric Nephrology Association (IPNA) in Shanghai China.

## **SECTION OF PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION**

The rising cases of pediatric gastrointestinal and hepatic diseases as well as the persistent burden of nutritional problems among Filipino children fueled the need to establish the Section of Pediatric Gastroenterology, Hepatology and Nutrition. With the support of the hospital director and the DDPS, the section was established in 1995. Accreditation of its 3-year Fellowship Program by the Philippine Pediatric Society and the Philippine Society for Pediatric Gastroenterology, Hepatology and Nutrition soon followed.



### **Services**

The section of Pediatric Gastroenterology, Hepatology and Nutrition of the Philippine Children's Medical Center (PCMC) serves as a referral center that renders valuable services to patients from all over the Philippines seeking consultation for gastrointestinal, hepatic and nutritional problems since 1995. The section has been providing exemplary patient care in a competent, cost effective and compassionate manner, preserving the dignity and rights of their patients and families.

The management of gastrointestinal and hepatic diseases has also been facilitated with the availability of gastrointestinal endoscopy with capabilities for both diagnostic and therapeutic procedures for upper gastrointestinal tract and the large intestines.

Diagnoses are also enhanced with the availability of ancillary services in coordination with the Department of Radiology, Pathology and Pediatric Surgery.

A nutritional support team is on-hand to render evaluation for the best possible care for both in and out patients needing specialized nutrition.



## Training & Research

The Section is staffed by five Board certified gastroenterologists and Dietician/Nutritionists attached with the section. The fellowship training program was opened in 2008 to qualified and talented pediatricians with particular interest in the field of gastroenterology, hepatology and nutrition.

In line with the section's mission and vision to provide excellent quality care and management for patients with digestive, hepatic and nutritional disorders, the program boasts of a holistic curriculum which includes medical and hands on training on diagnostic and therapeutic procedures including a partnership with Metropolitan Hospital to enhance the skills of the fellowship trainees in diagnostic and therapeutic endoscopy. The last year of training involves carrying out one retrospective and one prospective research, as well as further training in advance endoscopic techniques.

The training program aids in strengthening the foundation of not only the fellows but the hospital's residents as well, by providing specialty training in the field of gastroenterology. Senior residents rotate in the section for one month after which they are evaluated. The section also welcomes rotating residents from different hospitals nationwide who would like to strengthen their knowledge and exposure to digestive, hepatic and nutritional disorders. Starting 2008, an annual workshop on the Control of Diarrheal Diseases for first year residents is conducted by the section as well.

It also promotes cooperation and camaraderie among different subspecialties with the annual Gastroenterology-Multisubspecialty Symposium (GEMS). Now on its 6<sup>th</sup> year, it provides a venue where fellow-in-training from different subspecialties meet and tackle challenges in different subspecialty cases which involve gastroenterology and nutritional problems.

The first graduate of the section, Dr. Marilou G. Tan, finished her training in 2011 and was inducted into the Philippine Society for Pediatric Gastroenterology, Hepatology and Nutrition last 2012. Her research entitled Pediatric Functional Gastrointestinal Disorders: A Filipino Translated Questionnaire Based on Rome III Criteria was presented in the 9<sup>th</sup> Biennial Convention of the Philippine Society for Pediatric Gastroenterology, Hepatology and Nutrition where she won the price for Best Poster. This same research was presented in the Philippine Pediatric Society's 49<sup>th</sup> Annual Convention last 2012.

The section's 2<sup>nd</sup> graduate, Dr. Hazel Arnaldo finished her training in 2012. Her research entitled Association of Vitamin D levels with physical and sociocultural factors among selected Filipino high school students in Quezon City, won 2<sup>nd</sup> place in the Philippine Children's Medical Center Fellow's Research competition and will be presented in various upcoming international conventions including the International Congress of Pediatrics in Melbourne, Australia in August 2013.

The section's 3<sup>rd</sup> fellow, Dr. Jennifer A. Olay, finished her training in 2013. Her research paper entitled Pediatric Nutritional Tool to Identify Malnutrition among admitted patients aged 1-5 years old earned third place in the PCMC Fellow's Research Presentation in November 2013.



## SECTION OF CARDIOLOGY



The Section of Pediatric Cardiology is one of the busiest services of the Philippine Children's Medical Center, catering to children afflicted with cardiovascular disorders such as congenital heart defects, acquired heart diseases and arrhythmias. Composed of board-certified pediatric cardiologists, the section provides comprehensive diagnosis and treatment from the fetus to young adulthood.

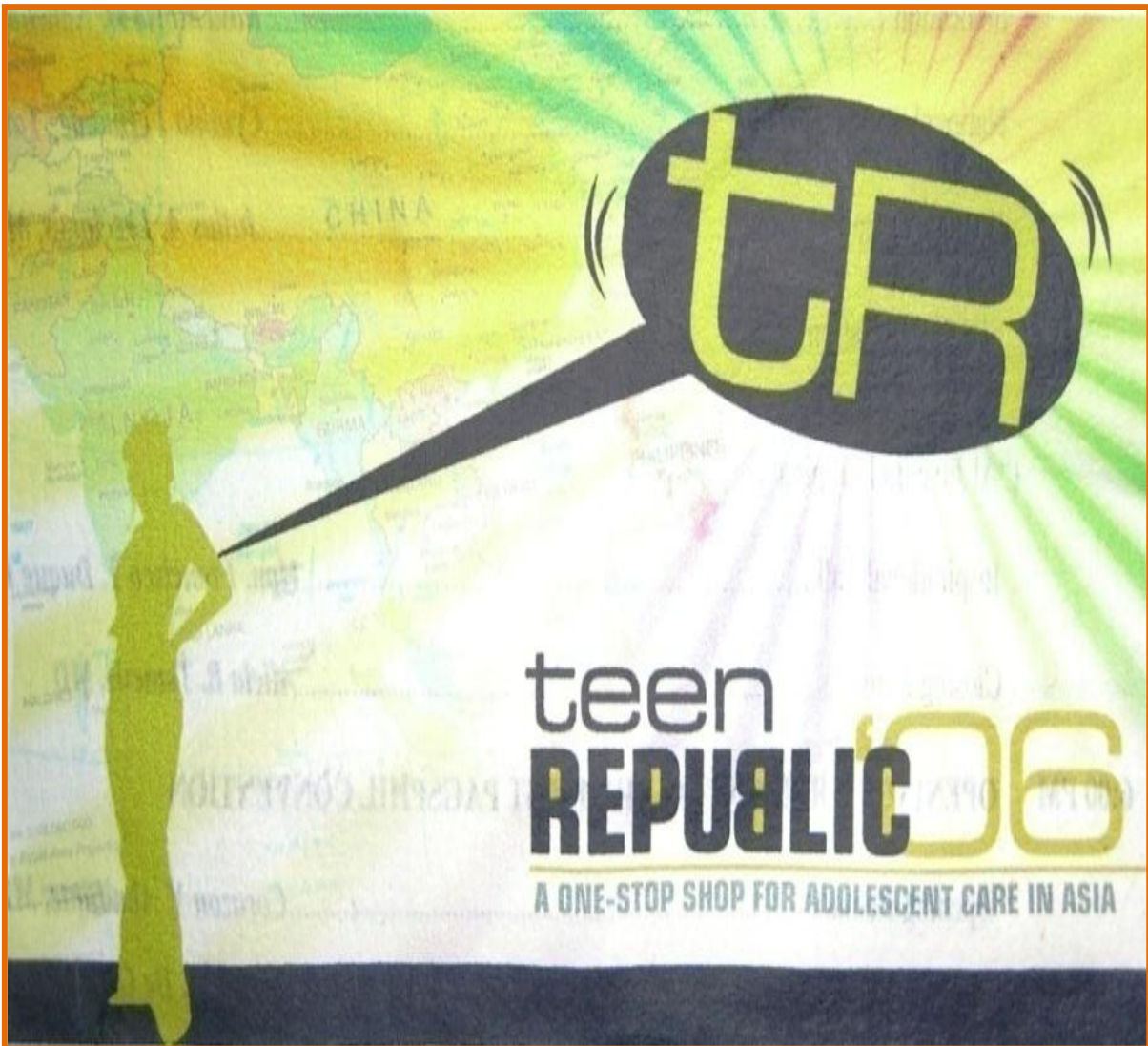
Diagnostic tests that are available include electrocardiography, 24-hour holter monitoring, stress exercise testing and all types of echocardiography (transthoracic, fetal and transesophageal).

Treatment modalities available at PCMC include both medical and surgical. Non-surgical therapeutic and/or palliative procedures include phlebotomy, cardioversion, echo-guided pericardiocentesis and balloon atrial septostomy. Closed heart surgical procedures include transection or ligation of patent ductus arteriosus (PDA), permanent pacemaker implantation and PA banding.

The Section aspires to become a premiere referral center for indigent pediatric patients with heart disease, and will continue in its commitment to ease the burden of pediatric cardiac disease in the country.



## ADOLESCENT MEDICINE CENTER 2013



The adolescent age group occupies a big sector in our population. Adolescents are generally healthy but have special needs that should be addressed. Hence, the maintenance and promotion of the optimal health of the adolescent is essential.

The Section of Adolescent Medicine of the Philippine Children’s Medical Center was established in 1995. A fellowship program was started during the same year, in the light of the section’s mission to train health care professionals to excel in this field and provide holistic adolescent services.

With the increasing number of adolescent admissions and outpatient consults, the PCMC administration created the Adolescent Medicine Center in 2007. The Center’s aim is to give the adolescent patients a place to go to that specifically caters to their needs. Hence, the “Teen Republic”, a one-stop shop for adolescent care was subsequently launched. The Teen Republic will provide the much needed venue especially adapted to the adolescents’ needs.

## **Service**

The Adolescent Center provides the following services that focus on the needs and concerns of the adolescents: Adolescent Wellness, Teen Pregnancy Clinic and Prevention program, Transition Program and Weight Management Program.

### **Adolescent Wellness Package**

The Adolescent Wellness Package is composed of a general check-up, immunization update and preventive health promotion and guidance. Its primary objective is to provide comprehensive and holistic healthcare and management of all adolescents and to identify their most common health concerns and issues. It also aims to screen all adolescents for risk-taking behaviours and render preventive health management and counselling on substance abuse, unplanned pregnancy, STIs/HIV, violence and injury prevention and mental health. It also promotes good nutrition, responsible parenthood, mental health and prevention of substance abuse, injuries and violence.

### **Teen Pregnancy Clinic and Teen Pregnancy Prevention Program**

The Teen Pregnancy Clinic of the Teen Republic is a comprehensive program that provides personalized, confidential prenatal care to pregnant teenagers ranging from 10 to 19 years of age. Teenage patients are seen by a selected group of physicians and health care providers with extensive experience of caring for adolescent patients. The staffs consist of highly trained physicians, experienced midwives, nurse educator/lactation consultant, a social worker and counselors. The Obstetrics and Gynecology staff is immediately accessible for referral and consultations. The dentists, dietitian/nutritionist and psychiatrist/psychologist are also readily accessible in the clinic.

The programs are continuously implemented at present in coordination with the Sections of Perinatology and Pediatric and Adolescent Gynecology. Teen Pregnancy and Teen Pregnancy Prevention Program Lectures on prenatal and newborn care, breastfeeding, newborn screening, immunization, abstinence and family planning are conducted on a regular basis by the Adolescent Medicine and Pediatric and Adolescent Gynecology Fellows to teen mothers.

### **Transition Program**

Transition in health care for young adults with special health care needs is a dynamic lifelong process that seeks to meet their individual needs as they move from childhood to adulthood. A well-timed transition from child-oriented health care allows young people to optimize their ability to assume adult roles and functioning. The successful transition from pediatric to adult care is a long-term goal for the pediatric team and involves planned collaborative process centering on the young person and involving the family, the pediatric and adult teams supported by the general practitioner and local physician.

Currently, the Adolescent Center is working hand in hand with the Sections of Nephrology and Neurology in the implementation of successful transition programs that will aid in the transitioning of their adolescent patients to adult care.

### **Weight Management Program**

The philosophy of the program is to provide a supportive, therapeutic structure enhancing the opportunity for each adolescent to return to a healthy weight and healthy eating and activity patterns within the context of his/her family, peers and community.



## Training

The Adolescent Medicine Fellowship Training Program has produced fifteen graduates and is now on its nineteenth year. Most of our graduates are now with the institution and act as trainers in the Adolescent Center while some have assumed administrative functions in the hospital.

At present, there are two fellows-in-training who are honed to perfect their skills in adolescent care management issues, encouraged to tackle advocacy and implement the vaccine programs provided by the center. Training activities include daily adolescent outpatient consultations, biweekly section conferences, counseling of in-patient referrals, outside rotations at HIV and STI clinic at San Lazaro Hospital, PCMC Child and Adolescent Psychiatry and Nazareth Home for Single Mothers.

The Adolescent Center has also constantly provided support to the General Pediatrics residency training program of the hospital. Lectures were given by the consultant staff during the comprehensive review and postgraduate courses. Fellows-in-training have likewise conducted lectures to resident trainees and have also participated in the residents' community rotation by giving lectures to students.

## Research

The Adolescent Center also shares PCMC's commitment to excellence in research. In 2013, our two graduating fellows, Dr. Lia Ann Goyena and Dr. Pia Parker-Serviento won second and fifth places at the Fellow's Platform Research Presentation. During the same year, researches supervised by our consultant staff won first place in the fellow's poster presentation and second place at the residents' platform presentation.

# Adolescent Medicine Center

From a mere division of PCMC in 1995, the Adolescent Section has re-invented itself and has become the Adolescent Center...one step in fulfilling the section's main goal of providing complete and special care to teenagers, our country's future leaders.





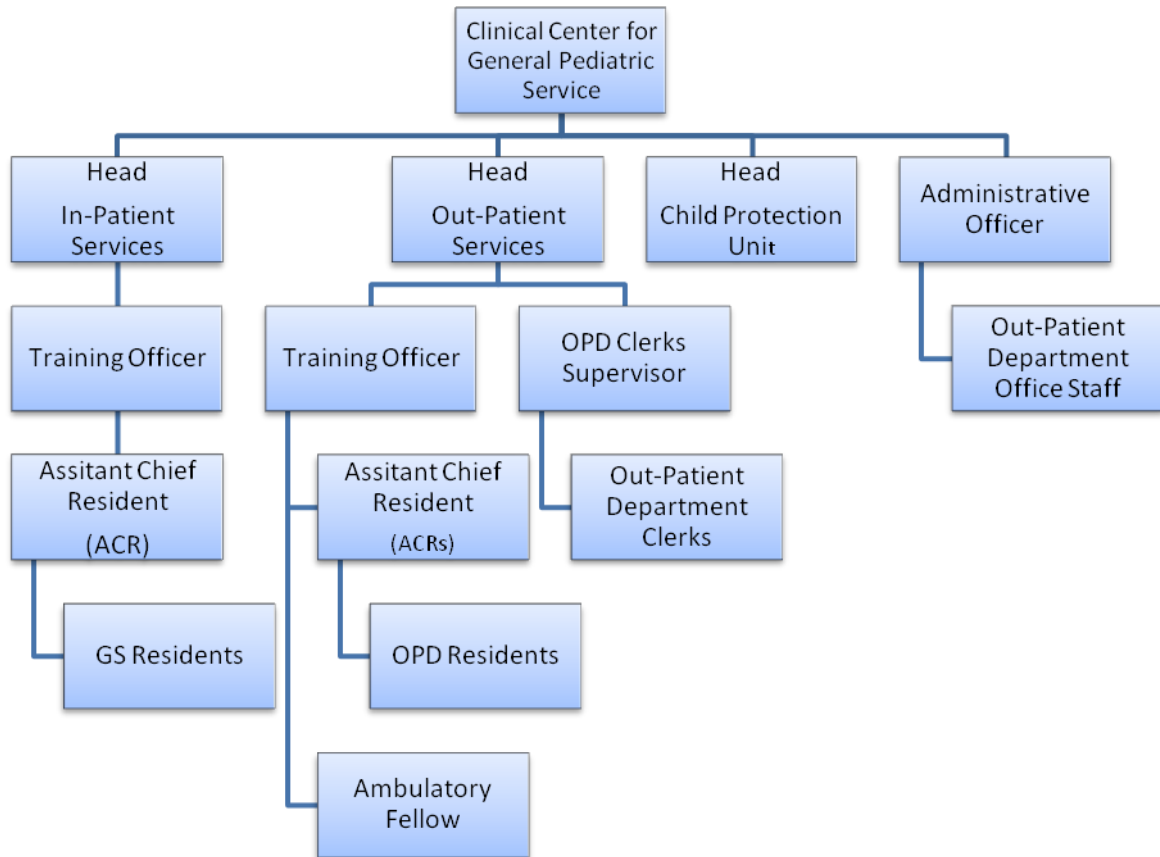
## CLINICAL CENTER FOR GENERAL PEDIATRIC SERVICES 2013

The Clinical Center for General Pediatric Services is composed of the Ambulatory Division and the In-Patient Division. It is located at the south wing , at the ground floor of the hospital.

The Clinical Center for General Pediatric Services is composed of 11 active Pediatric Consultants and 25 visiting consultants . There are two Pediatric Ambulatory Fellows in training for the year 2014 – 2015.

The ambulatory departments through its outpatient and subspecialty clinics were able to attend to 38,655 general pediatric visits and 21,003 subspecialty visits.

The Organizational Chart of the CCGPS 2014-2015:



The Clinical Center for General Pediatric Services is composed of the following Divisions.

- I. Ambulatory Division
  - a. Out Patient Services
    - i. Comprehensive Immunization Program
    - ii. Child Protection Unit
    - iii. Reach Out and Read Program
    - iv. PCMC Childhood TB Program
    - v. Continuity Clinic
    - vi. Community Outreach Program
    - vii. Out Patient Night Clinic
    - viii. Nutrition Clinic

- b. Subspecialty Services
  - i. Child Neuro Science
  - ii. Surgical Center
  - iii. Heart, Lung, Kidney, Liver
  - iv. Adolescent
  - v. Neonatology
  - vi. Ophthalmology
  - vii. EENT
- c. Research
  - i. Ambulatory Fellow Research
  - ii. Community Mini Research Paper

- II. In-Patient Division
  - i. Admission Rounds
  - ii. Round Table Discussion
  - iii. Thursday Ward Rounds
  - iv. Monthly General Services Conferences
  - v. Monthly audit
  - vi. Pre Audit and Mentoring



Fig. 1. Consultants and Fellows of the Clinical Center for General Pediatric Services





Fig 2. Consultants of the Clinical Center for General Pediatric Services



Fig 3. (From L to R): Dr. Liza V. Santos – Head, In-Patient Services; Dr. Ma. Eva I. Jopson; Dr. Jasmin A. Castillo – Training Office, Out-Patient Services; Dr. Cecilia O. Gan – OIC – CCGPS; Dr. Soraya A. Alvarado – OIC-Head, Out-Patient Services





Fig 4. Dr. Liza V. Santos (L) – Head, In-Patient Services and Dr. Mary Antonette C. Madrid – Training Officer, In-Patient Services



Fig. 5. Residents rotating at the Out-Patient Department





Fig 6. OPD Clerk at the Triage Area



Fig 7. Nurse at the Immunization Station/Area



Fig 8. OPD Clerks at the OPD Counter





Fig. 9. Resident rotating at the OPD Department



Fig 10. Inauguration and Blessing of the New Outpatient Department, July 2013. (From L to R): Dr. Soraya A. Alvarado, Dr. Sherry L. Coo, Dr. Jasmin A. Castillo and Dr. Marjorie Grace M. Apigo

## CLINICAL CENTER FOR SURGICAL AND ALLIED MEDICAL SERVICES 2013

### SECTION OF SURGERY

#### Service

The surgical services are enhancing its capability to provide service. A complement of experts remains readily-available and the equipment and facilities have been continually expanded.

2013 marks the start of Pediatric Open Heart surgeries in our institution. Two Cardiac missions were held in PCMC in collaboration with the Makati Rotary Club International and two US hospitals – Duke University Hospital and Miller Children’s Hospital – last April and October 2013. A total of twenty charity patients were able to undergo open heart surgery during these two missions. The department has also welcomed two new additions to the surgical staff, both trained in Pediatric Cardiac Surgery: Dr. Karl Michael Reyes and Dr. Carlo Martin Garcia.

A unique diagnostic service that the department currently provides is the Suction Rectal Biopsy (SRB). This procedure enables biopsy to be done at bedside or an out-patient basis precluding the need for a full thickness posterior rectal wall biopsy performed in the operating room under anesthesia. Referrals from other medical center for this procedure are continuously being accommodated.

Recently, the department has been loaned a Peña nerve-stimulator from the World Surgical Foundation. This has benefitted patients who have undergone PSARP and perineal examination, enabling the surgeons to do a more accurate identification of muscle complex in the perineal area.

The section continues to provide pioneering pediatric service like pediatric endoscopy. The PCMC remains to be the only facility in the country which offers a wide range of flexible and rigid endoscopic resources specifically for infants and children.

Apart from these developments, the section has continued to provide excellent service for patients requiring expert surgical care in General Pediatric Surgery, Neuro-surgery, Thoracic Cardiovascular Surgery, Orthopedics and Plastic and Reconstructive surgery.







### **Training**

The Pediatric Surgery training program was begun in 1981 as a 2-year graded fellowship program duly accredited by the Board of the Philippine Society of Pediatric Surgeons and the Philippine College of Surgeons. Its main objective is to train pediatric surgeons who can help alleviate the need in the provinces for their expertise. Applicants from the metro, however, are given equal opportunity as those applicants hailing from the province. The program takes pride in having successfully trained more than 47 graduates since 1982, of which nearly half are board-certified Pediatric Surgeons and the rest classified as board-eligible. Majority of our graduates are practicing in the province and hold eminent positions – either as chairman of the department or section heads of the specialty unit.

### **Research**

A number of the research outputs of the section have been presented in local annual conventions of the specialty society.

## REHABILITATION MEDICINE DIVISION



The Rehabilitation Medicine Division of the Philippine Children's Medical Center offers pediatric rehabilitation services to children with special needs. Patients served by the Division extend from the National Capital Region to provinces from different regions.

Over the years, the unique combination of compassionate doctors and therapists, child-friendly and up-to-date rehabilitation facilities and equipment as well as quality programs and services all contribute to the achievement of high level patient and caregiver satisfaction.

### The Facility

After the completion of its renovation in February 2013, the treatment areas have been expanded to a total of five cubicles, with gait training area, and wider mat and storage areas for both service and pay clients. In addition, the Sensory Room was also built to cater specifically to children with sensory integration problems. A conference room was also built for holding conferences for the staff, the client's family and caregivers, and other allied medical healthcare providers.





## Services

Despite the renovation and retrofitting construction, the section of Physical Therapy (PT) continued to provide in-patient and outpatient services to clients, still maintaining focus on the pediatric population. Neurodevelopmental techniques on proper handling and positioning, exercises, and use of modalities were used to facilitate movement and proper skills development. Hydrotherapy classes are conducted twice a month, and Step-Up programs are implemented weekly for children with emerging advanced gross motor skills.

Group therapy for children with ADHD, autism, and other learning delays were maintained as key programs of the section of Occupational Therapy. Structured to optimize learning and interaction with other children, these classes include creating arts and crafts, meal preparation, games, and wellness exercises. These were implemented concurrent with OT for individual clients.

For the academic year 2013-2014, the Division accepted Speech and Language Therapy interns from the University of Santo Tomas for hospital affiliation. Under supervision, the interns provided assessment and management for children with speech and language delays, inclusive of home exercise programs.

Reinforcement of the continuing Dysphagia programs for both in-patients and out-patients was secured with the certification of two additional staff last October 2013, after taking the Dysphagia Certification Course from the University of the Philippines Manila.



## Accreditation and Awards

Upholding the quality of service and training is critical for both PT and OT sections and so endeavoured and was successfully granted accreditation by the Commission on Higher Education (CHED). The Division, together with the whole hospital, was also accredited by the ISO last 2013. In recognition of excellence in training, the PT section was awarded by the University of Santo Tomas as the “Best Affiliation Center” last March 2014.

## RADIOLOGY DIVISION



The Radiology Division offers a wide range of X-ray, Ultrasound, and CT scan and MRI procedures. We are now more equipped to provide imaging patient care, particularly in the field of Pediatric Radiology, through safe, efficient, appropriately utilized and quality controlled diagnostic imaging techniques. It is also very vital during our delivery of service that we always take into consideration that radiation safety and protection are upheld since we are mostly dealing with the pediatric age population. A child- friendly atmosphere has always been maintained with rooms decorated to cater to children's fancies despite their sickness.

In the near future and considering that we have now a more complete assembly of medical imaging equipments specially geared towards pediatric patients, we are also envisioning a strongly respectable training program in Pediatric Radiology. We are now better equipped to train aspiring Pediatric Radiologists and Radiologic Technologists and to perform more innovative researches. It is our dream to be at the forefront of Pediatric Radiology practice and we are very much confident that we are capable of achieving such a dream.



## SECTION OF PEDIATRIC DENTISTRY

The Pediatric Dentistry Division started in 1989 and was headed by Dr. Aida H. Salcedo. The pioneers of the division include Dr. Sofronio P. San Juan, one of the Philippine's first pediatric dentists and Dr. Juan E. Quejada an acknowledged orthodontist.

The Pediatric Dentistry Division has several consultants in various specialties including oral surgery, pediatric dentistry and orthodontics among others. The PDD is currently headed by Dr. Anna Maria C. Dimanlig.

The Pediatric Dentistry Division provides dental services to children from infancy to adolescence including preventive care, pit and fissure sealants, and restoration of primary and young permanent teeth, pulp therapy, tooth extraction, and management of traumatic injuries to dentition. Interceptive orthodontics is also performed. Dental radiography services namely panoramic, cephalometric and periapical x-rays are also offered.

The Pediatric Dentistry Division also takes part in outreach programs by offering free scaling and polishing with topical fluoride application to pediatric patients during the "Garantisadong Pambata Week" and Oral Health Month as well as on the monthly community services of PCMC at the Tulay ng Kabataan orphanages.

At present, the institution offers externship and fellowship training programs in Pediatric Dentistry. Those who are accepted in these programs are trained in the diagnosis and treatment of the developing dentition of children and adolescents. The training programs offers an in depth understanding and clinical experience with regards to dental management of pediatric patients as well as in the delivery of dental treatment to individuals with special needs. Our mission is to train the students to become proficient in all phases of pediatric dentistry including case analysis, child growth and development, pharmacologic and non pharmacologic behaviour management techniques, treatment of children under general anesthesia, management of medically compromised children, advance restorative techniques, management of trauma and minor tooth movement. They are also made familiar with interceptive orthodontics as well as specialty procedures such as naso-alveolar molding prior to cleft lip and palate reconstruction under the supervision of the division's orthodontics consultant.

The Philippine Children's Medical Center is the only government specialty hospital under the Department of Health which offers post graduate externship and fellowship training programs in the field of Pediatric Dentistry.



## **SECTION OF PATHOLOGY AND LABORATORY MEDICINE**

The Pathology and Laboratory Medicine Division, headed by Dr. Raymundo W. Lo who is also the Deputy Director for Professional Services, is equipped to handle all examinations of a government, tertiary and specialty laboratory. It has a full complement of some 11 well-respected pathologists of the country to competently support its services and its residency training program. This laboratory has a pathologist 24/7 who is on-call after office hours for referrals. Eight pathology residents hold the fort at all hours.

As one of the areas dedicated to meet the demands of specialized and comprehensive patient care, the laboratory has acquired state-of-the art equipment as its positive response to the increasing requests for laboratory services. At the same time, it augments the PCMC's vision as the country's premier pediatric training and research institution.

Highlights of the many acquisitions of the past three years are the following: automated urine flow cytometer designed to streamline, standardize, and increase the sensitivity of urinalysis through an automated system for counting particles; testing for dengue NSI<sub>1</sub> Antigen in Elisa format. This test detects dengue as early as day one of fever; results are interfaced with the computer for immediate printing of reports with the use of fully automated equipment like the following: Coagulation Analyzer, Hematology Analyzer, Immunology Analyzer, Chemistry Analyzer, Machine for ID of Microorganisms and Sensitivity testing, and Blood Culture Equipment. We also have a cassette printer for our surgical pathology specimens, the first of its kind in the Philippines.

To make blood safer when administered to the pediatric patients, the Blood Bank and Transfusion Services have implemented the pre-storage leuko-reduction of red cells, plasma and platelets. Leuko-reduction, the process of removing white cells, plasma or platelets, is associated with several well-documented benefits that enhance the safety of the blood supply like prevention of transfusion-associated febrile reactions, CMV transmission and refractoriness to platelets among many other benefits. We also acquired a fully-automated machine for blood typing anti-body screening and cross-matching and other blood bank procedure.

## NURSING SERVICES DEPARTMENT 2013

2013 marked another milestone for the Nursing Service Department because of the several meritorious achievements and accomplishments that it had garnered and contributed to the Philippine Children's Medical Center.

Guided by the institution's vision, mission and core values, the Nursing Service Department has exerted its best effort in delivering the safest and high - quality individualized nursing care to its patients and the best customer service to its clientele. It has also developed rigorous and more intensive training programs, lectures and seminars for its members and rekindled its burning desire to constantly search for enlightenment, knowledge and truth through its wide array of nursing research studies.

All these are part of the innovative measures to enhance and uplift the provision of safe, quality and evidence-based patient care services.

### 2013 Highlights

- ✓ Launching of the Nursing Research Studies during the 2013 Nurses' Week celebration.
- ✓ 1 research study completed entitled *Factors Contributing to Medication Administration Errors and Reasons for Its Reporting Inconsistencies: Bases for Policies and Guidelines Improvement*.
- ✓ 4 research studies passed IRB – EC evaluation and are ongoing data collection:
  - *Factors Affecting Healthcare Associated Infections Among Neonates: Basis for Tool Development*
  - *Factors Affecting Patient Transport Delays: Basis for Emergency Room Transfer Protocol Improvement*
  - *Lived Experiences of Bedside Nurses on Ward Rotation: A Phenomenological Inquiry*
  - *Effectiveness of Orientation Checklist: Basis for Improving Patient's Significant Other's Compliance*
- ✓ 1 research study awaiting the IRB – EC final approval entitled *Assessment of the Bathing Procedure at the Pediatric Intensive Care Unit of Philippine Children's Medical Center: Basis for Intubated Pediatric Patient's Hygiene Protocol Development*.
- ✓ 1 research study for IRB – EC presentation entitled *Effectiveness of Learning is Easy through Comics (LEC) in Enhancing the Knowledge of Caregiver of Pediatric Cancer Patients*.
- ✓ Participation of 4 nurses on medical mission for Yolanda victim in Tacloban City and Villamor Airbase
- ✓ Conducted Lecture Series on Basic Leadership Management Principles, Medication Administration, SBAR, Change Management, and Nursing Procedure.
- ✓ Facilitated quarterly performance evaluation of 58 E-hired Nurses and monthly evaluation of newly promoted Nurse I personnel.
- ✓ Contributed to income generation through affiliation / training fee amounting to an income of Php 518,600.00 from Php 440,000.00 in the previous year
- ✓ Conducted Basic IV Therapy Training with 120 participants.

- ✓ Increased number of outside training / seminars attended by Nursing Service Personnel from 129 (2012) to 148 (2013).
- ✓ Almost 95% of the nurses are certified AHA – Basic Life Support Providers.
- ✓ Completed all the competency requirements of the 48 nurses under the RN HEALS Project of the Department of Health.
- ✓ Facilitated Skills Development Training for Neonatal and Pediatric Critical Care Nursing to different hospitals / institutions.
  - Cotabato Regional and Medical Center 2 trainees
  - Delos Santos STI Medical Center 1 trainee
  - FEU – Nicanor Reyes Memorial Medical Center 2 trainees





## OFFICE OF PROFESSIONAL EDUCATION AND TRAINING 2013

The Philippine Children's Medical Center, through the Office of Professional Education and Training (OPET), has constantly pursued training and continuing professional education as equally essential and complementary to its role in providing competent and quality patient care. The center takes pride in its full complement of highly competent and dedicated staff of generalists, subspecialists, nurses, allied health professionals and support services. The center is recognized and accredited by the Professional Regulation Commission as a Continuing Professional Educational Council (CPEC) provider for continued development of training programs that are innovative, relevant and responsive to the needs of the Filipino child.



The medical center has pioneered several subspecialties training programs and had been the birthplace of several subspecialty organizations. Over the years, PCMC has produced several subspecialists who are now providing specialized health services in various parts of the country. In 2013, twenty five (25) subspecialists graduated from various post-residency training programs. Its accredited subspecialty training programs include: Adolescent Medicine, Ambulatory Pediatrics, Child Neurology, Child Psychiatry, EEG-Epileptology, ENT, Neurodevelopmental Pediatrics, Neurosonology, Newborn Medicine, Pediatric Gastroenterology, Pediatric Hematology-Oncology, Pediatric Infectious Diseases, Pediatric Intensive Care, Pediatric Nephrology, Pediatric Pulmonology, Perinatology, Pediatric Gynecology, Perinatal Anesthesia, Pediatric Anesthesia, Pediatric Surgery, Pediatric Urology, Pediatric Radiology and Pediatric Dentistry.

PCMC is the only non-university-based medical center whose Pediatric Medicine Residency Training program is given a Level IV accreditation by the Philippine Pediatric Society. Medical institutions from various parts of the country affiliate with PCMC and send their trainees to PCMC to enhance their training. Graduates of the residency training program are distributed in various regions of the Philippines. In 2013, there were a total of sixteen (16) graduates from the Pediatric Residency training program.

PCMC is also affiliated with various schools and universities for the training of their undergraduate and postgraduate students. Students of medicine, nursing, dentistry, medical technology, pharmacy, physical therapy, occupational therapy, speech pathology, respiratory therapy, radiologic technology, nutrition and dietetics have undergone training at PCMC.

## OFFICE OF RESEARCH DEVELOPMENT 2013

The Office of Research Development (ORD) is the Philippine Children's Medical Center's official body tasked with planning and developing the hospital's research arm, which is one of the main pillars in its mission to be transformed into the country's leading pediatric hospital.

Towards this end, the staff of the ORD, ably headed by Dr. Ma. Lucila M. Perez, 2006-2013, have started up and organized several programs and activities over the past few years. The main initiative is to develop existing research resources at Philippine Children's Medical Center (PCMC). First among these is a new one-month research rotation required of all senior fellows. To make sure that they have some protected time to develop quality and relevant research. At the end of the rotation they will have produced research proposals that are hopefully worthy of being funded by the hospital or by other agencies. With the same objectives in mind, the first year pediatric residents began their 1-month rotation at ORD last 2010.

To balance research output with good clinical practice, the ORD and Institutional Review Board – Ethics Committee (IRB-EC) have been upgraded through manpower development. The ORD non-medical staff (Registered Medical Technologist, Biostatistician and Secretariat) expanded their knowledge on International Conference on Harmonization – Good Clinical Practice (ICH-GCP) through attendance to training workshops in 2012 and first quarter of 2013. The ORD Registered Medical Technologist Staff of the Milk Bank participated in the Regional Trainings for Human Milk Bank & Breastmilk storage in 2012 & 2013 respectively. Standard Operating Procedures have been developed in preparation for IRB-EC accreditation by the Forum for Ethical Review Committees in Asia and Western Pacific (FERCAP)/ Philippine Health Research Ethics Board (PHREB).

The ORD has been conducting evidence-based medicine (EBM) workshops which consisting of short lectures on searching the literature, meta-analysis, etc, followed by actual critical appraisal of articles chosen by the participants themselves. In 2009, the ORD organized a Clinical Pathway Guidelines (CPG) workshop in cooperation with the Asia Pacific Center for Evidence Based Medicine. Representatives from all the centers actively exchanged knowledge and ideas in preparation for making CPG's by year end. This was followed by succeeding Good Clinical Practice (GCP) workshops in 2012 and 2013, attended by residents, fellows and consultants.

Another important initiative has been the drive to disseminate PCMC researches. In line with this is the launching of the ORD webpage within the PCMC website ([www.pcmc.gov.ph/research](http://www.pcmc.gov.ph/research)). All ORD publications, namely the Book of Abstracts published last 2007, the PCMC Journal, newsletter, and primer, had been accessible in an easy-to-use format.

A priority project of the ORD is the upgrading of the PCMC Journal. Integral to this is the institution of a peer-review process, publishing regular bi-annual issues including an "Instructions to Authors" section, which intends to qualify the journal for inclusion into the Western Pacific Region Index Medicus (WPRIM), an online database similar to PubMed.

The Research Laboratory was set up in the middle of 2008 in order to accommodate the needs of researches with laboratory components, such as bacteriologic studies of human breast milk and immunologic and molecular studies on dengue virus. Hopefully genetic testing of pediatric disorders will not be far behind. The PCMC Research Laboratory became operational in the second quarter of 2008. With the support of the Pathology Division, ORD has been able to start its research laboratory processes pioneering in bacteriologic culture of pooled raw and pasteurized human milk. Isolation and identification of pathogens and non-pathogenic microorganisms were carried out using the conventional biochemical-based identification procedure. This initial step of quality control in human milk samples was followed by creatinocrit determination wherein estimated fat and caloric contents cover the needs especially of pre-term infants with very low birth weights.

Up to the present time the quality control of donated milk is regularly being done.

Some collaborative projects being undertaken at PCMC at the moment include:

1. Detection and Phylogenetical Analysis of Acute Gastroenteritis Viruses among Children (<5 years old) admitted in Four (4) Tertiary Hospitals in the Philippines: A Prospective Study; with Research Institute for Tropical Medicine (RITM) and Tohoku University, Japan; June 2012 up to the present
2. Etiology of Sepsis and CNS Infection among Filipino Infants Less than 2 months old; with Research Institute for Tropical Medicine (RITM) and Tohoku University, Japan; April 2012 up to the present
3. Sentinel Surveillance for Etiological Diagnosis of Meningitis/ Encephalitis/ Meningoencephalitis in the Philippines; with Research Institute for Tropical Medicine (RITM); September 2010 up to May 2012
4. Creamatocrit Levels in Raw Breast Milk in relation with the Maternal Body Mass Index; July 2011 up to the present

## FINANCE DIVISION

### EXECUTIVE SUMMARY

For calendar year 2013, the Philippine Children's Medical Center (PCMC) is a recipient of P345.00 million subsidy. The amount was provided and allotted under General Appropriation Act of 2013 intended for the operation and Infrastructure Project including retro-fitting of the hospital. The P345.00 million was released by the Department of Budget and Management thru the Bureau of Treasury. The amount received was recorded in the books of accounts of PCMC as non-operating income (subsidy) during the year.

Registered hospital **corporate income** for the year totaled to **P240.80 million**. It incurred total expenditures of P669.51 million.

The Center's assets, liabilities and equity as of December 31, 2013 were P1,153.42 million, P547.87 million and P605.55 million respectively, registering increases in assets, liabilities and decrease in equity by 6%, 44% and 14% respectively, over that of CY 2012.

Although affected by major retro-fitting activity, PCMC still rose above all odds. In terms of liquidity, its current assets composed of cash, receivables and inventories are enough to pay its liabilities. Current ratio, acid test ratio and debt ratio were registered at 1.27:1, 1:1 and 0.90:1 respectively.

Through concerted efforts, diligent review and proper coordination and cooperation of other offices, zero COA disallowance was recorded in spite of voluminous transactions prepared, processed, verified and pre-audited within the Finance Division.

### 2013 PCMC EQUITY

(In Million Pesos)

<b>Total Assets</b>	<b>1,153.42</b>
<b>Total Liabilities</b>	<b>547.87</b>
<b>Equity</b>	<b>605.55</b>



## 2013 PCMC CORPORATE OPERATING BUDGET

(In Million Pesos)

	Target	Realized/Spent	% Realized/ Spent	Remarks
<b>Sources of Funds:</b>				
Subsidy	345.00	345.00	100%	P295M-regular P 50M-CO/Infra
Corporate Income	260.00	240.80	93%	Affected by major Retro-fitting
Retained Earnings	198.00	156.98	79%	Sourced from non- cash assets
<b>Total</b>	<b>803.00</b>	<b>742.78</b>	<b>92%</b>	
<b>Uses of Funds:</b>				
Personal Services	537.19	500.97	93%	
MOOE	215.81	191.81	89%	Cost of Goods Sold included, depreciation, bad debts are excluded
Equipment Outlay	0.00	0.00		
Capital Outlay	50.00	50.00	100%	Retro-fitting ongoing/other infra
<b>Total</b>	<b>803.00</b>	<b>742.78</b>	<b>92%</b>	

**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
**BALANCE SHEET**  
**2013 VS 2012**  
(In million pesos)

	2013 Dec.	2012 Dec.	% Inc./-Dec.
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Cash Equivalents	541.33	625.31	-13%
Trade and Other Receivables	75.89	134.14	-43%
Inventories	68.42	38.61	77%
Prepaid Expenses	10.08	1.63	518%
<b>Total Current Assets</b>	<b>695.72</b>	<b>799.69</b>	<b>-13%</b>
<b>Non-Current Assets</b>			
Property, Plant and Equipment	457.21	286.20	60%
Other Non-Current Assets	0.49	0.49	0%
<b>Total Non-Current Assets</b>	<b>457.70</b>	<b>286.69</b>	<b>60%</b>
<b>TOTAL ASSETS</b>	<b>1,153.42</b>	<b>1,086.38</b>	<b>6%</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables- unliquidated obligations	226.98	65.81	245%
Due to Officers and Employees	62.48	50.75	23%
Inter-Agency Payables	7.73	13.11	-41%
Intra-Agency Payables	176.93	180.71	-2%
Other Liability Accounts	73.26	69.94	5%
<b>Total Current Liabilities</b>	<b>547.38</b>	<b>380.32</b>	<b>44%</b>
Deferred Liabilities	0.49	0.43	14%
<b>TOTAL LIABILITIES</b>	<b>547.87</b>	<b>380.75</b>	<b>44%</b>
<b>EQUITY</b>			
<b>EQUITY ( Retained Earnings)</b>	<b>605.55</b>	<b>705.63</b>	<b>-14%</b>
<b>Total Equity</b>	<b>605.55</b>	<b>705.63</b>	<b>-14%</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>1,153.42</b>	<b>1,086.38</b>	<b>6%</b>

PHILIPPINE CHILDREN'S MEDICAL CENTER  
**STATEMENT OF INCOME AND EXPENSES**  
**2013 VS 2012**  
(In million pesos)

	2013 Dec.	2012 Dec.	% Inc./-Dec.
<b>Gross Revenue from Services to Patients</b>			
<b>In Patients</b>	280.55	296.44	-5%
<b>Out Patients</b>	203.79	210.02	-3%
<b>Gross Hospital Fee</b>	484.34	506.46	-4%
<b>Less : Cost of Goods Sold</b>	162.35	169.69	-4%
<b>Net Hospital Fee</b>	321.99	336.77	-4%
<b>Less: Deduction from Gross Income</b>			
<b>Quantified Free Service</b>	127.05	129.15	-2%
<b>Discounts and allowances</b>	6.73	6.59	2%
<b>Total deductions</b>	133.78	135.74	-1%
<b>Net Revenue from Services to Patients</b>	188.21	201.03	-6%
<b>Less: Rental Income</b>	2.18	2.44	-11%
<b>Total Business Income</b>	190.39	203.47	-6%
<b>Add: Other Income</b>			
<b>Miscellaneous Income</b>	10.31	8.70	19%
<b>Fines and Penalties</b>	0.62	1.13	-45%
<b>Other Income</b>	10.93	9.83	11%
<b>General Income</b>	201.32	213.30	-6%
<b>Less: Operating Expenses</b>			
<b>Personal Services</b>	500.97	459.25	9%
<b>MOOE</b>	168.54	134.35	25%
<b>Total Operating expenses</b>	669.51	593.60	13%
<b>INCOME (LOSS) FROM OPERATION</b>	(468.19)	(380.30)	23%
<b>Add: Non-Operating Income</b>			
<b>Subsidy from National Gov't.</b>	345.00	445.00	-22%
<b>Interest Income</b>	9.34	10.84	-14%
<b>Income from Grants and Donation</b>	29.70	7.89	276%
<b>Gain/Loss on Foreign Exchange</b>	0.44	(0.11)	-500%
<b>Total non-operating income</b>	384.48	463.62	-17%
<b>NET INCOME</b>	(83.71)	83.32	-200%

## PCMC PERFORMANCE SCORECARD 2013

MFOs AND PERFORMANCE INDICATOR	Quality				Quantity				Timeliness			
	Formula	Target	Actual Accomplishment	% Attainment	Formula	Target	Actual Accomplishment	% Attainment	Formula	Target	Actual Accomplishment	% Attainment
<b>A. MAJOR FINAL OUTPUTS (MFOs)/ OPERATIONS</b>												
<b>MFO 1: HOSPITAL SERVICES</b>												
Quality: Percentage (%) of clients that rate the hospital services as satisfactory or better	No. of satisfied clients/ Total no. of filled client satisfaction survey form x 100	99%	98% (86,076/ 88,228)	99%								
Quantity: Percentage (%) of patients discharged as improved					<i>Total Discharges Improved / Total Discharges X100</i>	97%	96% (9,268/ 9,627)	99%				
Timeliness: Percentage (%) of triage patients with ≥ 3 Emergency Severity Index (ESI) are attended to promptly on the following areas: 1. ER 2. OPD 3. Admissions 4. Discharges									100%	100%	100%	
									Within 30mins	30mins		
									Within 2hours	2hours		
									Within 45mins	45mins		
									Within 60mins	60mins		
<b>MFO 2: RESEARCH AND DEVELOPMENT SERVICES</b>												
Quality: Percentage (%) of completed medical research projects published in a recognized journal of specialty societies or adopted by health sector	<i>No. of researches published / Total no. of completed research x 100</i>	51% (18/35)	53% (21/40)	104%								
Quantity: No. of research projects completed						35	40	114%				
Timeliness: Percentage (%) of medical research projects completed within the original proposed timeframe									<i>No. of research completed w/in timeframe / Total no. of research projects x 100</i>	65% (26/40)	89% (40/45)	137%



**MFO3: EDUCATION AND TRAINING FOR HEALTH PROFESSIONALS**

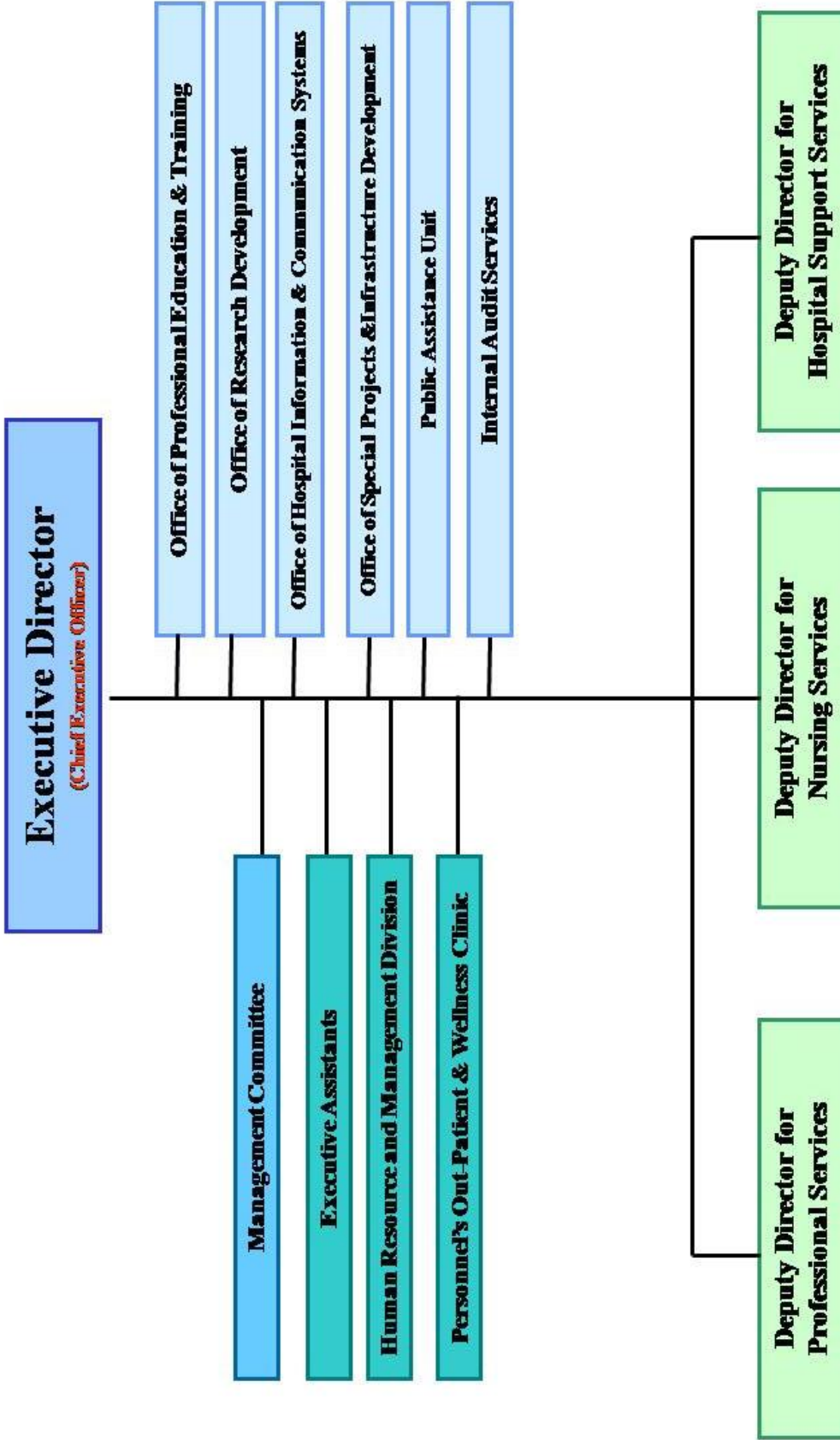
Quality: Percentage (%) of trainees who rated the training course as good or better	<i>No. of trainees who rated training course as good or better/Total no. of traineesX 100</i>	96%	100% (340/340)	104%								
Quantity: Number of graduates of specialization course in pediatrics					<i>No. of graduates/Total no. of doctor trainees candidate for graduationX100</i>	86% (37/43)	91% (39/43)	106%				
Timeliness: Percentage (%) of applications for training course slots acted upon within 2 weeks									<i>Applications acted upon w/in 2 weeks/Total no. of applicationsX 100</i>	96%	100% (149/149)	104%

**B. SUPPORT TO OPERATIONS (STO)**

Percentage (%) of functionality of Hospital Information System	<i>Number of service delivery units connected to information system/Total no. of service delivery units X100</i>	100% (66/66)	100% (71/71)	100%								
Turn-around time in the release of out-patient laboratory results: a. routine b. stat						100% 4 hours 2 hours	100% 4 hours 2 hours)	100%				

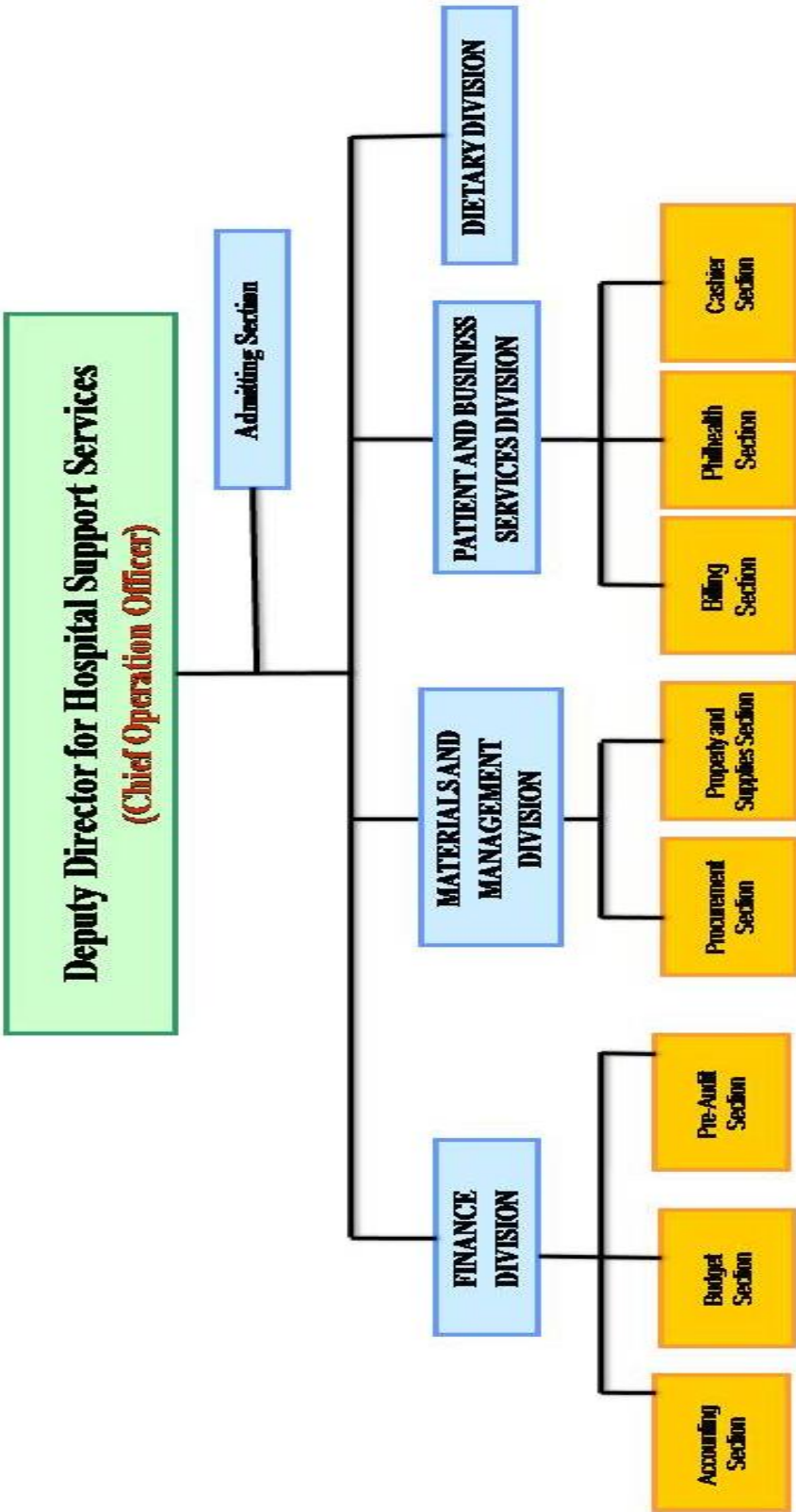
**C. GENERAL ADMINISTRATION AND SUPPORT SERVICES (GASS)**

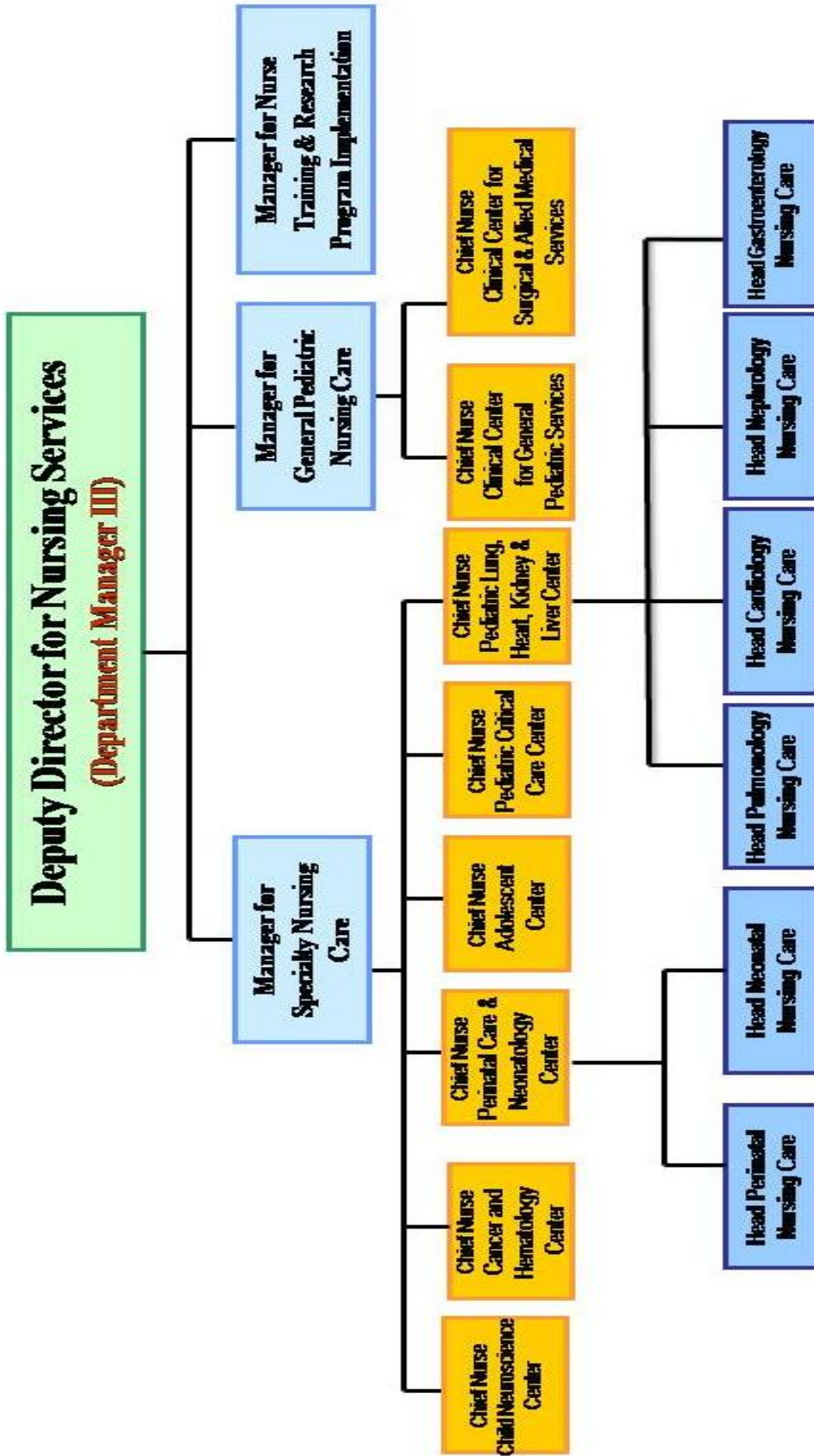
Percentage (%) of financial statements and documents submitted within mandated time		100% 2012 Financial Stateme nt was submitte d on February 13, 2013	100% 2012 Financial Stateme nt was submitte d on February 13, 2013	100%								
Budget Utilization Rate					1.Total Actual Obligation (Net of PS & Disallowed Items in the COB/ DBM Approved Budget (Net of PS)	85%	90%	106%				
					2. Total Actual Disburse ment/ Total Actual Obligation	85%	95%	112%				











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## The Hospital and Its Murals

The unique architecture of the hospital beams radiantly like a vision of a bright future. When the hospital was initially named *Lungsod ng Kabataan*, it envisioned a hospital environment that radiates a healing atmosphere. As the Philippine Children's Medical Center, the vision continues and is alive through the concept of the hospital as a Center of Wellness.

For the hospital to be an inviting place for children, the premises have murals depicting subjects and themes that are artful and attractive. There are scenes depicting heroes, Filipino costumes, dances, historical

episodes, local legends, and even an environmentally-inspired short story *Munting Patak Ulan*. A favorite scene is the Botong Francisco-inspired rendition of *Malakas at Maganda*.

These colorful murals were created by portrait artist Pete Alcantara of Lucena City, and then FEATI architectural student Venancio Cabisada, Jr. Of Cebu City. Done in oil and acrylic, it took them four months starting January 1980 to finish their masterpieces. These murals are restored to its original color hues periodically through funds donated by PCMC employees and private corporate sponsors.



In 2010, the *Walls of Hope* project was initiated by two previous patients of PCMC who are now successful young professionals. They mobilized support from previous patients who are now students and young professionals like themselves through the social networking media who came to PCMC together with their parents and siblings to restore the original murals, and painted new murals that were more contemporary.

The *Walls of Hope* mural restoration project is still ongoing. You may contribute to this worthwhile project to help ensure we maintain PCMC's unique environment. Please contact the Director's Office at 924-0865 for more information.





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ISO 9001:2008