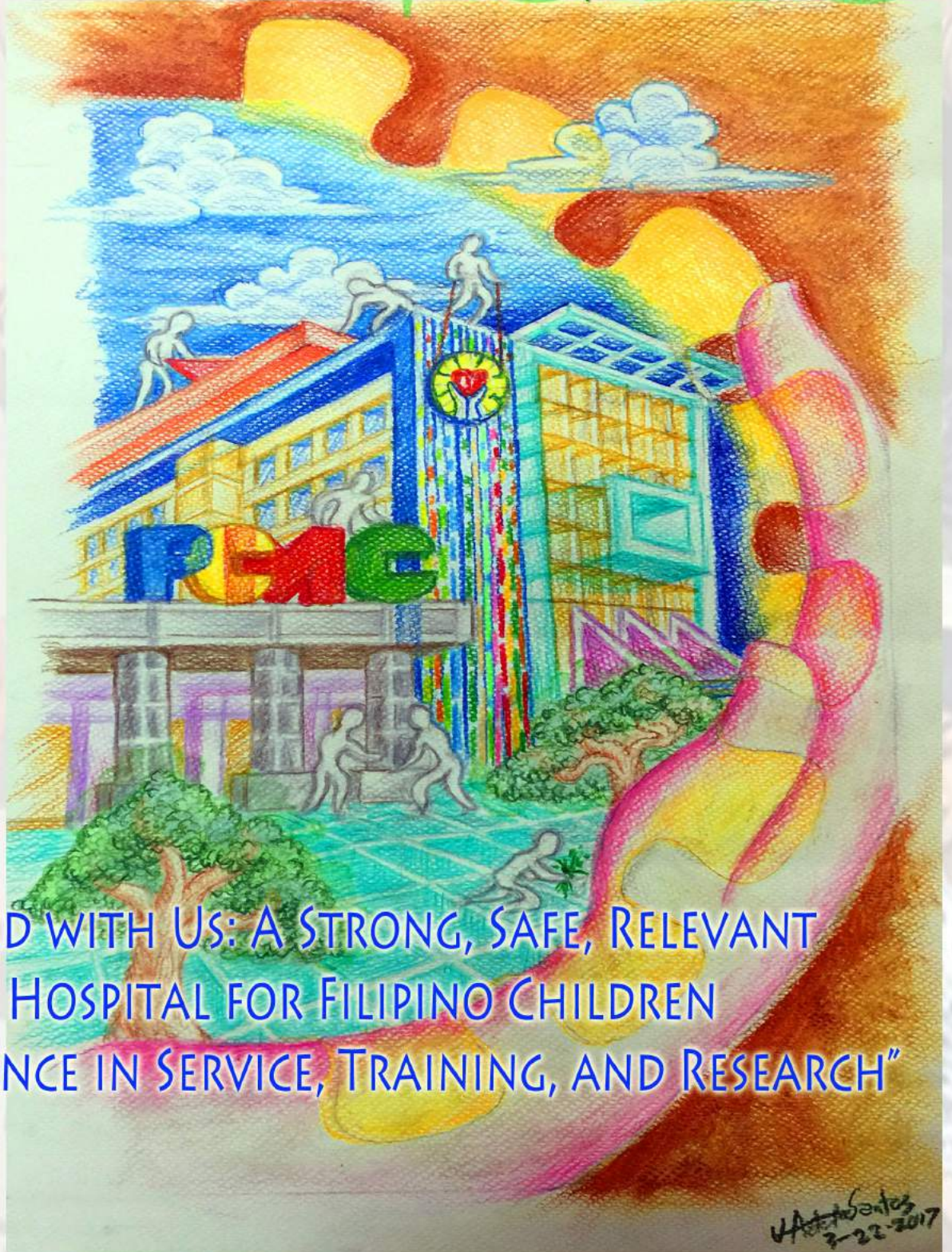




Philippine Children's Medical Center  
Quezon Avenue, Quezon City

# 2016 ANNUAL REPORT

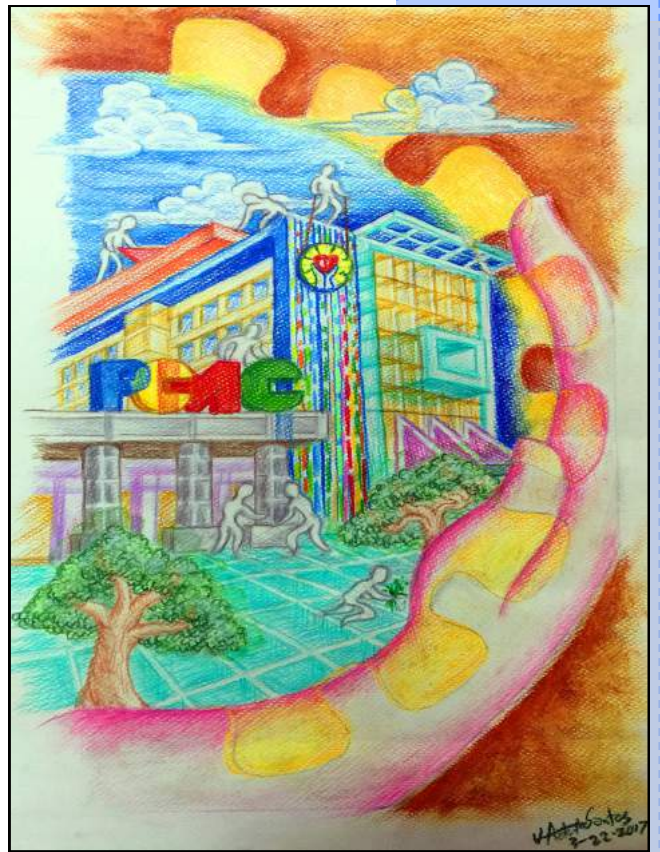


BUILD WITH US: A STRONG, SAFE, RELEVANT  
HOSPITAL FOR FILIPINO CHILDREN  
"EXCELLENCE IN SERVICE, TRAINING, AND RESEARCH"

VA Arto Santos  
3-22-2017

# - The - COVER

***“Helping the Children  
Build Their Future”***



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**ALL CENTERS & UNITS,  
PATIENTS & THEIR FAMILIES**

**“Just because a child’s parents are poor or un-  
educated is no reason to deprive the child of  
basic human rights to HEALTH CARE, EDU-  
CATION, and PROPER NUTRITION.”**

**- Marian Wright Edelman**

The ***“Helping the Children Build Their Future”*** is a work of art of Alfredo Jesus Delos Santos, the PCMC artist illustrator. This year’s annual report cover page depicts how the members of the PCMC community work hand in hand in building a stronger, safer, and more relevant healthcare structure and organization to ensure a brighter and more fulfilling future for the Filipino children.



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**2016**

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# 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 health-care 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. 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. Leciones 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. It's Child Neurology and Neurosurgery Service Program, inclusive of a neurodevelopment center,



# ISTORY

is fully equipped with up-to-date services. It also has the most comprehensive pediatric rehabilitation facility and the most extensive pediatric multispecialty 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. In later of 2013, it began its hospital-wide retrofitting, an infrastructure improvement to strengthen the building and to secure safety of clients being served.

On August 18, 2014, TUV Rheiland Philippines Inc. with the representatives awarded the EMS ISO 14001 2004 Cor.1:2009 Certificate to PCMC. During the National Staff Meeting of Department of Health in November 2014 at the Mt. Malarayat Golf and Country Club, Lipa City, Batangas, PCMC received two (2) ISO Certificates for QMS and EMS wherein this Center was recognized as the first and only Government Healthcare Institution to be EMS ISO certified. This endeavor became successful because of the enormous efforts of every PCMC employee and the boundless support of the Management.

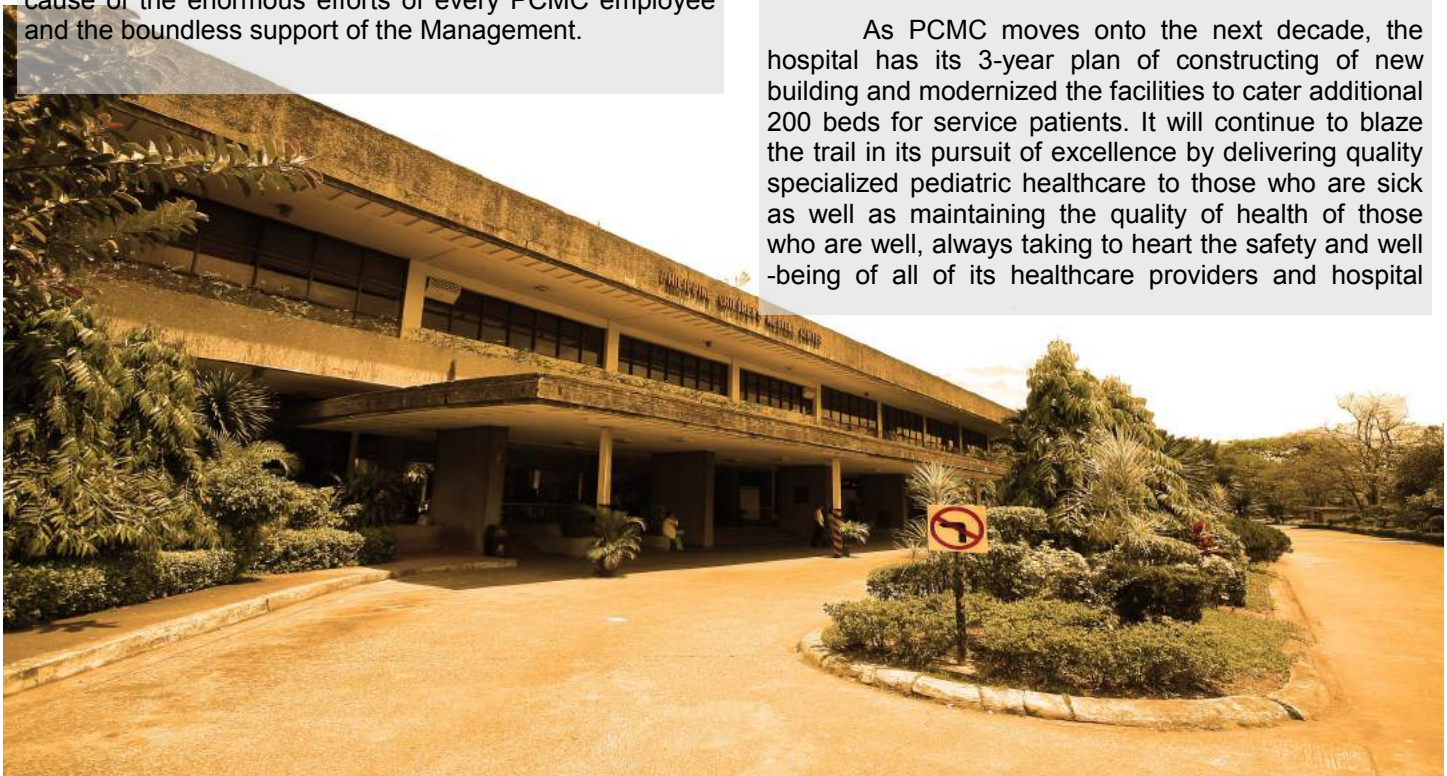
February 2015, PCMC marks the success for having the Land Title Ownership with the leadership of Dr. Julius A. Lecciones and the support of PCMC community, patients and their parents, community partners, congress and senate to pursue the MOA signing with the Secretary of Health Dr. Janette P Garin, Senator Bam Aquino, Senator Teofisto Guingona III, National Housing Authority General Manager Chito Cruz and Manager CIED Higino Equipaje and officially executed last March 2, 2016.

In 2016, PCMC has shifted its focus on modernizing its facilities and on enhancing the 3-year construction plan of its new building which will kick off the next year. Through the steadfast effort and leadership of Dr. Julius A. Lecciones, the proposed addition of an 8-story building for service patients and of an another floor at the main building will expand the hospital from the approved 212 into 500 bed capacity which will subsequently demand for a larger and stronger workforce.

The PCMC family remains cohesive and robust in confronting the daunting challenges posed by infrastructure development and changes in the organizational landscape that requires more profound manpower competencies.

Resilient as we are, PCMC will never falter in delivering the highest quality of healthcare to the Filipino children and in maintaining excellence in service, training, and research.

As PCMC moves onto the next decade, the hospital has its 3-year plan of constructing of new building and modernized the facilities to cater additional 200 beds for service patients. 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





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.

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.

## VISION

## GOALS



## MISSION

## CORE VALUES

- 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.

### DEDICATION TO DUTY

*We believe in public service as a trust, and serving others is the*

### EXCELLENCE

*Giving the best of care is our source of fulfillment.*

### SENSE OF URGENCY

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

### TEAM WORK

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

### INTEGRITY

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

### MALASAKIT

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

### AUDACITY

*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.*

### PROFESSIONALISM

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



## QUALITY & ENVIRONMENTAL POLICY

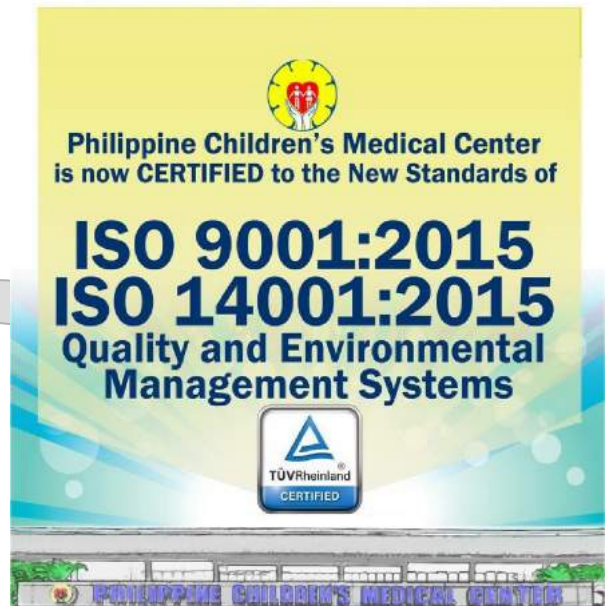
### PCMC Takes the Lead to Best Health Care for Children

We are the first choice of parents for their children's healthcare by delivering our services and products with uncompromising quality.

We ensure compliance with all applicable government standards and regulations, and the requirements of the healthcare industry.

We utilize a continual cycle of performance excellence by enabling our healthcare providers, support services, and management, providing them with a safe and happy environment, and robust work ethic to attain professional and personal growth

**"Because We started our Quality Journey... We will not STOP..."**



### 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 health 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 the environment as our core service and business value.
- We commit ourselves to provide a safe and healthy environment for children and our workforce.
- We shall comply with all applicable government standards and regulations, and the requirements of the healthcare industry.
- We integrate health, wellness, safety and environmental management 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.



*“Let the children benefit from mankind’s successes and the last to suffer from it’s failures”*

- World Declaration, First World Summit for Children, 1990.





Over the past years, the Philippine Children's Medical Center had been successful in its pursuits of securing the wellbeing of the country's children. Our accomplishments are the result of multi-stakeholders' collaborative efforts from all levels: patients and families, partner agencies from government and civil society organizations, and private sector donors. Despite challenges coming from patient's ever increasing and more complex health needs, our partners' solid support for our goals led us to measure up to the expectations of the public. Their confidence in our ability and dependability permitted us to achieve the best health outcomes for our patients particularly those coming from the underserved sectors.

The PCMC community is ambitious. We pushed our limits to save lives and to improve every child's quality of life through researches and innovations. Our workforce believed that every accomplishment will further unlock the gate to even more improvements in the way we treat sick children. Our dedicated manpower have gone above and beyond their limits, taking substantial leaps in advancing their

## Our Children Count First

respective specialties. These breakthroughs enriched our clinical practices which are indispensable in pursuing quality care in even the most complex of conditions. Our accomplishments

are indication of our abiding commitment to provide the best of care possible.

This year, 2016, turns a new chapter of PCMC's story. In this report, we present to you our organization as well as the competent and compassionate workforce behind our continued success as an institution. We have laid down our achievements in service, training, research, and overall performance. We also walk you through the activities we do to provide an enhanced experience for our patients and their families during their hospitalization. We published some of the inspiring stories coming from them to chronicle their struggles and triumphs.

It has been a year of medical innovation, technological advancement, and infrastructure expansion. The multitude of investments for upgrading our equipment and facility development capacitated a state-of-the-art specialty facility to improve accuracy of diagnosis, effective treatment, and efficient service delivery. Hand in hand, our pool of expert medical professionals, nurses, and allied health personnel continues to dream bigger and reach even higher goals. We strive to challenge the status quo when better alternatives can be pursued.



*“The totality of our work and its impact on the lives of patients is difficult to capture within this annual report. But we write our narrative to inspire the whole community. We trust that our employees together with our partners stay committed to build a strong, safe, and relevant PCMC for Filipino children...”*

**JULIUS A. LECCIONES, MD, MSHA, MPM, MScHSM, CEO III**  
Executive Director



**Greetings!**

*It is with pride that I extend my facilitations and best wishes to the Nursing Service Department which is in charge of this years anniversary program.*

*The theme “Build with Us a Strong, Safe and Relevant Hospital for Filipino Children– Excellence in Nursing Service, Training and Research” resonates with myself personally with the emphasis on safety. As Chair of the hospital Patient and Occupational Safety Committee, I welcome the Nursing Service in dedicating our efforts to insure the safety and welfare of our patients, who are the most vulnerable to safety violations. May this year see a much safer and more resilient Philippine Children’s Medical Center!*



*Raymundo W. Lo, MD  
Deputy Director for Professional Services*

***BUILD WITH US : A Strong, Safe and Relevant Hospital for Filipino Children  
“Excellence in Nursing Service, Training and Research”.***

*Infrastructure development increases the urgency for organizational development. The rise of a new structure and the expansion of services welcome the upsurge of patients. The PCMC management is responding to the need to expand the knowledge and effectiveness of employees to adapt efficiently to a more profound organizational change as the forecasted impact of the infrastructure development. We are expanding the fundamental facilities of the hospital and simultaneously we are strengthening the capacity of our people to address the needs of the expanding number of sick children in a five-year strategic plan.*

*The Nursing Service started with the Nurse Residency Program and the Nurse Managers Residency Program to address the clinical and managerial and leadership competency development of the nursing personnel. The Nursing Training and Research is continuously doing nursing research studies to enhance quality patient care services and conducting trainings to maintain excellence in patient care delivery.*

*Empowerment of our people is our response to building a strong, safe, and relevant Hospital for our Filipino children.*

*Amelinda Saldua Magno, RN, PhD  
Deputy Director for Nursing Services*



**Message**



*On its 36th year of journey to excellence, PCMC continues to give its best at providing patient care. Its grounds are soon to be inundated with vigorous infrastructure development activities to address the prevalent and emerging childhood diseases. Significantly what is uniquely PCMC's unwavering mission is to open wide its gates to the poor patients who deserve the best quality health care services that cannot be provided elsewhere in the country.*

*This mission puts boundless pride on me and unquestionably on anyone who is part of the PCMC community. I shall hold on to this torch until my last day of government service in this institution.*

*I wish everyone a happy 36th anniversary and may we be always faithful to our mission to serve the public without counting the cost*



*Jara Corazon O. Ehera, CEO IV  
Deputy Director for Hospital Support Services*

*I would like to take this opportunity to recognize the hard work and contribution of the staff, supporters, patients and friends of the PCMC who went of their way to save our hospital last year when there were many forces that threatened to close and transfer it from its historical location. We were placed in a position where would have to raise funds to pay for the land and save our hospital while there was a move to close our building from its wide open, child friendly spaces and a legacy that has served the Filipino children for almost 40 years. Last year had the darkest hours in our history.*



*In response to these threats, the entire PCMC community came together to gain popular support from the Filipino people to find ways and means to keep PCMC alive. The campaign started with letters, meetings, rallies, coming out in the media and speaking directly with politicians who have supported the PCMC in recognition of its valuable contribution to Child healthcare. Our campaign included members of our staff going out of their way to find all the possibilities to save our hospital, even to the provinces to find anything that could save PCMC. With hard work, prayers and the great love and support of our community and the intervention of Senators Guingona, Legarda and Aquino and Congressman Romualdez and \_\_\_\_\_, the PCMC not only won the right to stay in its present historical location, but we were granted funds to build a new building and renovate the old building to bring it up to 21 st century of healthcare for our patients especially the indigent.*

*This short message cannot properly recognize and THANK all those who played a part in preserving PCMC and helping it move forward. You know who you are and this may not be enough to thank you properly. I only hope that whenever you see our hospital and the hundreds of children who come here daily, all with a look of hope that we will make their lives better, you know you were a part of this historic year.*

*Vicente Patricio R. Gomez, MD  
Assistant Director/ Deputy Director for Professional Services*

**MARAMING SALAMAT  
PO!**

*from the Deputy Directors*



# Hospital Statistics



**80,107**  
total patient consultation;  
15,625 from Emergency  
Room and 64,480 from Out  
-Patient.

**5.09%**  
Increase from last year

**3.1%**  
Mortality rate

**2.41%**

Hospital infection rate, considering that the most difficult and complicated cases are the ones being managed in the hospital



**11,019**  
total patient admission;  
7,428 Service Patients and  
3,591 Pay Patients

**70:30**  
ratio of Service to Pay

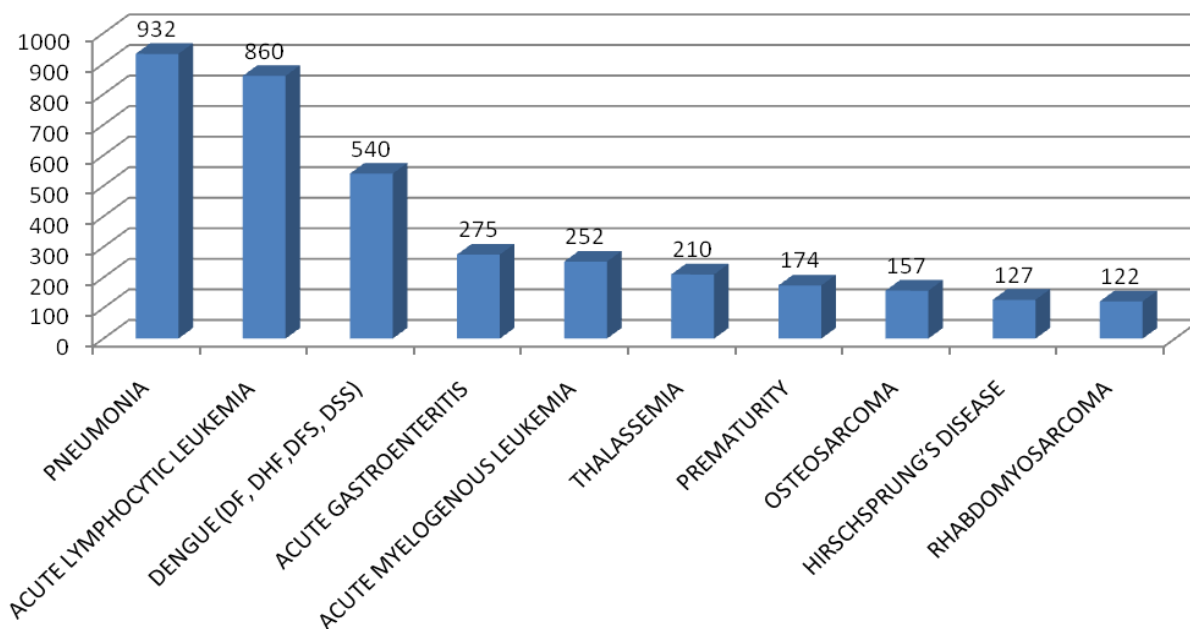


**100%**  
Occupancy Rate

**6.7**  
days average length of  
stay



## TOP 10 MORBIDITY

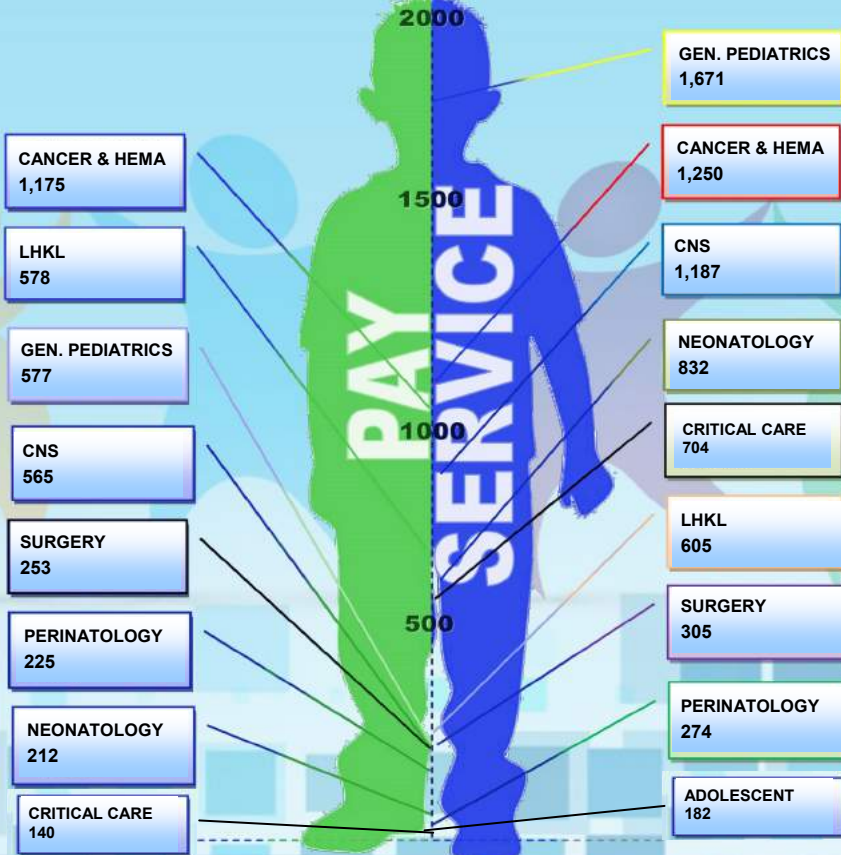


## TOP TEN CAUSES OF MORTALITY

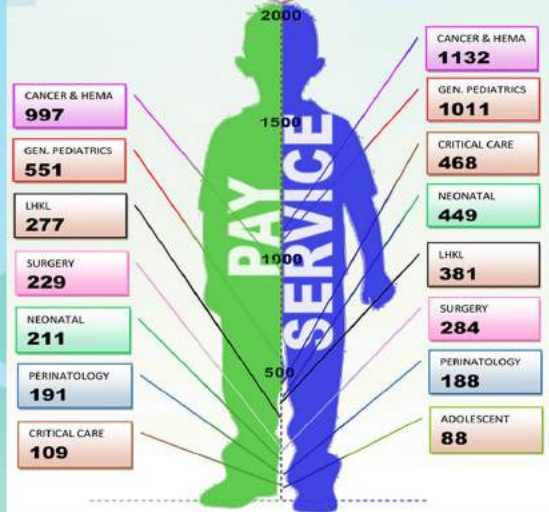
Rank	2016	2015	2014
1	Pneumonia	Leukemia (ALL, AML, CML)	Leukemia (ALL, AML, CML)
2	Prematurity	Pneumonia	Prematurity
3	Acute Lymphocytic Leukemia	Prematurity	Pneumonia
4	Acute Myelogenous Leukemia	Acute Respiratory Distress Syndrome	Acute Respiratory Distress Syndrome
5	Dengue Hemorrhagic Fever	Multiple Organ Dysfunction Syndrome	Dengue Hemorrhagic Fever
6	Sepsis	Dengue Hemorrhagic Fever	Intracranial Bleed
7	Disseminated Intravascular Coagulopathy	Aplastic Anemia	Bacterial Meningitis
8	Acute Respiratory Distress Syndrome	TB Meningitis	Biliary Atresia
9	Brain Herniation	Congenital Anomalies	Chronic Liver Disease
10	Congenital Heart Disease	Rhabdomyosarcoma	Congenital Heart Disease



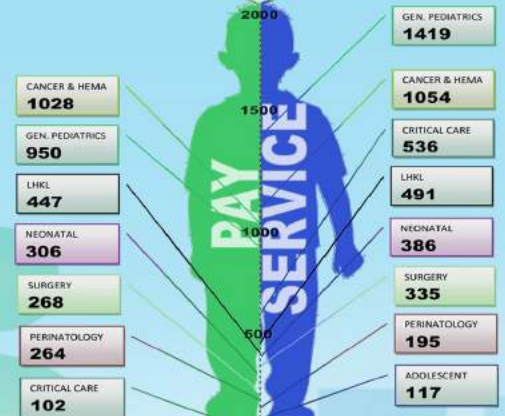
**2016**



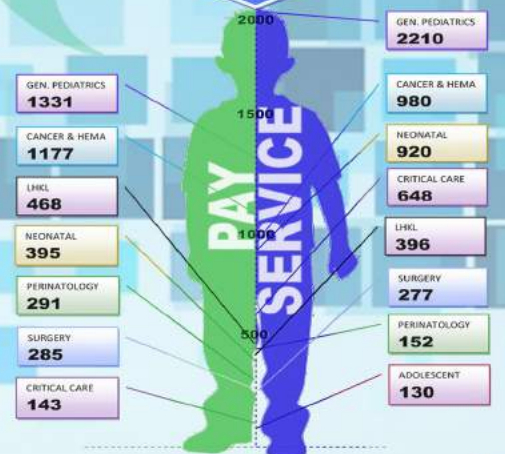
**2014**



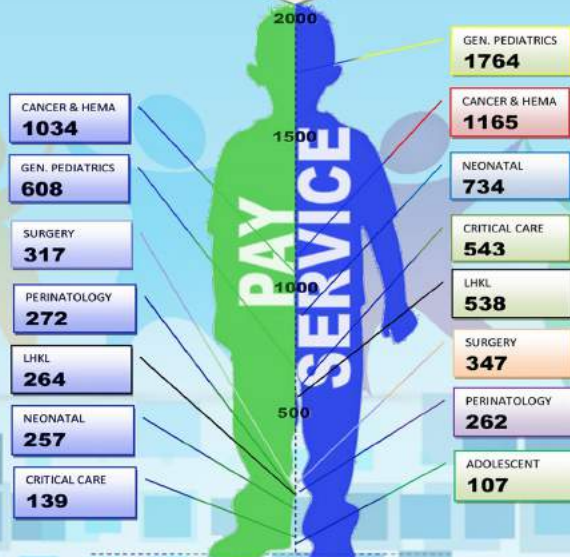
**2013**



**2012**



**2015**



# ADMISSION BY CENTER



**Our  
Shared  
Stories**



The Clinical Center for General Pediatric Services is composed of the Out-Patient and In-Patient departments.

In the year of 2016, the Out-Patient Department rendered service to 46,071 visits; 23,894 from the general services and 22,177 from the subspecialty clinics while the in-patient department had attended to 2030 patients.

The clinical center has six special programs namely: Child Protection Unit, Continuity Clinic, Comprehensive Immunization Program, Community Outreach Program, Reach Out and Read and TB DOTS Clinic. The summary of activities and accomplishments of these programs are narrated below.

#### **CHILD PROTECTION UNIT**

The Child Protection Unit (CPU) is a specialized unit within the hospital devoted to ensuring that all children are adequately protected whilst in hospital and upon discharge from hospital.

#### **CONTINUITY CLINIC**

Continuity Clinic is a continuum of care of patients seen in the out-patient clinic and discharged patients from the wards.

#### **COMPREHENSIVE IMMUNIZATION PROGRAM**

The Expanded Program on Immunization (EPI) as mandated by DOH is routinely given to infants and children.

#### **COMMUNITY OUTREACH PROGRAM**

The community outreach program is a program allows the trainees to experience medical practice beyond the confines of the hospital.

#### **REACH OUT AND READ**

The PCMC ROR Program of the Ambulatory Division is in collaboration with the Philippine Ambulatory Pediatric Association, Inc. (PAPA, Inc.) and the US Reach Out and Read Program.

#### **PCMC TB-DOTS**

In concurrence to the National TB Program of the Department of Health, all patients diagnosed to have TB disease, pulmonary and extra-pulmonary are registered and enrolled in the hospital's TB program.

#### **TRAINING**

The Clinical Center for General Pediatric Services provides a two year fellowship program in Ambulatory Pediatrics.

## **Clinical Center for General Pediatrics**



### **Pia's Story**

Pia (not her real name), is a playful and loving 3 year old girl from Cavite. She was treasured by her family as she was the only child of her parents. More than a year ago, she began having prolonged fever, progressive weight loss and generalized joint swelling with associated pain especially on movement. Because of her worsening condition, her quality of life was greatly affected. The previously happy and playful girl has become weak and

irritable. She had much difficulty moving around. She was unable to actively interact with her playmates as even the slightest movement would cause her pain. She became confined to her bed. Her father would patiently carry her during hospital consultations. Her parents were anguished because of her condition emotionally as they do not know how to help their child. They also suffered financially since she has been seen in different hospitals before going to our institution.

They were referred to this institution and were seen at the General OPD-Rheumatology Service last October 2016 and was diagnosed with Systemic Juvenile Idiopathic Arthritis, a disease that affects joints and other organ system of the body such as eyes, bone and blood can cause severe impairment and disability if untreated.

She was then started on a treatment regimen and being followed up on a monthly basis. Since then, she had remarkable improvement on her condition. She is now fever-free, has lesser joint swelling and pain. She also gained a few kilograms. She can also move her arms freely and she can now stand again on her own. She is now referred to other services including Rehabilitative Medicine to prevent joint contractures, Immunization clinic for immunization update and Nutrition clinic for her catch-up growth. Her parents were beyond thankful to our institution as they watch their daughter slowly regain her vitality.





Child Neuroscience Center is the biggest and the most comprehensive multidisciplinary training center in Child Neurology 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.

On 2016, the Child Neuroscience Center had 11.9 % increased as compared to 2015. Majority of rendered services were from the In-patient Service from both Service and Pay Wards. The In-patient Service comprised of Admissions, referrals and In-service procedures which contributed to an increase of 56.9 % difference. This may be attributed to the 5% increase in the hospital wide total number of patients from 2015 to 2016. The Outpatient Services had a slight decreased in % differences of 7.3%.



## Jeremy's Story A Story of Hope and Miracles

JEREMY is a 7-year-old male described by his parents to be a loving son. In 2014, he was diagnosed with cavernous sinus thrombosis, a disease that can result to death if not treated immediately and appropriately. He suffered several complications such as meningitis and severe infection. Several procedures were experienced by him, which a child of his age can barely tolerate. Doctors have given him medical attention and proper management and yet, his condition continues to worsen. Jeremy's survival was a question.

But JEREMY'S parents did not surrender in hoping that someday... ONE DAY...they would be able to see their son to come back to its normal health...that they would be able to play with him again. He continued to be courageous in fighting his greatest battle against the disease. During that situation, JEREMY never gives up. He struggles. He fights. Deep inside, he hopes and prays that together with his family, by lifting up everything to GOD will bring them MIRACLE... And that MIRACLE was given to them...

After 2 years... he is now back to school. Though he may have deficit in his function, it did not stop and won't stop him in fulfilling his dreams of becoming the child that GOD created him to be. JEREMY's family is eternally grateful for the miracle that GOD had made to them.

*Kami po ay taos pusong nagpapasalamat sa Panginoon at sa mga doctors at staff na tumulong sa pagpapagaling sa aming anak. Kami po ay tumatanaw ng malaking utang na loob. Hindi po namen akalain na sobra nyo po kaming sinusupportahan hanggang sa huling pagpapagaling sa kanya. Hindi nyo po kami itinuring bilang maliit na tao...sa inyong paningin ay pantay pantay ang bawat pasyente...Sana ay marami pa kayong matulongang katulad namin. Maraming maraming salamat po!*

**- Jeremy's mother**

# ChildNeuro Science



The Section of Pediatric Nephrology has been established since 1990, with its goal to provide optimal service to children with kidney problems and ensure quality training and continuing education in pediatric renal care. On its 27<sup>th</sup> year, the Section continues to deliver competent specialty service by attending to over 1,440 consultations at the Out patient department and has attended to over 920 in-patient admissions and referrals. To further expand the services offered, the Section has begun to fully utilize the Ambulatory Blood Pressure Monitor for our adolescent patients, perform the Peritoneal Equilibrium Test and introduce the Modified Continuous Flow Peritoneal Dialysis for Neonates with Inborn Errors of Metabolism. To further extend our services, the section has acquired equipment and infrastructure for the Hemodialysis Unit with its construction expected to commence this year.

The Section has produced 28 Pediatric Nephrology Fellows from all over the country and is currently training 2 fellows per year of its 2-year fellowship program, while accepting residents and interns from and outside PCMC for a month long rotation under the Subspecialty. In 2016, the Philippine Society of Nephrology and Pediatric Nephrology Society of the Philippines has granted re-accreditation of our Pediatric Nephrology Fellowship Training Program. To further enhance exposure on Hemodialysis for Fellows-in-training, the Memorandum of Agreement with East Avenue Medical Center was also implemented. Up to this year, the Section continues to deliver competent specialty service and venture on relevant researches in order improve renal care.



# Pediatric Nephrology

## Arjie's Story

Arjie has been diagnosed with Steroid-Dependent Nephrotic Syndrome since August 2015, and has been under the care of the Section of Pediatric Nephrology since then. He has been on regular follow-up at the Out-Patient Department, with steady improvement. Being a chronic patient, he was also enrolled as one of the patients in Transition Clinic, a joint project of our section and the Center of Adolescent Medicine.

Since being part of the Transition Clinic, he has been one of the movers of the group by continuously inspiring the other patients to be more involved in their own care. He sets an example by being accountable for his medications and going to follow-ups with or without a companion. He would even go to the extent of going to PCSO and LGU's to process his guarantee letters so that they could finance his medications.

Even with all these, he still manages to maintain his standing as the best trainee in Toyota as he trains to be an automotive technician. He has already earned his National Certificate 1 (NC1) from TESDA, and is now preparing to be assessed for his NC2.



# PEDIATRIC CRITICAL CARE

The Pediatric Intensive Care Unit (PICU) is a multidisciplinary section that provides utmost care for children with the most complex and critical conditions. The team is composed of intensivists, fellows, residents, nurses and allied medical care professionals who work with great knowledge, skill and judgment with the aim of giving the best possible outcome from their illnesses.

Being a referral hospital, the Center is equipped with advanced technology and updated management.

At PICU, every second matters, every thought counts and some situations are frustrating, exhausting and draining. It is with our cordial joy when patients with the poorest outcome survived and our deepest sorrow when patient demised.

We are tasked to state memorable patients who touched our heart, I can give as much, but one patient that is close to our hearts is a case of 17-year-old female with Hodgkin Lymphoma and Seckel Syndrome who developed Multiple Organ Dysfunctions. The patient was managed by a team from different subspecialties composed of a Hematologist, Pediatric Surgeon, Endocrinologist, Cardiologist, Infectious and Nephrologist during her two months confinement.

The patient's first few days at PICU were very stormy as she developed overwhelming shock from Sepsis due to her low immune system further complicated by her previous chemotherapy and her steroid. She spent her Christmas holiday and New Year's day in the hospital, ventilator-dependent, with several blood extractions in a day, blood transfusions and course of antibiotics. Her relatives were all "superheroes" who joined the battle with her.

The family was fully armed with great hope and faith; The mother is often seen crying in prayer, communicating with the Great Healer. The family is very cooperative, very accommodating and loving to all of us at PICU. With much hope, she successfully survived despite all the complications she acquired. The patient was eventually extubated winning the battle with our patient taught us the virtues of faith, hope and love. The team takes joy in witnessing one success story with our patient and her family.





# Rehabilitation

## Medicine

Academic life has not been easy by any means for CJ. He has faced certain difficulties during the years that he has been attending school, and his loving mother has been a witness to her child's daily struggles all these years. But after 3 years of entrusting CJ under the care of the Occupational Therapists in PCMC, his life turned around, and things started looking better than before.

As he started schooling at the age of 4, his teachers have immediately noted how CJ gets distracted easily, had difficulty retaining new information, and had difficulty staying in his seat for a long time. His mother did not suspect that her son was different to most other children, but it was a year later before she discovered that her son is special among his peers. Given the diagnosis of ADHD, his doctor referred CJ to an Occupational Therapist. Just like any parent of a child with special needs, every morning she wakes up and hopes for a breakthrough. And bringing her child to OT had apparently turned out to be the most important and fortunate decisions that she has made.

CJ started to attend individual treatment sessions in PCMC, with the goals of improving his work behaviors specifically his attention, concentration, and his ability to follow instructions. After seeing improvements, he was transferred to a group every Saturday, targeting the same goals. He is now working with more focus and attention, and is now also able to follow instructions given to him by his therapists. Today, CJ has proven that it is possible to come through a rough school age life and be successful. He is now in a regular school, and his teachers willingly offers help whenever he has difficulty understanding his lessons. He is also a part of his school's soccer varsity team.

CJ is now a happy, productive, and much-loved young man.

### CJ's Story



The Rehabilitation Medicine Division (RMD) advocates a multidisciplinary approach with a team of medical specialist, physical therapists, occupational therapists, speech language pathologists, and clerks.

This Division caters children with a wide spectrum of pediatric cases such as Cerebral Palsy, Down Syndrome, Global Developmental Delay, Autism, ADHD, Hearing Impairment, Visual Impairment, Speech Language Delay, Stroke in the Young, Spina Bifida, Orthopedic cases, Cancer patients, etc. that are either in subacute or in the chronic stages. In 2016, PCMC MD served 1,567 cases.

Patients referred for rehabilitation are offered physical therapy sessions, occupational therapy sessions, and speech language pathology sessions. These therapy sessions may be in individual and/or group format. Other services include provision of therapeutic modalities, hydrotherapy, step-up program, dysphagia assessment and management, splinting, and seat modification. In addition, the immediate family members are included in choosing the appropriate treatment approach for the patient. Home Instruction Programs and Parent seminars are also provided by the Division to ensure carry-over of management at home.

RMD likewise supports the yearly National Disability Prevention and Rehabilitation Week by providing other programs such as the Paralympics, Zumba for Kids, Fun

***“Dati nahhirapan po ako sa mga gawain sa school, sa pakiking sa teacher. Pero ngayon, mas nakiking na po. Masaya po sa OT kasi laging may activity.”***



# Cancer and Hematology

Majority of patients are cancer patient consultations/ diagnostic procedures – bone marrow aspiration or biopsy, therapeutic procedures, parenteral (systemic intravenous infusion) intrathecal chemotherapy. The Center are composed by different units: Thalassemia, Hemophilia, Bone Marrow failure follow-up clinic, and Vascular Tumor/Malformation Unit. It has specialized programs that is intended for cancer patients such as Nutrition Support, Infection Control, Psychosocial aspects of care of patients/their families, Palliative/Hospice Care Program, Child Life Program (CLP), Long Term Cancer Survivor Follow-up of Patients, Transition of Care of Cancer Survivors, Program for prevention of Cancer in Adulthood by the Pediatrician/ Adolescent Medicine and Program(s) for insurance coverage of patients with chronic disorders/catastrophic illnesses.

In 2010, the PCMC Pediatric Cancer and Hema-tology Center was designated by DOH as the national end-referral center for children and adolescent with blood diseases and cancer. The 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.

## Mary Rose's Story

October 2013, may mga signs na po ako tulad ng pagbaba ng platelet pero di ko lang po pinansin yun, nagtuloy-tuloy pa rin po ako sa pag-aaral. After a month po, lumalala na po sya hanggang sa nilagnat na po ako. Limang hospital po ang napuntahan namin at nagtagal po ako ng 3 months sa isang government hospital pero dip o kami nagpatuloy doon dahil natatakot po si mama sa mga pangyayari dun.

April 2014 po dapat ay nag start na po ako ng chemo doon pero di na po kami bumalik hanggang sa bumalik na naman po ang panghihina ko. Ang akala po namin noon kaya ayaw naming tumuloy PCMC ay isa itong Private hospital at dapat po may cash kami palagi, ang akala po namin puro mayaman lang lahat, pero lahat po pala ng akala namin ay mali.

May 2014 po ng pumasok kami dito sobrang lala na po ng sakit ko hindi na po ako nakakalakad, sobrang baba na po ng haemoglobin , platelet at BP ko pero dahil po sa PCMC nagawan po ng paraan lahat hanggang nag BMA po kami at nag positive ako sa Leukemia (AML), after po nun hindi na po kami nagdalawang isip na mag chemo.

Nung mag-start na po ako mag chemo napakarami ko pong napagdaan. Unang chemo ko po (1<sup>st</sup> induction) ang nagpahirap po sa akin ay yung reglahin ako ng 25days na hindi regular po yung dugo, buo tapos sobrang dami po ng dugo na lumabas sa akin nag shock na po ako, pero nagawan po ito ng paraan ng mga doctor. 2<sup>nd</sup> induction ko naman po ganun din napakahirap po ng chemo pero dahil po sa mga doctors, nurses, fellows lahat po ng staff ng PCMC napapangiti po nila ako, masayahin po sila at friendly kaya po lahat ng sakit na naramdaman ko ay kahit papaano gumagaan.

May mga pagkakataon din po na kailangan ako i-refer sa ICU at alam po ng mga doctor na natatakot ako kaya po ginagawan nila ng paraan na maging okay ako, tinutulungan po nila ako at syempre kailangan ko rin pong tulungan sila. Ang iba pa ko pa pong naranasan ay magkaroon ng mga infectio, pati po balat ko ay naapektuhan nakakalungkot po isipin pero alam ko naman po maganda ang maidudulot nito. Before po ako pumasok ng maintenance sobrang kaba ko po dahil nagka-infection na naman po ako sa kidney, natatakot po ako kasi po ang nasa isip ko ay ang gamut sa sakit sa kidney ay dialysis pero sa awa po ng Diyos at tulong ng PCMC ay nag negative po ako doon. Nakakatuwa pong isipin kasi simula po ng pumasok ako ng maintenance ay tuloy-tuloy na po ang pagbuti ng aking pangangatawan at ang aking kalusugan.

Nakakatuwang sabihin po na 3 years na ako dito sa PCMC, 3 Years! Yan po ang pinaka worst na nangyari sa buhay ko, andyan yung nakalbo ako, nagsuka ng paulit-ulit, pumangit yung balat ko at higit sa lahat ay yung pumangit ako at umitim. Sana po tumagal pa ng ilang taon ang pagiging okay ko, sa pangangatawan, sa kalusugan at higit sa lahat ay yung kagandahan ko!

***“Thank you PCMC Hema Fellows, Nurses, staff at sa lahat po. Kung hindi po dahil sa inyo, hindi po ako magiging ganito kalakas! Thank you so much.”***

**- Mary Rose**



Granting of her wish to become a Model through Make a Wish Foundation



# Pediatric Surgery

A three year old female presented with an abdominal enlargement initially noted at two years old. There was gradual enlargement of the abdomen until six months prior to consult, she complained of early satiety. By three months prior to surgery she had bouts of recurrent hypogastric pain, and by two weeks prior to admission, patient had severe periumbilical pain with occasional vomiting.

She was brought to our institution and on physical examination the abdomen was distended with direct tenderness in the right and left lower quadrants. Plain abdominal x-ray showed a pelvoabdominal mass displacing the bowels superiorly. Her CT-scan with intravenous contrast showed multi-loculated intra abdominal cystic masses, with consideration of an ovarian new growth versus intra-abdominal lymphangioma.

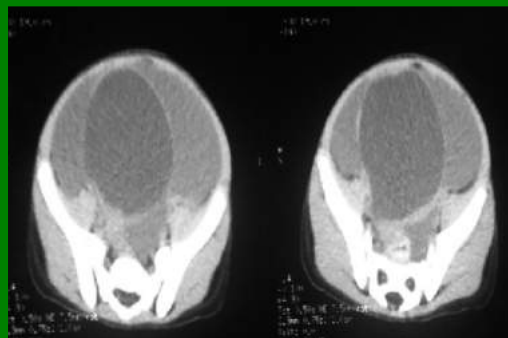
Patient underwent laparotomy with a right upper quadrant transverse incision and after opening up the abdomen, the omentum was studded with thinwalled multiple cystic masses and there was a note of black to red hemorrhagic infarct on the inferior part of the mass. The omental mass was measured as 20 x 20 cm in size with serous fluid contained in the cysts. The inferior hemorrhagic part of the omental mass was twisted in its pedunculated attachment to the rest of the cystic mass. The cystic masses originated from the omentum.

Complete excision of the omentum was done. The rest of the intra-abdominal organs appear to be uninvolved. The patient was started on feeding on the second post-operative day and was subsequently

## Baby G's Story



Another year has passed, and we take look what we have accomplished. We cherish 2016 for the humble success for our Division. The Division of Pediatric Surgery continues to strive to support the growing needs of the Filipino children needing surgical care. Every year the Division continues to produce safe, competent and skilled pediatric surgeons through our fellowship program. Last April, 2016 the training program received its 3 year accreditation by the Philippine Society of Pediatric Surgeons. This assures that the institution's training program follows and abides the requirements set forth by the society in producing highly qualified pediatric surgeons.





# Pediatric Cardiology

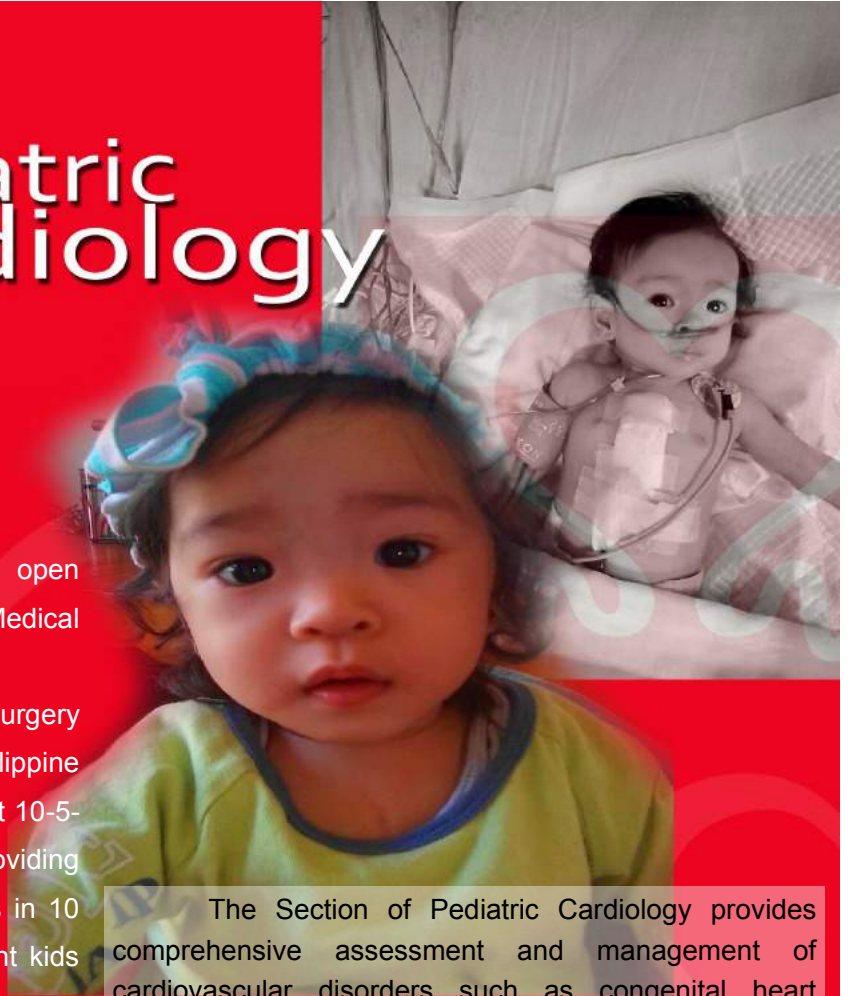
## Annika's Story

The smallest child with a successful open Heart Surgery at the Philippine Children's Medical Center.

Since 2013, a total of 6 open-heart surgery missions have been performed at the Philippine Children's Medical Center. Dubbed as Project 10-5-2-1, 2 teams work towards 1 mission of providing surgical correction of congenital heart defects in 10 kids in 5 days. To date, a total of 60 indigent kids have been operated successfully.

The last open heart surgery mission was performed in July 2016 in cooperation with the Hearts of Hope Foundation and Gift of Life International. A team from University of California in Los Angeles lead by Dr. Ryan Robert Davies (surgeon) and Dr. Juan Carlos Alejos (cardiologist) collaborated with our team.

This heart mission will be remembered because of Little Annika. Annika Xiaoran Bonayon is a 6-month old female infant who only weighed 3 kilograms. She was diagnosed to have a large "hole in the heart" (Ventricular Septal Defect) and a patent abnormal vessel (Patent Ductus Arteriosus). She had history of failure to gain weight since birth and multiple hospitalizations because of recurrent pneumonias. The patient was referred to PCMC for further management. The rest was history.



The Section of Pediatric Cardiology provides comprehensive assessment and management of cardiovascular disorders such as congenital heart defects, acquired heart diseases and arrhythmia that affect fetus to adolescent age group.

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, cardio version, 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. Open heart surgical procedures include patch closure of septal defects and total correction of Tetralogy of Fallot and other complex heart defects on a limited basis.

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



The pulmonology diagnostic laboratory and rehabilitation unit at Philippine Children's Medical Center features state of the art equipment needed to accurately assess and treat lung conditions. The laboratory testing is available for in- patient and out-patient examinations.

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.

# Pulmonology Section



## Xzyrylle's story

Xzyrylle presented with difficulty of breathing on the 10<sup>th</sup> day of life and was intubated on his 12<sup>th</sup> day of life due to persistence of difficulty of breathing. Chest CT scan showed large cyst on the right lung hence she was advised to undergo surgery to relieve patient's distress.

"The doctors explained to us regarding the benefits and complications of the operation. We agreed to the procedure to save the life of our child. Xzyrylle stayed at the ICU and was critical for 5 days."

***"Nagpapasalamat po ako sa Diyos at sa PCMC dahil magagaling ang mga doktor at mga nurse... Maasikaso sila at concern sa pasyente. Mayroon si- lang puso upang makatulog sa mga pasyente. Nagpapasalamat kami ng sobra sa PCMC, mga doktor sa Pulmo at lahat ng staff sa Pulmo dahil utang naming ang buhay ng anak ko sa kanila."***

**- Xzyrylle's Parents**





# Perinatology Center

For the year 2016, Perinatal Center has a total of 1528 consultations, 144 new patients seen in the Antepartum outpatient unit, and 499 patients admitted. All cases were high risk pregnancies, either the mother has a complication or the fetus has a congenital anomaly or both. The management offered for these cases vary from conservative to invasive form of treatment depending on which would give the best outcome. Invasive procedures that has been commonly done in this institution were amniocentesis and amnioreduction. The case narrated in this report is the first in our institution to undergo fetal thoracentesis, minimally invasive ultrasound guided procedure.

## Jonalyn's Story

Transverse vaginal septum is a very rare type of congenital utero-vaginal anomaly with a frequency of 1 in 70,000 females. Jonalyn, 11 year-old female, youngest daughter, was referred from the province for further evaluation and management of her condition. Four months prior to her consult at PCMC, she had hypogastric pain, constipation and dysuria in the background of the absence of menarche. She was worked up in the province where her CT scan result showed imperforate



hymen. She was then scheduled for hymenectomy but intra-operatively they found a transverse vaginal septum that they excised. Her doctor advised her vaginal dilatation everyday but the patient failed to comply. Since she was the youngest, her mother just gave in to her wishes. Two months later, there was recurrence of her abdominal pain and dysuria. That time, she also missed her period. She was then re-admitted and the 2<sup>nd</sup> operation was done. Dilatation of the stricture and drainage of hematocolpos was performed. Vaginal dilatation was again advised but the patient failed to comply again. The condition recurred for the third time; hence her doctors referred her to PCMC for further management.

On the day of her consult at PCMC, she and her mother were apprehensive. They were afraid of another failure. It was difficult to perform a pelvic examination on her due to the pain of multiple internal examinations done to her before. Her physical examination confirmed a recurrent transverse vaginal septum with stricture formation and was confirmed by the pelvic ultrasound done. During this time, she is experiencing hypogastric pain in time for her scheduled menstruation. She was scheduled for an elective surgery. She was also referred to Adolescent medicine for co-management and counseling.

Before her scheduled surgery, she experienced severe hypogastric pain with secondary vulvar hematoma formation. Emergency operation was done. Transverse vaginal septum was excised and the vaginal mold was put in place after. Counseling was done to her to empower her and to make her strong. An improvement in her attitude was observed. She was now compliant in the progressive vaginal dilatation using vaginal mold prescribed to her. According to her mother, she was happy putting her candle mold everyday without asking for her mother's assistance. Currently, there was no recurrence of vaginal septum and she is now on her largest vaginal mold. Her mother also noticed a significant improvement because her baby is now a lady. A lady who overcame the trials in her life and now a stronger version of herself who is ready to face the future. She dreamt of becoming a doctor someday who will help other kids and be an inspiration to them. Her family is very thankful to the PCMC team for treating Jonalyn not only medically but also holistically.



# Neonatology Center

The Newborn Section is equipped with state-of-the-art technology and manned by dedicated and highly skilled staff, that provides all aspects of neonatal care to premature and sick full-term infants. Care of these high risk infants is complemented by ready access to expert subspecialty care like Pediatric Surgery, Cardiology, Gastroenterology, Neurology, Nephrology, Hematology, to name a few.

To date, the Neonatal Section consists of the following functional areas - intensive care, Intermediate care, intermediate NICU, NeoSurgery/ NeuroSurgery rooms, high-risk follow-up clinic.

Services offered includes the care of the critically ill newborn, well baby check up, immunization, in-house echocardiography and cranial ultrasonography, newborn screening, hearing screening, ROP screening, Neuro-developmental screening, milk banking, NRP/STABLE training, mothers class and follow-up of high risk infants.

## MOMMY RODA'S STORY

I am the blessed mother of Triplets ABC Crisostomo: Amarah Grace, Bless Finah, and Ciannah Nathalie. The combination of their names has this meaning: By the Grace of God, we were blessed with three beautiful Angels.

Since the second trimester of my motherhood journey, I entrusted everything to the very competent Perinatology fellows of Philippine Children's Medical Center (PCMC) for my prenatal check-ups. During every check-up, they tirelessly gave their best to perform my doppler ultrasound, and all other tests to check the well-being of the babies.

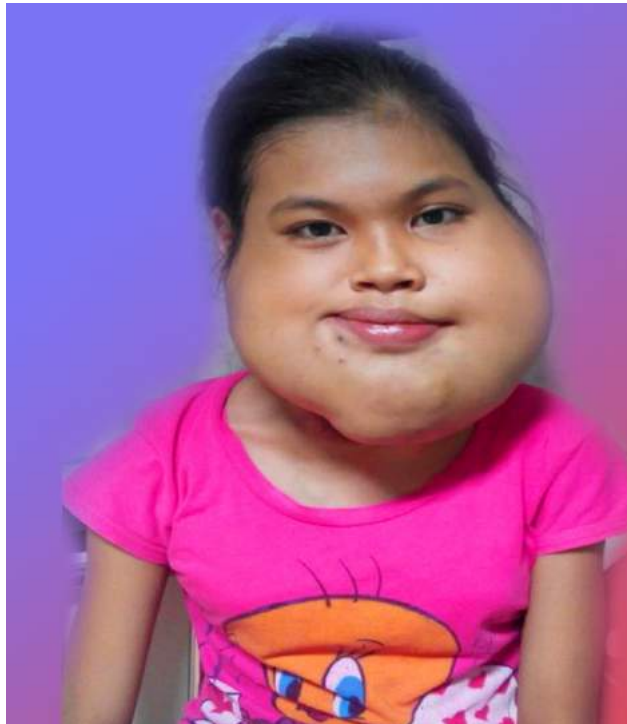
The triplets were born prematurely on my 32nd week of pregnancy. Amarah weighed 1.2 kilograms, Bless at 1.6 kilograms, and Ciannah at 735 grams. Brilliant NICU doctors as well as seasoned nurses, and midwives took care of them and eased my worries about having three premature babies. Amarah and Bless stayed for two weeks at the NICU, while Ciannah stayed for a month. We have experienced the good multidisciplinary teamwork of PCMC since we were referred to different subspecialties like Ophthalmology were they underwent Retinopathy of Prematurity (ROP) Screening, Rehabilitation Medicine and Neurodevelopmental Pediatrics.

It was the best Christmas for our family, as we are now five. At present, the triplets have grown steadily and are happy kids. They have finished their ROP screening and are being seen regularly at the Neonatology OPD and Neurodevelopmental Pediatrics.

I will be forever grateful to PCMC.

These days, I bring back the favor in my own little ways.





# Adolescent Medicine

Thea is 15 year old girl, from Mindoro, born with Cystic Hygroma (Lymphangioma) in the submandibular region extending to the neck. This congenital malformation is due to an abnormal development of the lymphatics. It is usually benign unless it compresses on vital structures in the body such as the airway. At 2 years old, she underwent excision of the mass however due to its high propensity to recur the mass increased in sized which indicated her to undergo tracheostomy to provide an alternative airway. The cystic mass grew as she was growing until it surrounded the whole inferior part of her face. This prompted them to seek for a more proactive management that lead her to our institution.

She was seen by the adolescent medicine service for the first time when she was 13 y/o during one of her admissions for her intralesional Bleomycin treatment. Her primary concern that time was her body image issues. She shared to us the challenges she experiences in relation to her condition. She told us that when she moved to Manila for her treatment, she was often teased and stared at because of her appearance. On further psychosocial evaluation, she also mentioned how she struggled in school because of frequent absences.

The Adolescent Medicine service provided counselling that focused on building her self-esteem. She was empowered to handle bullying. She was encouraged to recognize her strengths as an individual by focusing on her artistic talents. In dealing with her school concerns, she was made aware of an option in school that can accommodate both her medical and academic needs, through the Alternative Learning System. As her psychosocial management involved a holistic approach, the mother was also taught parenting strategies that are apt for a teenager.

As mentioned, cystic hygroma is a non-threatening condition, however for an adolescent who seeks approval of the society and her peers, it may be tough. Her struggle for acceptance by others may not end but teaching her to accept herself will keep her hopeful. The success in Thea's story is not in the treatment of her facial mass, it was in how we helped her in facing the adversities that will come and how she will navigate her life through this chronic condition.

## Thea's Story

The Adolescent Center primarily aims to screen all adolescents for risk-taking behaviors, and render preventive health management and counseling on substance abuse, unplanned pregnancy, STIs/HIV, violence and injury prevention and mental health.

Community-level education drives are done aiming to promote good nutrition, catch-up immunization, responsible parenthood, mental health, and prevention of substance abuse, injuries and violence. Lecture-workshops are also done at the national level. The most recent was the convention organized by the Southern Philippines Medical Center, Department of Pediatrics in cooperation with our Adolescent Center.

On top of these, the Adolescent Center provides the following services that focus on the needs and concerns of the adolescents: Adolescent Wellness, Transition Program, Teen Pregnancy Clinic and Prevention Program and Weight Management Program. The transition program with Nephrology unit has seen 27 enrollees, with two who have graduated. On-going activities are currently being implemented.



## Office of Professional Education, and Training

The Office of Professional Education and Training, the training hub of the Philippine Children's Medical Center (PCMC), continues in its commitment to deliver exceptional academic education and inventive professional courses to its medical and allied health trainees as well as to its healthcare affiliates. True to its mission of being a premier pediatric training center in the country, it takes pride in its wide array of expertise that it is known for in pediatrics with highly competent and dedicated staff of generalists, subspecialists, nurses, allied health professional and support services around to serve the marginalized Filipino children. It has maintained its stature of being 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.

As a trailblazer in several subspecialty training programs in pediatrics, the medical center has been a birthplace of several professional societies. It is also one of the largest producers of pediatricians in the country. PCMC graduates from the pediatric residency training program as well as from the different clinical fellowship training programs are widely dispersed and have been remarkably providing specialized health services in the countryside. In 2015, a total of 45 trainees have been added to the roster of graduates who have begun offering clinical expertise in different provincial outskirts.

PCMC is the only non-university-based medical center which has maintained a Level IV Accreditation in Pediatric Residency Training given by the Philippine Pediatric Society. Aside from this, clinical fellowship training programs offered in the institution have sustained its accreditation. It has maintained a greater than 90% passing mark in the specialty board examination making it one of the few institutions able to sustain top-notch pediatric healthcare training. Numerous medical centers from different parts of the country continue to send their trainees to PCMC to widen their clinical exposure and enhance their training. Over the last 5 years, it has accommodated more than a thousand pediatric residents as affiliates in different clinical care units of PCMC.



Since PCMC is a specialty children's hospital, it is a favored institution of schools and universities for Medical, Nursing and allied health students to enrich their academic knowledge and broaden their exposure to pediatric clinical settings.

## MULTIDISCIPLINARY CASE PRESENTATION



The members of the medical, nursing, and paramedical teams showcased their collaborative multidisciplinary management of patients and of patients' families as the main goal of the very first Multidisciplinary Case Presentation Contest. This was participated by groups composed of different health care professionals and hospital support personnel.

This activity strengthened the collaborative nature of medical and paramedical professionals in terms of referral, communication, management and interventions, and other related processes of patients clinical management.



The ORD is the 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. The main initiative of the ORD is to develop existing research resources at PCMC.

To balance research output with good clinical practice, the ORD and the Institutional Review Board – Ethics Committee (IRB-EC) have been upgraded through manpower development. Both the ORD medical and non-medical staff, expanded their knowledge on International Conference on Harmonization and Good Clinical Practice (ICH-GCP) through attendance to training workshops.

Standard Operating Procedures were developed and enhanced during the IRB-EC accreditation by the Forum for Ethical Review Committees in Asia and Western Pacific (FERCAP) and the Philippine Health Research Ethics Board (PHREB) with PCMC granted accreditation up to May 4, 2019. The PCMC IRB-EC was awarded recognition by the FERCAP for its compliance to standard ethical practices during the 15<sup>th</sup> FERCAP General Assembly in Nagasaki, Japan.

In line with the ISO 9001:2015 accreditation of PCMC, the research component standards were likewise included, to which the ORD complied when the institution was visited and audited last October 14, 2016.

The PCMC was given a 3 year re-accreditation status as Level IV training institution by the Philippine Pediatric Society, Inc (PPS), effective January 2016-December 2020. The following are the "Best Features" of the ORD, as noted by the PPS HAB :  
A well designed Research Program is in place.

- √ A roster of competent technical research experts, epidemiologist and biostatistician are available.
- √ Close supervision of pediatric residents in doing research.
- √ Institutional Research Board and Ethics Committee is active
- √ Researches are published in the PCMC Journal
- √ Available in-house funding for relevant PCMC researches

# Office of Research and Development

The PCMC week long Research Forum was conducted last November 21-24, 2016 where 46 researches of graduating pediatric, pathology residency, and subspecialty fellowship trainees were presented and exhibited in both platform and poster presentations.

The PCMC Journal Volume 11 no. 1 August 2015 edition was released to the staff and public last March 2016. The research papers of PCMC trainees from Gastroenterology, Intensive Care and Adolescent Section respectively, were accepted in international forums such as in Hong Kong for the International Digestive Diseases Forum, Baltimore USA during the Pediatric Academic Society Meeting and in Vancouver, Canada during the International Congress in Pediatrics.

In line with the 36<sup>th</sup> PCMC Anniversary Celebration, the first Research Contest on PCMC Best Practices was held last December 15, 2016. This activity was participated by the different units of the hospital with the corresponding researches and awards as follows:



## Research Studies

Level of Satisfaction of Pediatric Cancer Patients' Caregivers on Nurse Patient Navigators *Nursing Service. (First Place)*

Comparison of the Implementation of the Reach Out and Read Literacy Program in the Year 2011 versus 2016 using the Reach Out and Read Medical Providers' Survey in a Tertiary Medical Center for Children. *Medical Services. (Second Place)*

A Review of Dietary Division's Services on Client Satisfaction Rating of Selected Pay and Service In-Patients at Philippine Children's Medical Center from July 2014-June 2016

## RESEARCH CONTEST ON PCMC BEST PRACTICES



As the leader in pediatric medicine in the Philippines, PCMC remains true to its commitment of producing quality research studies that are focused on the improvement of the health of Filipino children, their families and the community where they live in. Though vastly varied in terms of functions, each member of the PCMC community excellently executes his part in sustaining this commitment.

This activity strengthened the established culture of research excellence of PCMC and to empower, encourage, and stimulate further the members of our community take active roles in our research endeavors.



# Quality Management System



## PCMC Rates Its Performance Commitments

Performance commitments are rated per individual and per office outputs vis-a-vis achievements of targets and plans. PCMC has consistently rated as an Outstanding organization. PCMC leadership through its Executive Director has considered the extent to which its formal management systems should be integrated. It is among the first few government entities to achieve multiple ISO certifications in 2013. In fact, it is one of only two GOCC hospitals to achieve ISO 9001:2008 Quality Management System, and the first and only government hospital to achieve ISO 14001:2004 + cor.1:2009 Environmental Management certifications, both by TÜVRheinland.

In 2016, it is one of the first healthcare facilities and the only GOCC to level up to the 2015 versions of both standards, highlighting internal and external issues and interested parties, Risk Management, and Performance Management, as well as monitoring of PCMC operations. With the constant presence, effective and consistent leadership and role-modelling demonstrated by Top Management, supported by its Middle and Junior Managers, and engaging its healthcare workforce, this resulted to greater positive impact on service and product quality, improving financial performance as a GOCC, assuring patient and worker safety and caring for the environment as its activities impact the land, air, water,

## Tangible and Intangible Outcomes produced by the QMO:

PCMC has gained the following benefits by the activities of QMO, through the able leadership of its Executive Director, to wit:

- 1. Enhanced customer satisfaction** – there is continuing quality improvement, enhancing customer satisfaction, and increasing revenue for use in its operations and also in increasing subsidy to service patients.
- 2. Cost savings** – PCMC performance showed optimized operations improving the bottomline, increasing cost savings for better budget appropriation and GAA utilization.
- 3. Access to new markets** - allows PCMC to be recognized in the global market thru best practices, increasing its visibility in the country, the region, and beyond. Examples are QMS trainings conducted for internal workforce who eventually become gainfully employed elsewhere locally and internationally; QMS trainings and handholding activities for other government hospitals in the Philippines, as revenue –generating or as its CSR.
- 4. Increased market share** - an integrated management and consistent leadership help increase service productivity, defining competitive advantage, assuring safety and security of its health care patients, healthcare workers, and other clients, including its suppliers and other interested parties.
- 5. Environmental benefits** - PCMC has actually defined the aspects of its operations that may affect the

## OTHER ACCOMPLISHMENTS

- Successful Pre-Assessment Audits for Implementation of ISO 9001:2015 and ISO 14001:2015
- ISO 9001:2015 and ISO 14001:2015 Certification Audits for Level-up
- Continuous Monitoring of the PCMC Integrated Management Systems
- Complaints Resolution Process continually evolving
- Internal Quality and Environmental Audits, yearly and as often as the need arises
- Management Reviews conducted after Audit Reports are prepared
- External Audit by TUV Rheinland for the ISO 9001:2015 and ISO 14001:2015
- ISO Certified Status maintained and sustained
- PCMC Service Evaluation Analysis reported monthly





The Nursing Service Department, as one of the key players and contributors to the accomplishments of Philippine Children's Medical Center remained to be steadfast and faithful to their commitment of providing the highest quality of nursing care possible for the Filipino pediatric patients, their families, and to the community where they live in.

The year 2016 has been a challenging one for the department since they were entrusted with the responsibility of hosting the hospital wide activities and affairs. Coordination and collaboration among the different departments helped the Nursing Service Department achieve the successful execution of activities for 2016. Activities such as those that aimed to foster the development of cognitive, and affective aspects of each member of the PCMC community were organized and carried out fruitfully.

# NURSING SERVICE

Furthermore, the Nursing Service Department maintained its focus on rendering high quality of nursing care to their patients and strengthening the management of patient safety strategies through quality nursing policies implementation, monitoring, and evaluation. In addition, the Training and Research arms of the Nursing Department was empowered by the PCMC Executive Director and the Deputy Director for Nursing Service to develop non-conventional and innovative training programs to further improve the level of expertise of its members.

The Nursing Service continues to commit itself to contribute more to PCMC's success through the attainment of significant breakthroughs and milestones.





<p><b>98%</b> Patient Satisfaction Rating</p>	<p>Successfully executed 2016 Hospital Activities:</p> <ul style="list-style-type: none"> <li>• <b>PCMC Employees Program</b></li> <li>• <b>Multidisciplinary Case Presentation</b></li> <li>• <b>Research Contest on PCMC Best Practices</b></li> <li>• <b>Children's Program</b></li> <li>• <b>Pneumonia Vaccination to Employees</b></li> </ul>	<p>Conducted <b>2</b> Intensive Training for Pediatric Nurse Residency Program</p>	<p>Successfully facilitated the following trainings:</p> <ul style="list-style-type: none"> <li>• Competency Development Training for Neonatal Intensive Care Nursing</li> <li>• Pediatric Intensive Care Nursing,</li> <li>• Intensive Practicum Program for Post Graduate Studies.</li> <li>• Nursing Research, Critical Thinking and Sound Decision Making for Nurse Managers, Insulin Administration, Porta Catheter, Wound Dressing, etc.</li> <li>• Critical Thinking and Decision making for nurse managers , The Nurse Managers Residency Program</li> </ul>
<p>Hired <b>54</b> Nurses and <b>3</b> clerks</p>	<p>Proposed <b>5</b> Nursing Researches:</p> <ol style="list-style-type: none"> <li>1. "Satisfaction of Nurses on Middle-Level Managers' Competencies: Basis for a Proposed In Service Training Program on Leadership and Management"</li> <li>2. "Intravenous Therapy Related Incidents: Basis for a Proposed Pediatric IV Therapy Training Program"</li> <li>3. "Factors Contributing to Incidents of Fall: Basis for a Proposed Fall Prevention Program"</li> <li>4. "Level of Adherence of Healthcare Professionals on Handwashing Protocol: Basis for Quality Policy Improvement"</li> <li>5. "Level of Compliance of Nurses on Documentation Quality Policies: Basis for a Proposed Training Program"</li> </ol>	<p>Total number of Affiliating Schools to <b>138</b> students</p>	<p>Nursing Training Officers and Head-Nurses contribution to the DOH-Nurse Certification Program Facility Visit in Selected DOH Hospital of Region VI.</p>
<p>Completed One (1) Nursing Research "Level of Satisfaction of Pediatric Cancer Patients' Caregivers on Pediatric Nurse Navigators"</p> <p>Official launching of "The Children's Lamp: An Official Publication of the Philippine Children's Medical Center</p>		<p><b>P387,560</b> Income Generated</p>	<p>Developed Training Needs Analysis (TNA) toolkit for Nurses.</p>



# LAUNCHING

Pediatric Nurse Manager's Residency Training Program

Pediatric Nurses Organization

# GRADUATION

Pediatric Nurse Residency Training Program

## Pediatric Nurse Managers' Residency Training Program

This is a modular training program that aims to enhance the leadership and management competencies of Nurse Supervisors and Managers. The focus of the first module is on enhancing the critical thinking and decision making skills of the participants. At present, 100 percent of nurses at the supervisory and managerial position have passed the course. This training has been expanded to nurses who acts as senior charge nurses and to those who are aspiring for leadership position.





# COMPETENCY DEVELOPMENT TRAINING ON NEONATAL AND PEDIATRIC INTENSIVE CARE NURSING

The “Competency Development for Neonatal and Pediatric Intensive Care Nursing” is one of the flagship programs of the Nursing Service Department’s Training Division. This program aims to build the capacity of nurses from other government and private hospitals. Since it’s launching in the year 2014 and registration at the Professional Regulations Commission, there were a total of 27 nurses who have completed the said training. The participating nurses from around country such as those from the Autonomous Region of Muslim Mindanao (ARMM) and MIMAROPA regions were the first to join the pediatric and neonatal intensive care nursing. This training program is also one of the learning and development programs offered by PCMC to meet the competency requirements for the Department of Health – Nurse Certification Program (DOH-NCP).

Aside from improving their knowledge, and up scaling their competencies, the said training program paved way for nurses from across the country to meet at PCMC and share their practices, values, cultures, and tradition among them.



Name of Hospitals	No. of Participants
<b>Region 3 (Central Luzon)</b>	
Paulino J. Garcia Memorial Research and Medical Center (Cabanatuan City)	3
Bataan General Hospital (Balanga, Bataan)	1
<b>Region 4 (Southern Tagalog)</b>	
Culion Sanitarium (Culion, Palawan)	1
Oriental Mindoro Provincial Hospital	2
<b>Region 6 (Western Visayas)</b>	
Corazon LocsinMontelibano Memorial Regional Hospital (Bacolod City)	2
Don Jose Monfort Medical Center Extension Hospital (Barotac, Nuevo, Iloilo)	3
<b>NCR</b>	
Unihealth Paranaque Hospital and Medical Center (Private institution)	1
Tondo Medical Center (Balut, Tondo, Manila)	3
Quirino Memorial Medical Center (Quezon City)	1
Dr. Jose N. Rodriguez Memorial Hospital (Tala, Caloocan)	3
<b>ARMM</b>	
Luuk District Hospital, Luuk, Sulu	1
Maguindanao Provincial Hospital	1
DatuHalunSakilan Memorial Hospital (Tawi-tawi)	2
Pangutaran District Hospital (Pangutaran, Sulu)	2
Buluan District Hospital	1

“For it is in **GIVING**  
that we **RECEIVE.**”

- *Francis of Assisi*





**#ParaSaBatangPilipino**



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# WORLD CANCER DAY





# Women's Month





# DISASTER PREPAREDNESS







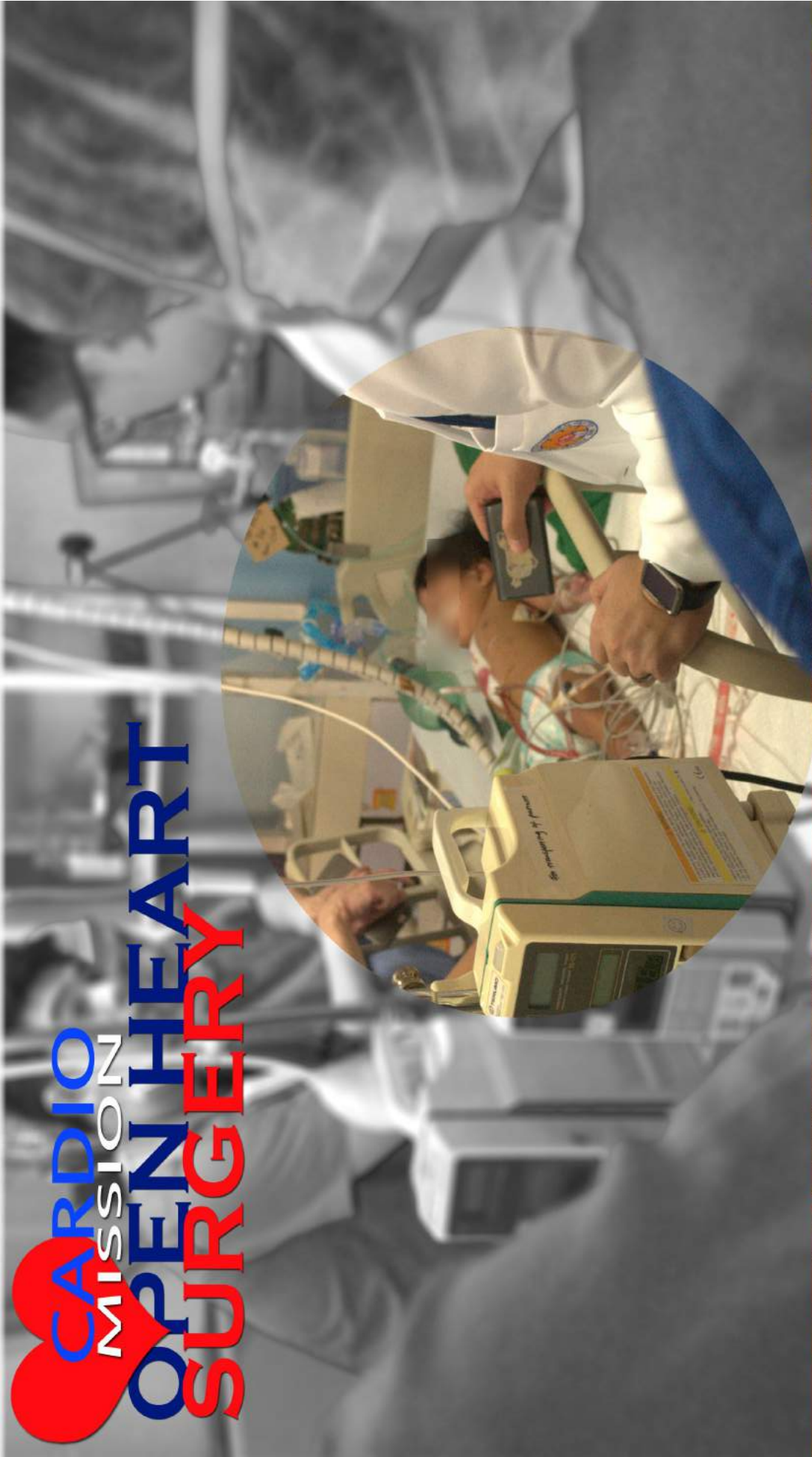
# American Heart Association PCMC-INTERNATIONAL TRAINING CENTER



Nationwide Mass  
Cardiopulmonary  
Resuscitation (CPR)



# CARDIO MISSION OPEN HEART SURGERY





# PARALYMPICS

## KAYA MO KID





# "A MAN WITH A VISION"

2015 PATHOLOGIST OF THE YEAR

Former Deputy Director for Professional Services

PCMC Milestone Leadership Award: Outstanding Medical Consultant, 2015

Penned the the country's first Patient Safety Pledge

Chair, Patient and Occupational Safety Committee

# DR. RAYMUNDO W. LO

CHIEF, 30 YEARS AND COUNTING,  
DIVISION OF PATHOLOGY





# JULIUS A. LECCIONES, MD

EXECUTIVE DIRECTOR

Outstanding Physician in Government Service

## DR. JOSE P. RIZAL MEMORIAL AWARD

Philippine Medical Association

20th May 2016

Waterfront Cebu City Hotel





# OUR FINANCES



## EXECUTIVE SUMMARY

**F**or calendar year 2016, the Philippine Children's Medical Center (PCMC) is a recipient of P927,323,000 subsidy. The amount was provided and allotted under General Appropriation Act of 2016. Of the total subsidy, the P484,694,000 is intended for the Operation and the P442,629,000 is for the final payment of Land where PCMC is situated.

The total amount of P927,323,000 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 **P270,139,340.89**. It incurred total expenditures of P804,779,115.63.

The Center's assets, liabilities and equity as of December 31, 2016 were P4,683,209,354.83, P2,550,017,410.37 and P2,133,191,944.46 respectively, registering increases in assets, liabilities and in equity by 56%, 97% and 25% respectively, over that of CY 2015.

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 1.03:1, 0.73:1 and 1.20:1 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.



## 2016 PCMC CORPORATE OPERATING BUDGET (IN MILLION PESOS)

	Target	Realized/Spent	% Realized/ Spent	Remarks
<b>Sources of Funds:</b>				
Subsidy	927.32	927.32	100.00%	
Corporate Income	290.00	270.14	93.15%	
Retained Earnings	175.20	87.63	50.02%	Sourced from non-cash assets
<b>Total</b>	<b>1,392.52</b>	<b>1,285.09</b>	<b>92.28%</b>	

<b>Uses of Funds:</b>				
Personal Services	643.67	588.87	91.49%	
MOOE	306.22	253.59	82.81%	Cost of Goods Sold included, depreciation, bad debts are excluded
Equipment Outlay	0	0	0	
Capital/Land Outlay	442.63	442.63	100.00%	
<b>Total</b>	<b>1,392.52</b>	<b>1,285.09</b>	<b>92.28%</b>	

## 2016 PCMC EQUITY (IN MILLION PESOS)

Total Assets	4,683.21
Total Liabilities	2,550.02
Equity	2,133.19



# Statement of Income and Expenses

2016 VS 2015

(In million pesos)

	2016 Dec.	2015 Dec.	% Inc./-Dec.
<b>Gross Revenue from Services to Patients</b>			
In Patients	487.00	385.59	26%
Out Patients	235.14	213.00	10%
Gross Hospital Fee	22.14	598.59	21%
Less : Cost of Goods Sold	60.36	208.31	25%
Net Hospital Fee	61.78	390.28	18%
Less: Deduction from Gross Income			
Quantified Free Service	255.29	144.57	77%
Discounts and allowances	12.73	10.01	27%
Total deductions	268.02	154.58	73%
<b>Net Revenue from Services to Patients</b>	193.76	235.70	-18%
Less: Rental Income	2.58	2.56	1%
<b>Total Business Income</b>	196.34	238.26	-18%
Add: Other Income			
Miscellaneous Income	11.57	11.36	2%
Fines and Penalties	2.24	1.36	65%
Other Income	13.81	12.72	9%
<b>General Income</b>	10.15	250.98	-16%
Less: Operating Expenses			
Personal Services	88.87	515.27	14%
MOOE	15.91	219.63	-2%
Total Operating expenses	804.78	734.90	10%
<b>INCOME (LOSS) FROM OPERATION</b>	(594.63)	(483.92)	23%
Add: Non-Operating Income			
Subsidy from National Gov't.	927.32	1,616.26	-43%
Interest Income	9.83	2.03	877%
Income from Grants and Donation	0.03	18.92	112%
Gain/(Loss) on Foreign Exchange	0.13	0.16	-19%
Gain/(Loss) on Disposed Assets	-	(0.95)	-100%
Total non-operating income	87.31	1,636.42	-40%
<b>NET INCOME</b>	392.68	1,152.50	-66%

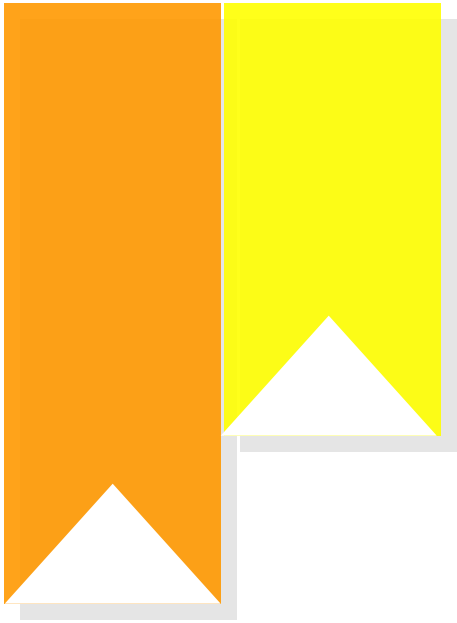


# Balance Sheet

2016 VS 2015

(In million pesos)

	2016 Dec.	2015 Dec.	% Inc./-Dec.
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Cash Equivalents	1,865.19	263.95	607%
Trade and Other Receivables	674.62	735.94	-8%
Inventories	88.09	58.59	50%
Prepaid Expenses	4.51	4.69	-4%
<b>Total Current Assets</b>	<b>2,632.41</b>	<b>1,063.17</b>	<b>148%</b>
<b>Non-Current Assets</b>			
Property, Plant and Equipment	2,050.31	1,942.01	6%
Other Non-Current Assets	0.49	0.49	0%
<b>Total Non-Current Assets</b>	<b>2,050.80</b>	<b>1,942.50</b>	<b>6%</b>
<b>TOTAL ASSETS</b>	<b>4,683.21</b>	<b>3,005.67</b>	<b>56%</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables- unliquidated obligations	1,081.31	1,035.77	4%
Due to Officers and Employees	52.19	48.07	9%
Inter-Agency Payables	65.65	10.42	530%
Intra-Agency Payables	1,218.97	91.90	1226%
Other Liability Accounts	131.90	107.33	23%
<b>Total Current Liabilities</b>	<b>2,550.02</b>	<b>1,293.49</b>	<b>97%</b>
Deferred Liabilities	-	0.49	-100%
<b>TOTAL LIABILITIES</b>	<b>2,550.02</b>	<b>1,293.98</b>	<b>97%</b>
<b>EQUITY</b>			
EQUITY ( Retained Earnings)	2,133.19	1,711.69	25%
<b>Total Equity</b>	<b>2,133.19</b>	<b>1,711.69</b>	<b>25%</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>4,683.21</b>	<b>3,005.67</b>	<b>56%</b>



# 2016 SCORE CARD



**FORM A  
DEPARTMENT PERFORMANCE TARGETS AND ACCOMPLISHMENTS 2016**

Department : Department of Health (DOH)  
Agency: Philippine Children's Medical Center



MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT/ AGENCY FY 2015 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2016 TARGET (3)	RESPONSIBLE BU-REAS/ OFFICES (4)	DEPARTMENT FY 2016 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
<b>A. MAJOR FINAL OUTPUTS (MFOs)/ OPERATIONS</b>						
<b>MFO 1: HOSPITAL SERVICES</b>						
<b>2016 BUDGET : Php395,412,000</b>						
Performance Indicator 1: Percentage (%) of clients that rate the hospital services as satisfactory or better	99% No. of Patients Satisfied/Total No. of Respondents x100 (4481/4526)	98%	PS, NS, HSS, DO, QMO	99% (2491/2522)	101%	
Performance Indicator 2: Nosocomial Infection Rate	2.72%	<5%	Infection Control Committee (ICC)	2.41%	100%	Triage is the process of determining the priority of patients treatments based on the severity of their medical conditions. The Emergency Severity Index (ESI) is an established evidence-based approach to patient triaging commonly used by medical practitioners.
Performance Indicator 3: Percentage (%) of triage patients with Emergency Severity Index (ESI) greater than or equal to 3: attended within 30 minutes after registration in the Emergency Room	100% Within 30mins	100% Within 30mins	PS, NS, HSS (PBSD)	100% Within 30mins	100%	
<b>MFO 2: RESEARCH AND DEVELOPMENT SERVICES</b>						
<b>2016 BUDGET : Php17,412,000</b>						
Performance Indicator 1: Percentage (%) of completed medical research presented or published in a recognized journal of specialty societies	53.6% No. of researches adopted by health sector/ Total no. of completed research within the original proposed timeframe x 100 (22/41)	71%	PS, Training and Research (ORD)	77% No. of researches presented or published in 2016/ Average no. of researches generated per year (34/44)	108%	





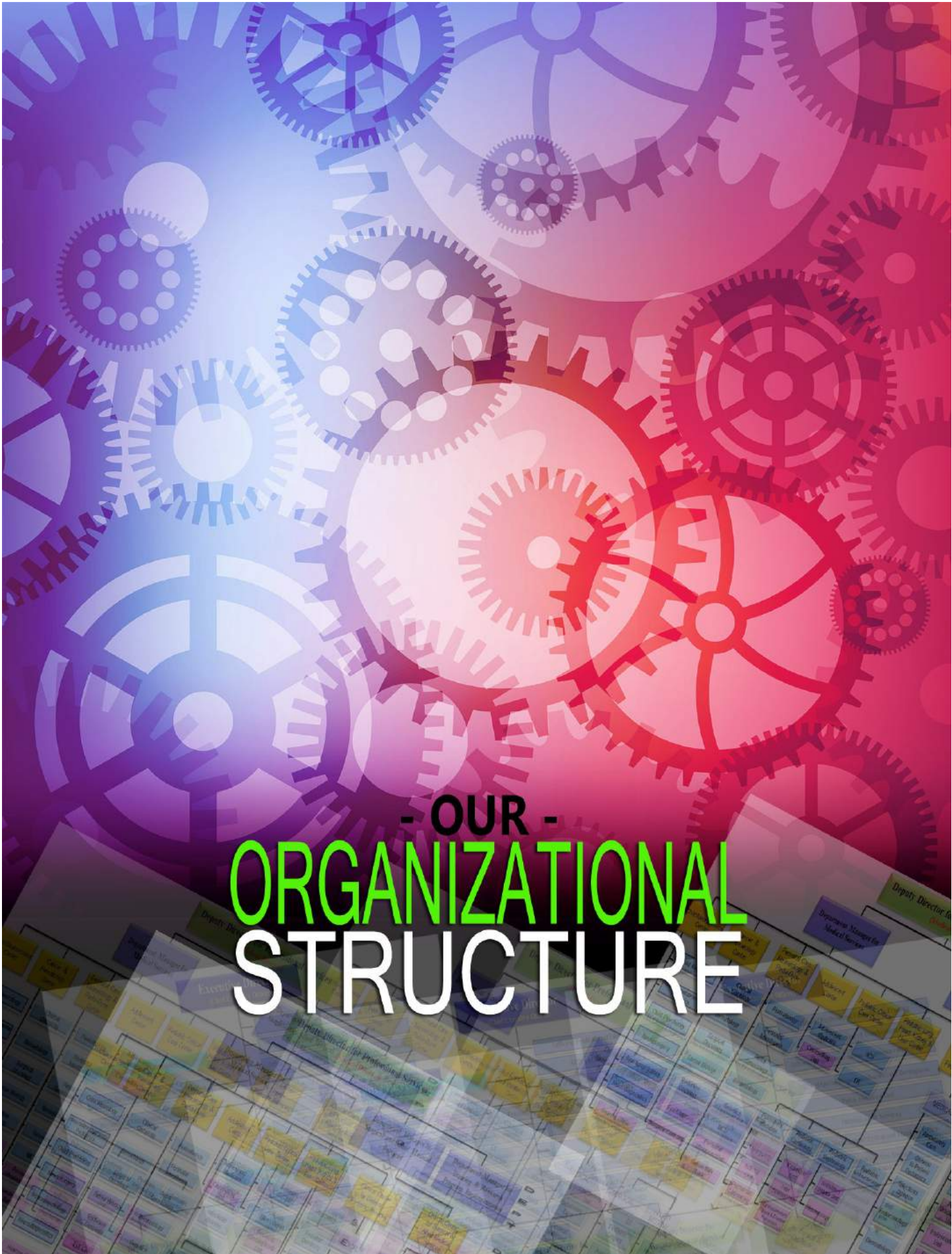
Performance Indicator 2: Percentage (%) of research projects completed within the original proposed timeframe	No. research completed w/in the timeframe / Total no. of initiated research projects x 100 (44/47)	94%	76%	PS, Training and Research (ORD)	No. research completed w/in the timeframe / Total no. of initiated research projects x 100 (46/46)	100%	132%	
<b>MFO3: EDUCATION AND TRAINING FOR HEALTH PROFESSIONALS</b>								
<b>2016 BUDGET : Php30,470,000</b>								
Performance Indicator 1: Number of accredited training programs sustained	36	36	30	PS, Training and Research (OPET)	33	110%	110%	
Performance Indicator 2: Percentage of trainees who completed the program	94% (44/47)	82%	82%	PS, Training and Research (OPET)	100% (46/46)	100%	122%	
<b>B. SUPPORT TO OPERATIONS (STO)</b>								
Performance Indicator 1: Percentage (%) of functionality of Hospital Information Technology System	100%	100%	100%	OHICS	100% Number of service areas connected to information system/ Total number of service areas (79/79)	100%	100%	Determination of functionality will be through generation of financial status/reports of service delivery units
Performance Indicator 1: Percentage (%) of implemented QMO activities to maintain and upgrade ISO certification of the hospital to 2015 Standards on Quality and Environmental Management Systems	100%	80%	80%	QMSO	Number of QMO activities implemented/ Number of planned QMO activities for the year x 100 (10/10)	110%	138%	
<b>C. GENERAL ADMINISTRATION AND SUPPORT SERVICES (GASS)</b>								
<b>2016 BUDGET : Php41,400,000</b>								
a. Budget Utilization Rate (2016)	96%	80%	80%	HSS (Finance Division)	1. Total Actual Obligation (Net of PS & Disallowed Items in the COB/ DBM Approved Budget (Net of PS) (P861,264,683.34/ P893,572,062.12)	87%	109%	
	93%	80%	80%		2. Total Actual Disbursement/ Total Actual Obligation (P803,241,930.34/ P861,264,683.34)	98%	123%	



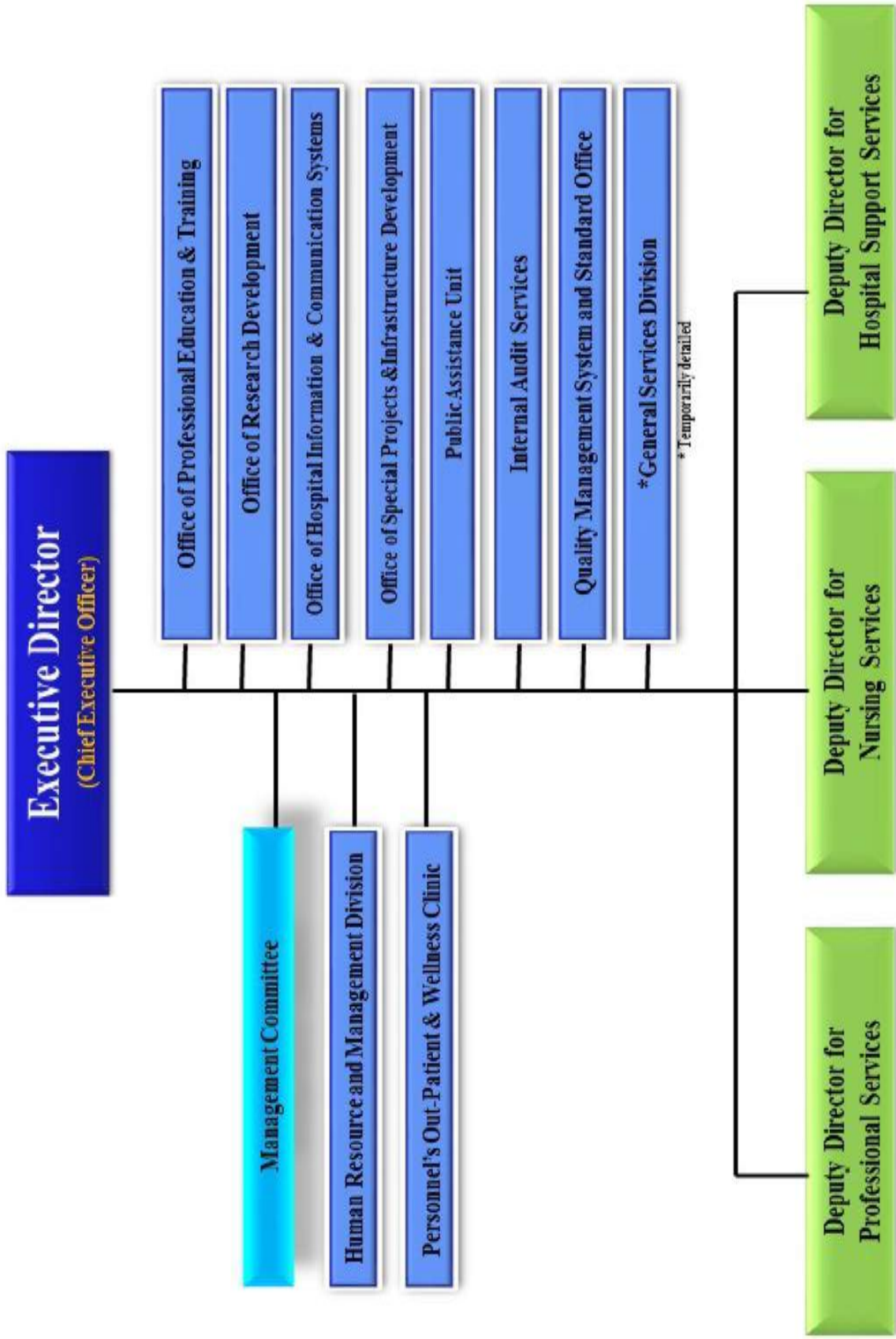
<p>b. Compliance to Public Financial Management (PFM) reporting requirements of the COA and DBM</p> <p>b1. Budget and Financial Accountability reports</p> <p>b2. Report on Ageing of Cash Advances</p> <p>b3. COA Financial Reports</p>	<p>b1. 2015 BFARS was submitted on January 2016</p> <p>b2. 2015 Ageing of cash advances was submitted on December 1, 2015</p> <p>b3. 2014 Financial Reports was submitted to COA on February 13, 2015</p>	<p><b>Timely Submission</b></p>	<p>HSS (Finance Division)</p>	<p>b1. 2016 BFARS already submitted</p> <p>b2. 2016 Ageing of cash advances was submitted on November 28, 2016</p> <p>b3. 2015 Financial Reports was submitted to COA on February 12, 2016</p>	<p>100%</p> <p>100%</p> <p>100%</p>	
<p>c. Adoption and use of the 2015 Agency Procurement Compliance and Performance Indicators Systems (APCPI) per GPPB Resolution No. 10-2012</p>	<p>2014 APCPI was submitted on July 20, 2015</p>	<p>2015 APCPI to be submitted on or before December 1, 2016</p>	<p>BAC, Adhoc Committee, MMD, Finance</p>	<p>2015 APCPI was submitted on May 24, 2016</p>	<p>100%</p>	
<p>d. Submission of Agency Annual Procurement Plan (APP)</p>	<p>APP 2015 was submitted on October 21, 2014</p>	<p>APP 2016 to be submitted on or before Nov 15, 2015 as per Omnibusman requirement</p>	<p>BAC, PMOs (Project Management Office or End-users)</p>	<p>APP 2016 was submitted on September 18, 2015</p>	<p>100%</p>	
<p>Prepared by:</p> <p>  <b>RODOLFO A. DE LOS REYES</b>  PMT HEAD</p> <p style="text-align: right;">Date <u>01-15-17</u></p>						
<p>Approved by:</p> <p>  <b>JULIUS A. LECCIONES, MD, MHSA, MPM, MSChSM, CESO III</b>  Department Secretary/Agency Head</p> <p style="text-align: right;">Date <u>01-15-17</u></p>						

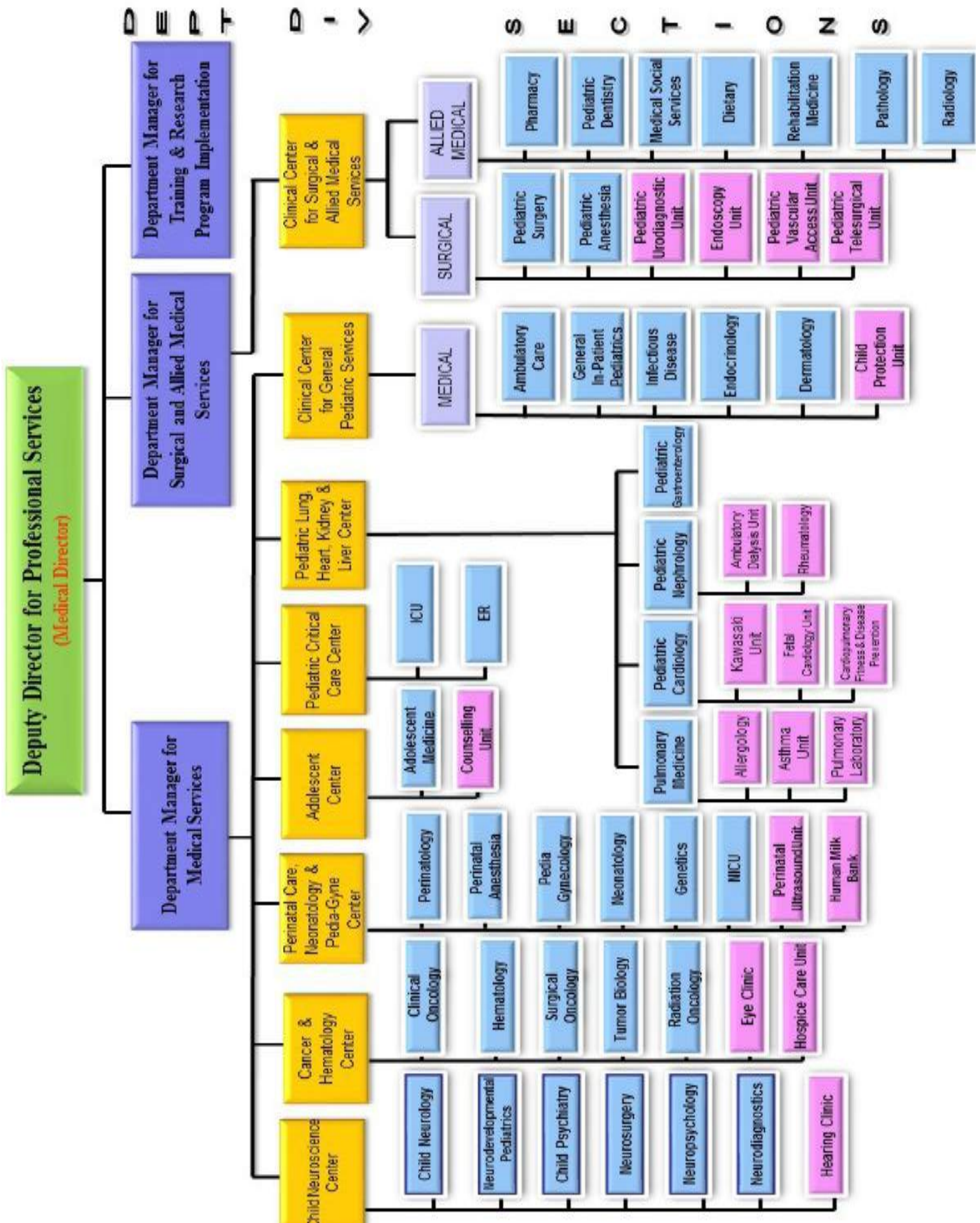
  
**EDWINA G. TARCA**  
Budget Officer

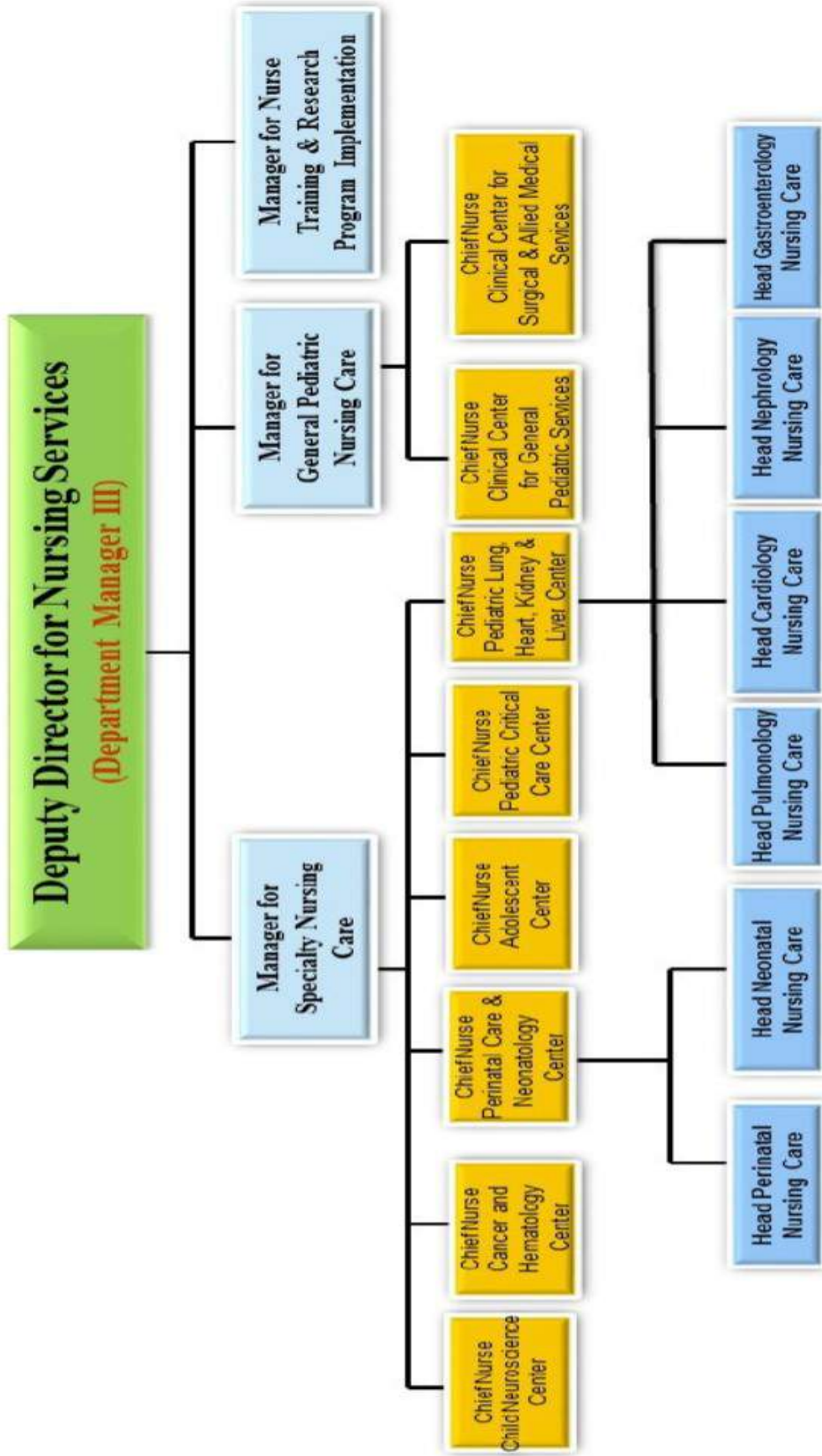
- HSS – Hospital Support Services
- PS – Professional Services
- NS – Nursing Services
- HR – Human Resource
- OHICS – Office of Hospital Information and Communication Services
- QMISO – Quality Management Service Office
- AMD – Allied Medical Department

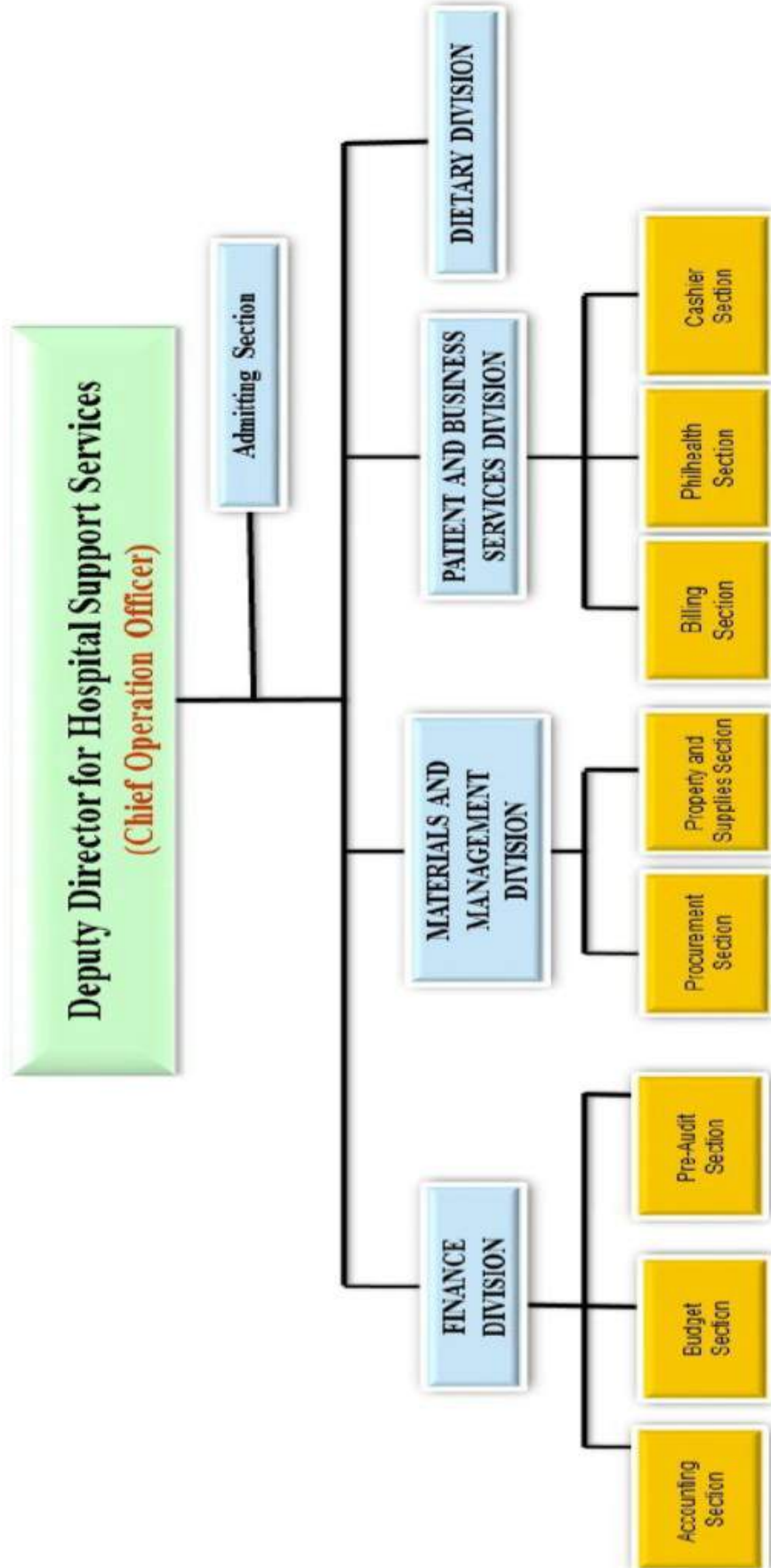


- OUR -  
**ORGANIZATIONAL**  
**STRUCTURE**









The PCMC Community, hand in hand in realizing its dream for the Filipino Children.









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### **Child Neurology**

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### **Neurodevelopmental Pediatrics**

**Neuropsychology**  
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#### **Neuropsychology**

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### **Dermatology**

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### **Endocrinology**

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### **Infectious Disease**

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Michael Karl Reyes, MD  
Anderson Lim, MD  
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### **Urology**

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### **Pediatric Anesthesia**

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Remedios O. Salonga, RN  
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### **Child Neuro Science**

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### **Hema-Onco**

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### **Perinatal Care & Neonatology**

Lilybeth C. Macadangdang, RN

### **Adolescent**

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### **Pediatric Critical Care**

Rebecca R. Eliseo, RN  
James Anthony F. Paredes, RN

### **Pediatric Lung, Heart & Kidney & Liver Center**

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### **Clinical Care for General Pediatric Services**

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### **Surgical & Allied Medicine**

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### **Material Management**

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Corazon C. Pangilinan  
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### **Medical Social Service**

Edna B. Ruego, CPA  
*Officer-in-Charge*

### **Dietary**

Odeth A. Villegas, CPA  
*Officer-in-Charge*

## PCMC, A FAMILY WITH YOU

*Your lovely eyes that we see  
Your gentle hands that we touch  
Reminds us of life and its mystery  
Its treasures and its boundless beauty*

*The gifts that we have received  
To you we joyfully give  
A call for us to serve with all our love  
To share ourselves and all that we have*

Chorus:

*We will care for you children of life  
We will walk with you in the path of light  
We desire a future, so noble, so true  
PCMC, a family with you..*

Vocals by: Julie Anne San Jose  
Music by: Simon Peter Tan  
Lyrics by: Fr. Joel Eslabra &  
Jerome Eslabra





## Philippine Children's Medical Center

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