

2014

Annual Report
Philippine Children's Medical Center



THE PCMC LOGO



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



Photo by: Francis C. Niala



Photo by: Francis C. Niala

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Vision

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

Mission

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

Goals

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

Core Values

The PCMC Destiny Map or **DESTIMAP**

Dedication to Duty

Excellence

Sense of Urgency

Teamwork

Integrity

Malasakit (Care and Compassion)

Audacity

Professionalism



Photo by: Francis C. Niala



Message to the Community

PCMC has remained steadfast in its mission of healing sick children. Despite the crisis that it has faced with land ownership, it has stayed strong and united to provide quality care to patients. Infrastructure improvement projects continued. Although it caused a decrease in the total number of in-patients due to ongoing facility renovations that required temporary closure of clinical service areas, it has maintained a 40-60 ratio in favour of service patients being served for 2014. Among the clinical care centers, the Hematology and Cancer Center contributed the biggest population of patient admissions, representing 27% of total admissions for 2014.



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

Our bill collection rate for pay patients remained at 99% high with an improvement in our service patients at 47% from a previous of 32%. Philhealth membership further increased for both pay and service from 82% and 45%, to 87% and 59%, respectively.

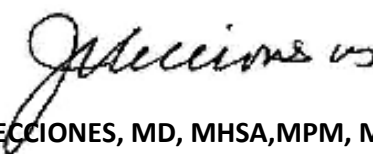
The quality of care the patients received from PCMC remained impressive. Aside from achieving ISO certification for our medical services, we also received ISO certification for Environmental Management System last year, a real demonstration of our institution's commitment to be a responsible future-focused health organization. PCMC is currently the only public hospital with ISO-EMS certification.

Best health outcomes were attained despite the most difficult, complicated and life-threatening diseases of chronically-ill patients usually admitted at PCMC. We maintained a low mortality rate of 2.9%. Our hospital-acquired infection rate was better at 2.52% than 2.95% in 2013. We also managed to keep a short duration of hospital stay at an average of 5.7 days.

As an acknowledged leader in Pediatric Medicine, we produced a total of 52 new pediatric specialists and subspecialists committed to serve in underserved areas outside the NCR. We continue to be the largest producer of the country's manpower need for pediatric experts who will improve access to pediatric specialty quality care for underserved areas. PCMC also opened the General Pediatric Nurse Residency Training Program to outsiders, intensified the Board of Nursing-accredited Chemotherapy–Biotherapy Provider Certification Course by going nationwide, and began the Patient Navigation Training Course in Nursing. We also produced 61 scientific papers that would better define the standards of care in Pediatric Medicine.

In 2014, we encountered several barriers in our journey towards self-reliance. The issue of being relocated to another site was a major setback. The hospital-wide renovation including the major retrofitting work significantly affected our operational revenue as well as our corporate income due to limited patient admissions. We, however, were able to manage our operational expenses with a good 15% savings in expenses. On the other hand, we believed that improving on our physical facilities coupled with the acquisition of state-of-the art equipment are sound investments for a better financial performance in the coming years.

As we progressively focused on further improvement of our Performance Management System, and guided by our hospital's strategy map and performance scorecard which are aligned with the policies and priorities recommended by the Department of Health and the Department of Budget Management, we will be driven further towards operational efficiency, optimal customer satisfaction, and better financial performance. We will remain dedicated in achieving our targets and sustaining our commitment in saving more children from their life-threatening illnesses, and further improve their quality of life. I believe in the strength of our collective efforts.



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



PCMC History



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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

DEDICATION TO DUTY

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

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

EXCELLENCE

Giving the best of care is our source of fulfilment

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

SENSE OF URGENCY

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

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

TEAMWORK

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

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

INTEGRITY

Honesty and probity are of paramount importance to us.w

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

MALASAKIT (Care and Compassion)

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

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

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

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

PROFESSIONALISM

Improving ourselves will result to a more responsive delivery of healthcare

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

Quality Policy

PCMC Takes the Lead to Best Health Care for Children

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

Quality Objective

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

Environmental Objective

Commitment to Health, Wellness, Safety, and Environment

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

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

Employees and Operations

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

Patients, Suppliers and Other Customers

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

Accountability

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

Stakeholder Involvement

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

Continuous Improvement

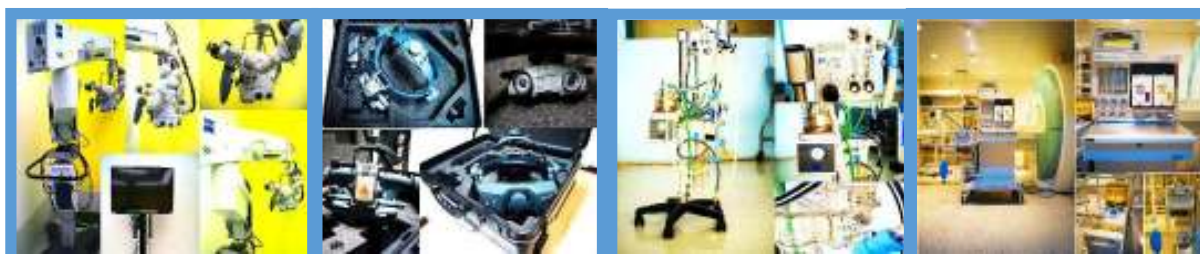
We at PCMC handle occupational hazards, injuries, illnesses, wastes, and inefficient use of resources, water, and energy as preventable process defects. We continuously improve our compliance processes and clinical practices, using quantifiable goals, monitor and measure them, and take actions to drive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



Institutional Highlights

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

- Maintaining its stature, as one of only four PPS-accredited Level IV training hospital in paediatrics and its subspecialties, PCMC has the most complete and among the best training programs in the country. It is likewise the pioneer in many pediatric training programs, and the birthplace of almost all pediatric subspecialty professional societies. Thus, PCMC is the biggest contributor to the manpower need of the nation for pediatric subspecialists.
- PCMC is a vast repository for medical research. The wealth of data for study coupled with a pool of competent researchers and scientists place the institution in a unique opportunity to take the lead in pediatric research.
- As proof of being a safe haven for providing quality pediatric health care to the Filipino children, it received the ISO Certification in Environmental Management System (ISO 14001:2004 + Cor. 1:2009). PCMC is the first and only ISO-EMS certified government hospital.
- Another open-heart surgery mission took place in 2014 benefitting an additional 10 service patients with congenital heart diseases.
- Completion of the hospital-wide retrofitting strengthened the structural integrity of the building and provided a more safe and secure shelter to our patients
- The renovated medical record section offered a more spacious area for the health data of patients. It also facilitated access to resources needed in research undertakings.
- Despite the obstacles in hospital operations, patient consultations have exceeded the 65,000 mark.
- A 40:60 patient ratio in favour of the service patients have been maintained. PCMC continuously gets referrals from all over the country. Mortality rate has remained low at 2.9%, as well as a hospital infection rate of 2.52% considering that the most difficult and complicated cases are the ones being managed in the hospital. The average length of confinement is 5.7 days.
- Major equipment purchases enhanced the hospital's capacity to provide state-of-the-art pediatric specialty services. Notable among them were bubble CPAP delivery system for neonates, patient monitors and pulse oximeters, anesthesia machine compatible with MRI and surgery equipment like high definition imaging system (laparoscopic tower); urologic endoscopic equipment, ophthalmic microscope and a proctosigmoidoscope



Environmental Management System ISO 14001:2004 CERTIFIED



Photo by: Francis C. Niala



QUALITY MANAGEMENT AT WORK
External Audit Certification



LEADERS IN PEDIATRIC NURSING

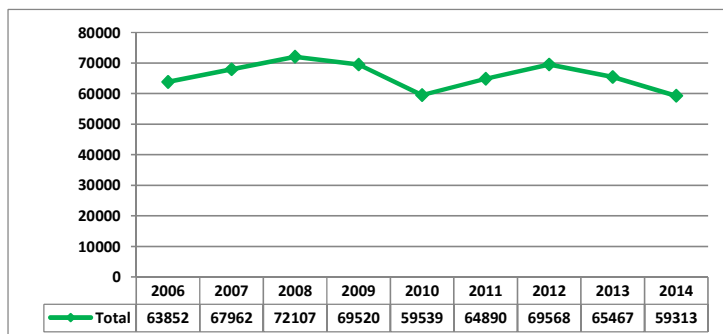


“WE’RE ALL IN THIS TOGETHER”
PCMC AT THE SENATE

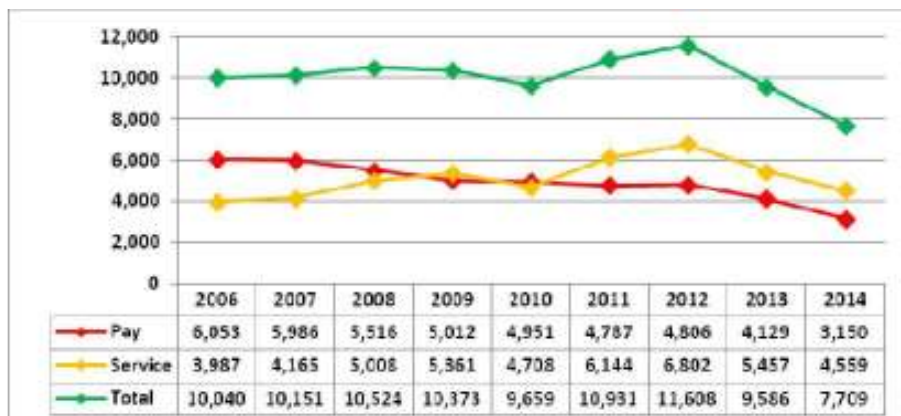
Photos by: Francis C. Niala

Hospital Statistics

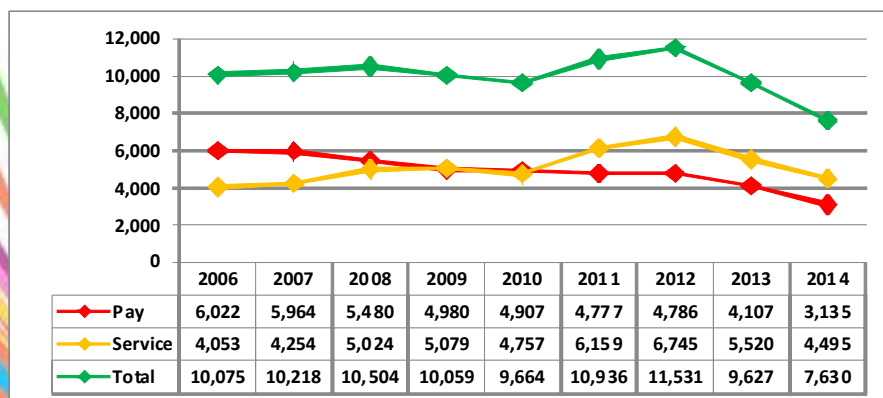
PATIENT CONSULTATIONS



ADMISSIONS

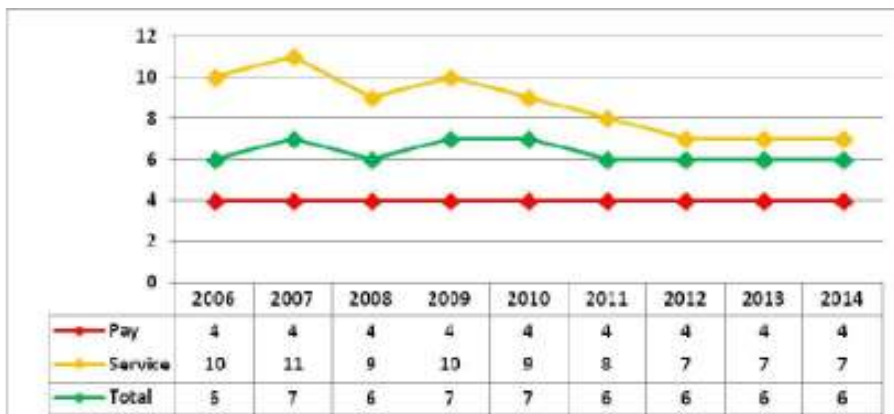


DISCHARGES

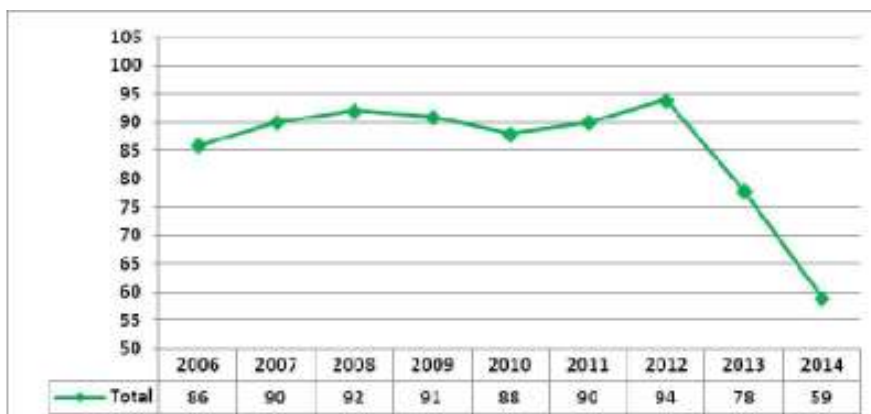




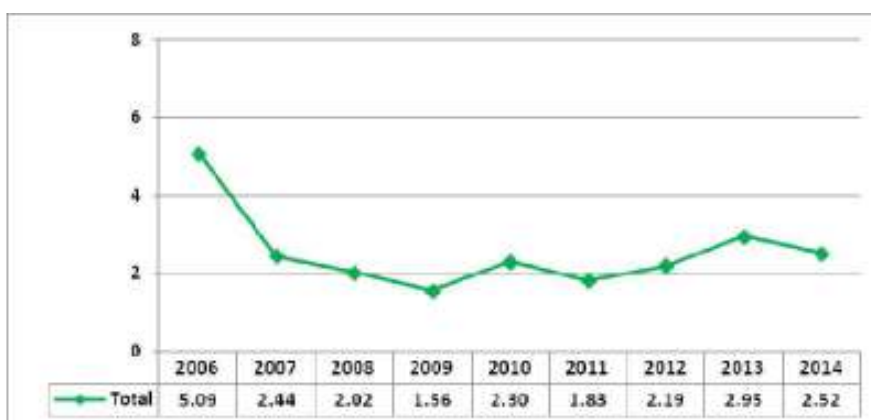
AVERAGE LENGTH OF HOSPITALIZATION



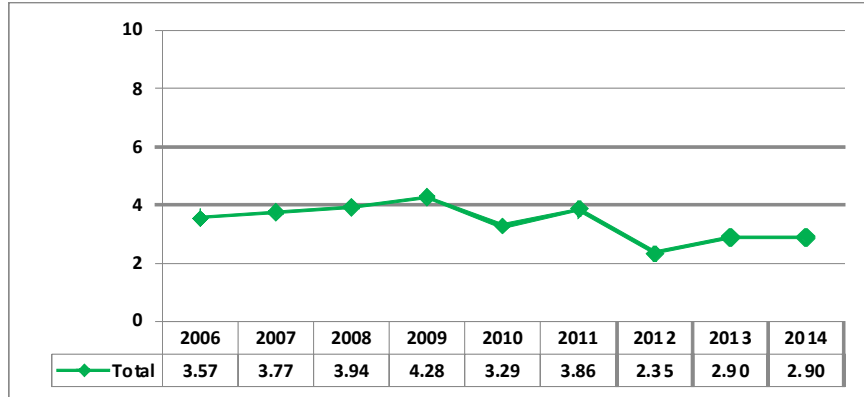
OCCUPANCY RATE



NOSOCOMIAL INFECTION RATE



MORTALITY RATE

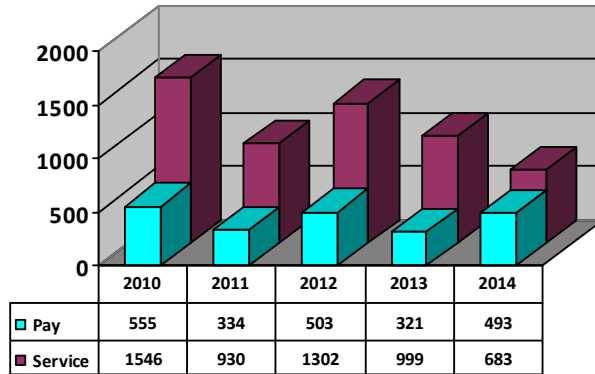


TOP TEN MORBIDITY (DISCHARGES)	TOP TEN CAUSES OF MORTALITY
1. LEUKEMIA (ALL, AML, CML, BIPHE)	1. LEUKEMIA (ALL, AML, CML)
2. PNEUMONIA	2. PREMATUREITY
3. DENGUE (DF, DHF, DFS, DSS)	3. PNEUMONIA
4. ACUTE GASTROENTERITIS	4. ACUTE RESPIRATORY DISTRESS SYNDROME
5. THALASSEMIA	5. DENGUE SHOCK SYNDROME
6. PREMATUREITY	6. INTRACRANIAL BLEED
7. RHABDOMYOSARCOMA	7. BACTERIAL MENINGITIS
8. GENERALIZED EPILEPSY	8. BILIARY ATRESIA
9. BRONCHIAL ASTHMA	9. CHRONIC LIVER DISEASE
10. HIRSCHSPRUNG'S DISEASE	10. CONGENITAL HEART DISEASE

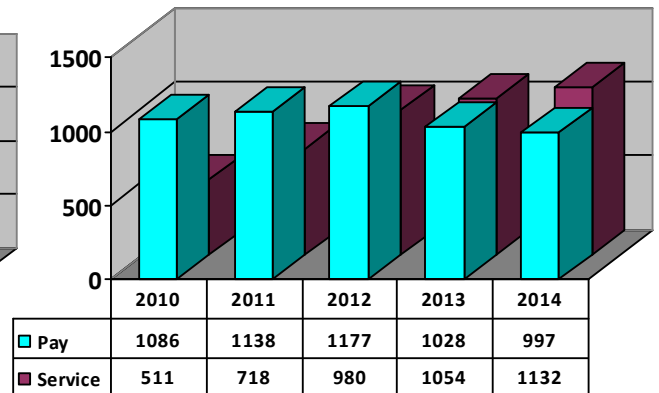


Admission by Center

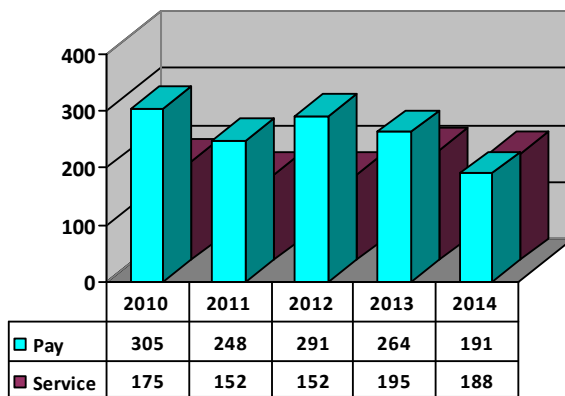
CNS



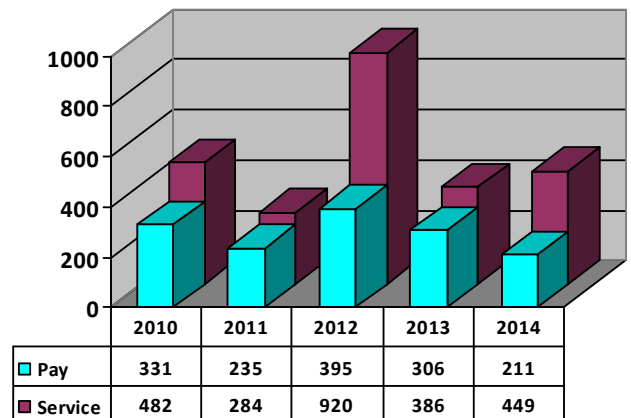
Cancer and Hema



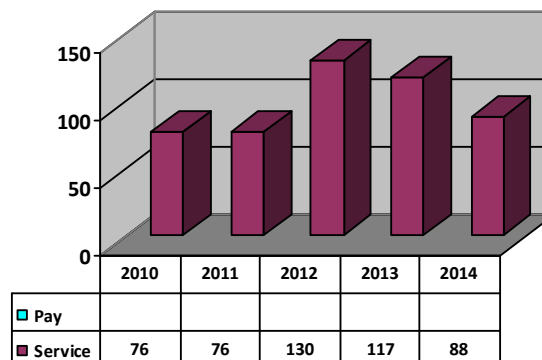
Peri



Neo



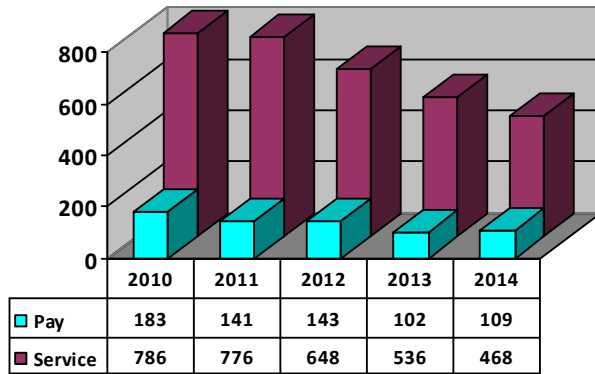
Adolescent



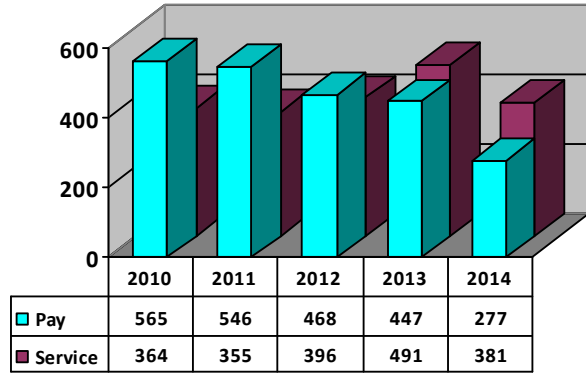
Note: Adolescent-all are service referrals

Admission by Center

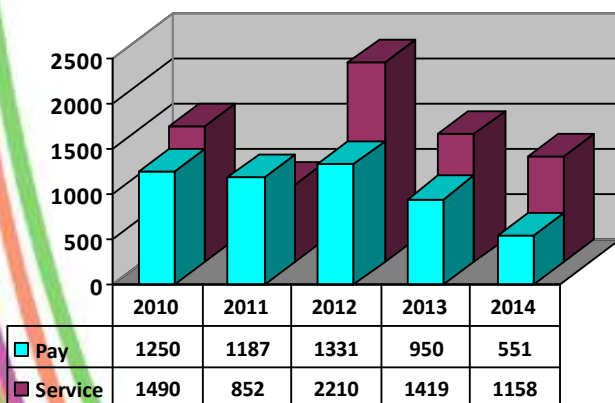
Critical Care



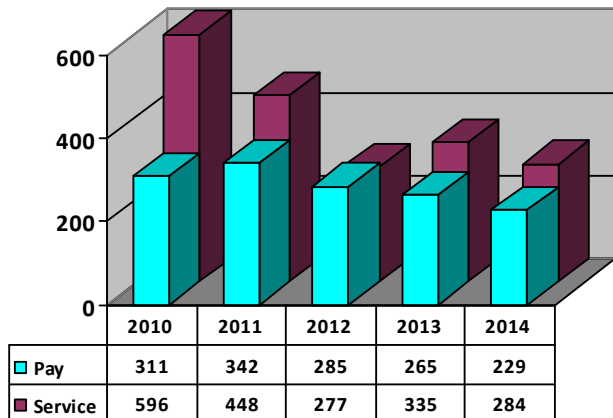
LHKL



General Pediatrics



Surgery





CHILD NEUROSCIENCE CENTER 2014

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



The Child Neuroscience Center is composed of interdisciplinary team of experts in Child Neuroscience namely: 15 Child Neurologists, 6 Neurosurgeons, 4 Epileptologists, 7 Child and Adolescent Psychiatrists, 4 Neurodevelopmental Pediatricians, 4 ENT specialists, 3 Neuroradiologist and 1 Neuromuscular Disease Specialist.

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

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

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

Service

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



Committed to the mission of becoming the center of excellence in epilepsy. We educate and empower patients with epilepsy and their families. Likewise, the Center has held 30 annual epilepsy camps for the past years.



Training

From its fellowship program it has produced 39 Child Neurologists, 11 child and adolescent psychiatrists, 12 neurodevelopmental pediatricians, 2 epileptologist and 1 otolaryngologist – all successful in their respective areas of practice.

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



Research

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



PEDIATRIC CANCER AND HEMATOLOGY CENTER 2014



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

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

In 2010, the PCMC Pediatric Cancer and Hematology 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.

Since its establishment in 1980, thirty five years ago, the Philippine Children's Medical Center (CPCM) then known as Lungsod ng Kabataan, a government pediatric hospital is now a tertiary Phase IV Philippine Pediatric Society accredited pediatric hospital. In 1986, after the bloodless Philippine Revolution, PCMC Administration has focused on the strengthening of the specialty of Pediatric Medicine including Pediatric Surgery and the development of almost all of the pediatric subspecialties, adolescent medicine and the establishment of Perinatal Medicine. High Risk Pregnancy Management. Among the pediatric subspecialties that were developed was the pediatric subspecialty of hematology/oncology.

The Philippine Children's Medical Center's vision is to make it the leader in Pediatric Medicine in the Philippines, in service, training and research, its mission to deliver the most responsive service to its patients, to train our people to foster intellectual development to conduct collaborative research to achieve the best health outcome for its children.

With the increasing number of patients afflicted with cancer and non-malignant haematological disorders, both acute and chronic coming not only from Metro Manila and neighboring provinces but from all over the country, the improvement in prognosis and survival rate with tremendous advances in knowledge and technologies in diagnosis more accurate with classification and appropriate treatment especially of pediatric leukemia (ALL) and some solid tumors with early diagnosis and appropriate modality of treatment in developed countries, Dr. Julius A. Lecciones, Executive Director in 2007 created the Pediatric Hematology/Oncology Section into a Center, the Cancer & Hematology Center (CHC).

PCMC Cancer and Hematology Center statistics are as follows from 2010 to present are as follows: Leukemia: 386; Hodgkins' Lymphoma: 6; Non-Hodgkins' Lymphoma: 22; Solid Tumors: 179; Thalassemia: 80 ; Hemophilia: 45.

Service

In 2010, the Cancer & Hematology Center was given its own physical facilities for its patients' services to prevent exposure to infections of patients who are immunocompromised.

- A. In Patient Ward accommodates only twenty patients (service) and rest of the referred patients with cancer have to be admitted elsewhere.
- B. Out Patient (Ambulatory) about 80 to 100 patients mostly service coming from the marginalized sector of the population. Majority of patients are cancer patient consultations/diagnostic procedures – bone marrow aspiration or biopsy, therapeutic procedures, parenteral (systemic intravenous infusion) intrathecal chemotherapy.

1. Thalassemia Unit - Out-patient blood transfusion therapy; iron chelation – intravenous when needed
2. Hemophilia Unit and other congenital bleeding disorder as von Willebrand disease – Education, counselling of patients/families of Thalassemia syndrome, hemoglobinopathies and haemophilia patients.

Multidisciplinary Team consultation with the needed Pediatric Subspecialty to diagnose/manage complication of the disorder as thalassemia, and complication as the pediatric cardiologist, endocrinologist, pulmonologists, gastroenterologists; Hemophilia – orthopedic surgeon, physical rehabilitation/physical therapy, dentist, etc.

3. Bone marrow failure follow-up clinic
4. Vascular Tumor / Malformation Unit – multidisciplinary Team for diagnosis, treatment (pediatric dermatologist, pediatric surgeon, radiologist (imager) with pediatric haematologist/oncologists Support Programs of the Cancer & Hematology Center Patients and Respective Families
5. Nutrition Support – Education of patients for proper nutrition. Prevention of malnutrition (under-nutrition and obesity)



6. Infection Control – personal hygiene, environmental sanitation, food contaminant avoidance
7. Psychosocial aspects of care of patients / their families
8. Palliative/Hospice Care Program for patients in the hospital, community or in the home. Integrated into the clinical care of patients with life threatening illness at time of diagnosis. Pain Management when needed.
9. Child Life Program (CLP)
10. Long Term Cancer Survivor Follow-up of Patients
11. Transition of Care of Cancer Survivors, thalassemia/haemophilia patients, and other chronic hematological disorders from pediatric age group to the young adults (Hematologist/Oncologist Adult Specialists) being arranged by the Hematology/Oncology Specialties
12. Program for prevention of Cancer in Adulthood by the Pediatrician/Adolescent Medicine
13. Program(s) for insurance coverage of patients with chronic disorders/catastrophic illnesses.



Photo by: Francis C. Niala

Training

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

Research

The Cancer & Hematology Center of PCMC aims to create the CHC as a center for research in the field of pediatric hematology/oncology. The Fellows-in-Training spends one (1) month rotation at the Office of Research Development. Hopefully besides expanding its research activities to strengthen its services/care of the patients it can set-up its program/activities for cancer epidemiology/control.

PERINATAL-NEONATOLOGY-PEDIATRIC GYNECOLOGY CENTER 2014

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

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

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

PERINATAL CENTER

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

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

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

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



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

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

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

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



NEONATAL CENTER

The Newborn Section is equipped with state-of-the-art technology and manned by dedicated and highly skilled staff, who 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: 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.

The Section also offers Comprehensive Neonatology Fellowship Training Program, which to date has graduated 32 neonatologists ably serving critically ill newborns in Luzon, Visayas and Mindanao. Our research endeavours for quality improvement and advancement in patient care are likewise laudable.





PCMC MILK BANK

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

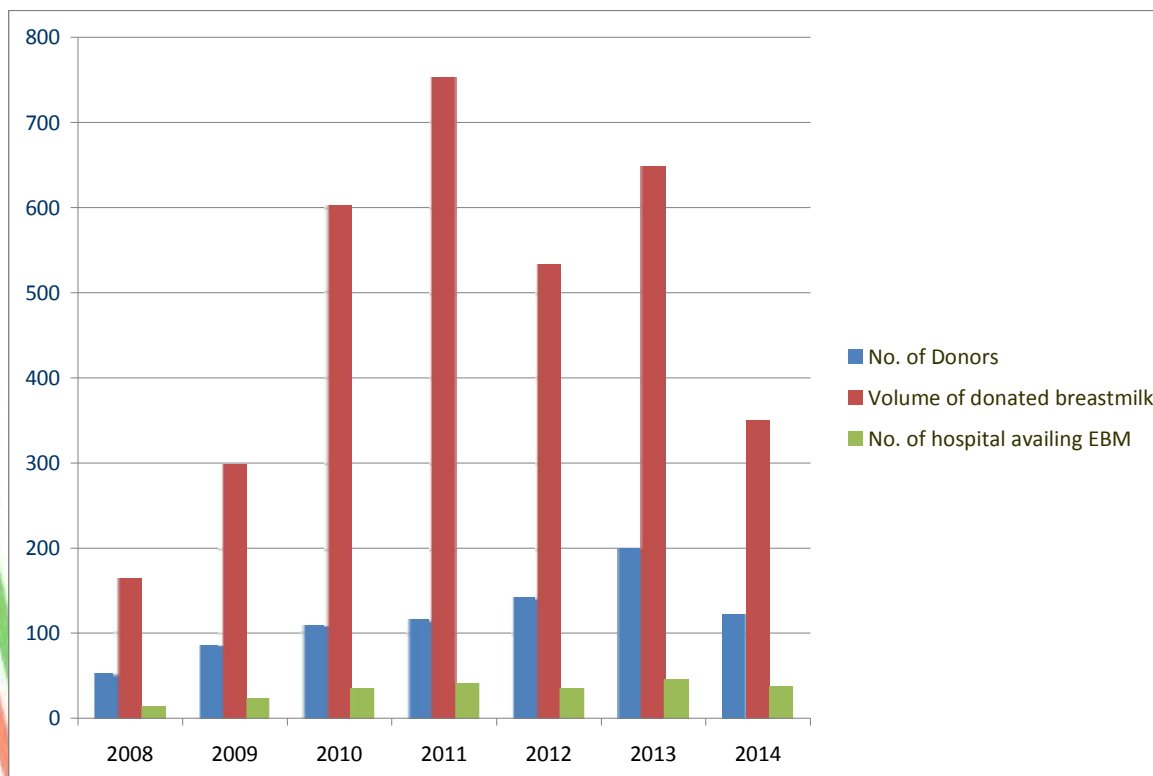
The “PCMC Milk Bank” was initially located inside the NICU and was more popularly known as the breastfeeding room. This served as a venue for breastfeeding as well as breast milk expression by the patients’ mothers and donor mothers. There was a -20C° medical freezer (Sanyo, JICA donation) for the storage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

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



The Philippine Children’s Medical Center Human Milk Bank continues to dispense safe Donor Milk to preterm and sick fullterm infants in our NICU and to babies in neighboring hospitals. Locally made pasteurizer have been used in processing milk and safety is regularly maintained by a Quality Assurance Officer who does pre- and post- pasteurization bacteriological tests on donated milk

Table 1. THE NUMBER OF DONORS AND RECIPIENTS (PCMC, non PCMC) 2008 to 2014



availed. The decreasing trend in 2014 can be explained by the operation of newly established milk banks in St. Luke’s Global, Bangkal, Makati Medical Center, The Medical City. Donors of the latter two hospitals used to refer donors to our milk bank.

Majority of our donors come from the PCMC community and are repeat donors. Milk-Letting program are our other sources of donor human milk. Last year, Breastfeeding Committee and Human Milk Bank Staff held such activities in San Juan (c/o JCI), Rosario Cavite (c/o Mayor Recafrente), Caloocan, and Makati. Aside from actively servicing patients, the HMB staff spearhead by Dr. Gloria B. Ramirez are involved in research endeavors



PEDIATRIC CRITICAL CARE CENTER 2014

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



Service

The PCMC Pediatric Intensive Care Unit is a tertiary medical facility staffed with competent doctors and nurses trained in the critically ill. The renovation was started in May 2008 under the administration of Dr. Florentina Ty and was inaugurated on December 15, 2008. It was also at this time that the Pediatric Intensive Care Division and the Emergency Department were merged and became the Pediatric Critical Care Center. At present, a total of 17 patients can be accommodated in the intensive care unit and 1 isolation room equipped with a state of the art mechanical ventilators, cardiac monitors (invasive and non-invasive), esophageal thermometer, capnography, pulse oxymeter, infusion pump and other ICU equipment specialized to treat critically ill patients. The competent staff of the unit with the help of other subspecialties and as complemented by these equipments can cater to procedures needing close monitoring such as plasmapheresis, bronchoscopy, dialysis and heparinization. The Unit has 7 Pediatric Intensivists as active consultants and 4 fellows in training. All physician staffs and nurses are AHA BLS and PALS providers.

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

Training

In 1987, Dr. Herminia L. Cifra founded the 1st PPS-accredited Critical care Fellowship Training Program in the Philippines. This comprehensive 2-year training program to this day has produced 33 competent Pediatric Intensivists who have taken and passed the qualifying examination of the prestigious Society of Pediatric Critical Care Medicine Philippines. All 35 Intensivists are members of the said society and are serving in the different regions all over the Philippines, and are making good in their respective clinical practices. At present, there are 7 Pediatric Intensivists who are active in PCMC. On February 8, 2011, PCMC ICU was accredited by the American Heart Association as an International Training Center for BLS and PALS and 6 months after, ACLS was added to the course. By 2012, PCMC AHA ITC was ranked number one among the AHA ITC all over the Philippines. It has trained a total of 906 participants on its initial year alone and this population kept on growing yearly. At present, it continuously provides high quality training to over a thousand satisfied participants and counting.





Members of PICU faculty have been representatives of our country in international community of Critical Care Medicine workshops and conventions. such as the World Congress on Pediatric Intensive and Critical Care, World Federation of Societies of Intensive and Critical Care Medicine and the likes. The plan of the Pediatric Emergency Section to come up with its Clinical Fellowship program is in the process of getting approval from the Philippine Pediatric Society.

Research

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







PEDIATRIC LUNG, HEART, KIDNEY AND LIVER 2014

SECTION OF PULMONOLOGY

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

With a full roster of competent and self-motivated staff, innovations and improvement of the section's services were made possible. The Pediatric Pulmonary Rehabilitation Unit was inaugurated on August 31, 1998 and a year later, the Pulmonology Diagnostic Laboratory and Rehabilitation Unit was established. The pulmonary medical staff comprise of six (6) active consultants, four (4) pulmonology fellows, twelve (12) respiratory therapists, and one (1) office clerk.

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

Training

The expertise and dedication of mentors in the person of Drs. Estrella P. de Leon, Dr. Alexander O. Tuazon, Dr. Miguel A.T. Rivera and Dr. Armand A. Cornejos gave birth to a new breed of highly proficient pediatric pulmonologists. To date, the section has already produced 44 pediatric pulmonologists who are presently practicing in different parts of the country. Fellows in training together with the residents and interns who rotate in the section are given the opportunity to handle pulmonary cases and perform/observe the different procedures done.



Consultants (front row from left): Dr. Cesar Ayes M. Ong, Dr. Cristan Q. Cabanilla, Dr. Mary Therese M. Leopando, Dr. Mary Ann F. Aison (Section Head), Dr. Emily Dolores Cecille G. Resurreccion (Training Officer), Dr. Arnel Gerald Q. Jiao (Research Officer)
Fellows (second row from left): Dr. Jenni Rose A. Dela Cruz, Dr. Maria Leah C. Rivera, Dr. Charlene Rose H. Capili, Dr. Genevieve G. Arenillo



Respiratory Therapists (first row from left): Liwayway T. Icawat, Marilene B. Abrajano (Clerk III), Araceli O. Timbal, Jyrha D. Babatio, Shara Kaye N. Cabahug (third row from left): Reoh B. Daños, Jerickson A. Bayani, Rugmor R. Dygico (Chief RT), Allelieh J. Capistrano, Vizhandreb A. Baltazar, Gurdev S.S.C. Rechard

Research

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

Services

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



Tidal Breathing Analysis

Flexible Endoscopy (Bronchoscopy & Nasopharyngoscopy)

Incentive Spirometry

Impulse Oscillation

Spirometry



Nebulization

Exercise Challenge Test

Out-patient Clinics

Asthma Education



SECTION OF NEPHROLOGY

Since its conception in 1990, the Section of Nephrology has been committed to its mission of providing optimal service to children and adolescents with kidney problems while ensuring quality training and continuing education in the practice of pediatric nephrology as it aims to be among the premiere institutions for Pediatric Nephrology in the Asia Pacific through service, training and research.

In January 2008, the Section of Nephrology together with other subspecialties, was placed under the Pediatric Lung, Heart, Kidney and Liver Center.

The section has since catered to children with various renal ailments. The top three cases seen in the out-patient department are Nephrotic Syndrome, Urinary Tract Infection and Glomerulonephritis. While Glomerulonephritis, Acute Kidney Injury and Electrolyte abnormalities make up the most common cases attended to in the wards.



*Top: Dr. Rachelle C. Dela Cruz, Dr. Bettina C. Cercenia, DR. Nathan C. Bumanglag, Dr. Canileure C. Dayrit, Dr. Arleen D. Galvez
Bottom: Dr. Cherry H. Lim, Dr. Sonia B. Gonzalez, Dr. Maria Rosario S. Cruz, Dr. Ma. Norma V. Zamora, Dr. Myrna B. Rosel
Not in the picture: Dr. Zenaida L. Antonio, Dr. Joel S. Elises (deceased)*

Training

Through their visionary leadership and dedication, Dr. Zenaida L. Antonio, Dr. Joel S. Elises and Dr. Myrna B. Rosel paved the way for twenty five pediatric nephrologists to provide highly competent service to children afflicted with renal disease in many parts of the country. Fellows in training together with residents and interns are fortunate to be exposed to a wide variety of renal cases. They are given the opportunity to personally handle these cases under the guidance of a consultant staff.

Fellows in training are trained to be skilled in Peritoneal Dialysis, Hemodialysis and Renal Biopsy. They are also required to go on outside rotation for Renal Histopathology and Renal Transplantation. They likewise undergo a one-month preceptorship on Pediatric Urology and Renal Diagnostics.

Research

Trainees are encouraged to produce quality research prior to the completion of their training. The section has produced a number of quality researches with many of the research studies being recognized both locally and internationally. The latest research is entitled, *"Incidence of Hypercalciuria Among Adolescent Patients with Systemic Lupus Erythematosus on Chronic Steroid Therapy in Philippine Children's Medical Center"* with Dr. Jennifer T. Cornejo as principal investigator. The research study was presented in the last Pediatric Nephrology Society of the Philippines (PNSP) Convention in November 2014.

Services

The section currently offers in-patient care for patients with primary renal disease and receives referrals from the different subspecialties as well. The out-patient department provides an accessible venue for patients to seek consult for renal ailments. Diagnostic procedures such as renal biopsy are offered and currently in the pipeline is the acquisition of an Ambulatory Blood Pressure monitor (ABPM) to detect hypertension and monitor blood pressure control. The section also provides peritoneal dialysis for patients with Acute and Chronic Kidney Diseases. The section, in partnership with the Adolescent Service, also provides a Transition Program for our adolescent patients to prepare them for eventual transfer to adult care. The section is currently pushing for the establishment of the first Pediatric Dialysis Unit in the country that can offer both Peritoneal Dialysis and Hemodialysis to children with renal disease.



Out-Patient Clinic



Renal Biopsy



Transition Clinic



Peritoneal Dialysis



Ambulatory Pressure Monitoring



SECTION OF PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION

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



Services

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

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

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

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

Training & Research

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

In line with the section's mission and vision to provide excellent quality care and management for patients with digestive, hepatic and nutritional disorders, the program boasts of a holistic curriculum which includes medical and hands on training on diagnostic and therapeutic procedures including a partnership

with Metropolitan Hospital to enhance the skills of the fellowship trainees in diagnostic and therapeutic endoscopy. The last year of training involves carrying out one retrospective and one prospective research, as well as further training in advance endoscopic techniques.

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

It also promotes cooperation and camaraderie among different subspecialties with the annual Gastroenterology-Multisubspecialty Symposium (GEMS). Now on its 7th year, it provides a venue where fellow-in-training from different subspecialties meet and tackle challenges in different subspecialty cases which involve gastroenterology and nutritional problems.

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

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

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



The latest graduate of the section is Dr. Almida A. Reodica, who finished her training in February 2014. Her prospective research paper entitled Predictors of Outcome in Patients with Neonatal Hepatitis won 1st place in the PCMC Fellow's Poster Presentation in November 2014 and was presented in International Digestive Disease Forum (IDDF) 2015 in Hongkong.



SECTION OF CARDIOLOGY

The Section of Pediatric Cardiology is one of the busiest services of the PCMC. It is composed of 6 board certified Pediatric Cardiologists and 2 echo technologists that 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, cardioversion, echo-guided pericardiocentesis and balloon atrial septostomy. Closed heart surgical procedures include transaction 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.



ADOLESCENT MEDICINE CENTER 2014



The Adolescent age group occupies a big sector in our population. Although considered a healthy group, their special needs have to be addressed, hence the need to maintain and promote adolescent health to its optimum.

Since the year 1995, when PCMC began to establish the Division of Adolescent Medicine and offer a fellowship training program, it has been the mission of this section to train health care professionals to excel in this field by providing holistic services to adolescents.

Keeping this in mind, the PCMC administration created the Adolescent Center in 2007, noting the increasing number of adolescent patients admitted and seen at the OPD. The Center then launched its “Teen Republic”, a one-stop shop for adolescent care.

The Center’s aim is to give the adolescent patients a place to go to that specifically caters to their needs. It has, under its organization the Adolescent Medicine and the Counseling Unit. The Teen Republic will provide the much needed venue especially adapted to the adolescents’ needs.



Focusing with the concerns of the adolescent and considering the changing times, the following services are provided:

Adolescent Wellness Package:

The Adolescent Wellness Package is geared towards providing a comprehensive and holistic health care that is composed of a general check-up, immunization update, and preventive health promotion and guidance.

This program's primary objective is to provide basic health care and management to all adolescents, and to identify their most common health concerns and issues. It also aims to screen all adolescents for risk-taking behaviors such as substance abuse, unplanned pregnancy, STIs, violence, and render preventive health management and counseling to maintain an optimum state of mental health, promote good nutrition and responsible parenthood.



Teen Pregnancy Clinic and Teen Pregnancy Prevention Program

The "Teen Pregnancy Clinic" of the Teen Republic is a comprehensive program that provides personalized, confidential prenatal care to pregnant teenagers ranging from 10 to 19 years of age.

The program aims to reduce the rates of adolescent pregnancy through its comprehensive health package that includes education and counseling geared towards pregnancy prevention. It also aims to reduce mortality and morbidity brought about by adolescent pregnancy and puerperium, and educate the adolescent on prevention of STIs and its complications.

Teenage patients are seen by a selected group of highly trained physicians, experienced midwives, nurse educator/ lactation consultant, a social worker and a clinical psychologist. It offers a multi-disciplinary approach that links Perinatology-Neonatology-Pediatric Gynecology Center as well as the Women and Child Protection Unit of the Philippine Children's Medical Center.

Transition Program

Transition in health care for young adults with special health care needs is a dynamic lifelong process that seeks to meet their individual needs as they move from childhood to adulthood. A well-timed transition from child-oriented health care allows young people to optimize their ability to assume adult roles and functioning.



The successful transition from pediatric to adult care is a long-term goal for the pediatric team and involves planned collaborative process centering on the young person, their family, the pediatrician and adult teams supported by general practitioner and local physician. The process can be supported by an Adolescent Clinic within the subspecialty area, which aims to specifically meet the developmental needs of the adolescent enrolled in the said clinic.

Counseling Unit

The Counseling Unit provides guidance to adolescents in dealing with their psychosocial issues and help them realize their options in making decisions. It offers one-on-one sessions with an Adolescent Medicine Specialist or Clinical Psychologist. Soon to come are the **Weight Management Program** and **Mental Health Promotion and Suicide Prevention Program**

Weight Management Program

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

Mental Health Promotion and Suicide Prevention

The Multidisciplinary Advocacy for Prevention of Suicide and Promotion of Mental Health (MAPS) aims to empower the adolescent to maintain a healthy lifestyle in order to develop healthy actions toward issues that threaten health, increase illness or injury, disability or premature death.



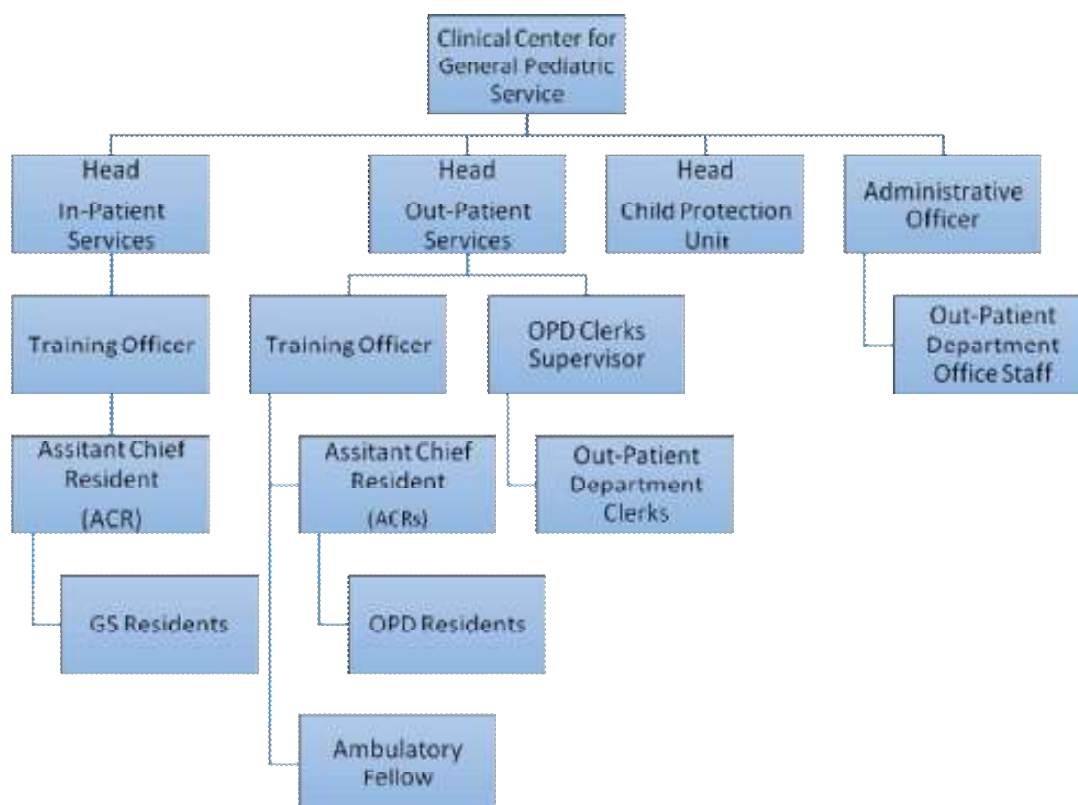
CLINICAL CENTER FOR GENERAL PEDIATRIC SERVICES 2014

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

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

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

The Organizational Chart of the CCGPS 2014-2015:



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

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

- b. Subspecialty Services
 - i. Child Neuro SciencSurgical Center
 - ii. Heart, Lung, Kidney, Liver
 - iii. Adolescent
 - iv. Neonatology
 - v. Ophthalmology
 - vi. EENT
- c. Research
 - i. Ambulatory Fellow Research
 - ii. Community Mini Research Paper
- II. In-Patient Division
 - i. Admission Rounds
 - ii. Round Table Discussion
 - iii. Thursday Ward Rounds
 - iv. Monthly General Services Conferences
 - v. Monthly audit
 - vi. Pre Audit and Mentoring



Consultants and Fellows of the Clinical Center for General Pediatric



Residents rotating at the Out-Patient Department



Weighing the patient as one of the vital information of the patient for record purposes



Nurse at the Immunization Station/Area



CLINICAL CENTER FOR SURGICAL AND ALLIED MEDICAL SERVICES 2014

SECTION OF SURGERY

Service

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

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

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

Recently, the department has been loaned a Peña nerve-stimulator from the World Surgical Foundation. This has benefitted patients who have undergone PSARP and perineal examination, enabling the surgeons to do a more accurate identification of muscle complex in the perineal area. Spring Loaded Silo (SLS) also donated by the Foundation, has been used for our patients with Gastroschisis as temporary “silo or bag”, without the need for general anesthesia, prior to the definitive closure of the abdominal defect.

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



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

Training

The Pediatric Surgery training program started in 1981 as a 2-year structured fellowship program duly accredited by the Board of the Philippine Society of Pediatric Surgeons and the Philippine College of Surgeons. Its main objective is to train pediatric surgeons who can help alleviate the need in the provinces for their expertise. Applicants from the metro, however, are given equal opportunity as those applicants hailing from the province. The program takes pride in having successfully trained more than 52 graduates since 1982, of which nearly half are board-certified Pediatric Surgeons and the rest classified as board-eligible. Majority of our graduates are practicing in the province and hold eminent positions – either as chairman of the department or section heads of the specialty unit.

The Pediatric Urology Training Program started in 2008 and currently the only Training Program in the Philippines offering a 2-year Fellowship training in Pediatric Urology. At present, there are now two graduates of the program working in different hospitals of Metro Manila.

Research

A number of the research outputs of the section have been presented in local annual conventions of the specialty society and at the ASEAN Society of Pediatric Surgeons Congress held annually.

Community Service and Outreach

In partnership with GMA Kapuso Foundation, the Division conducts an Annual Hernia Mission targeting about 60-70 indigent patients coming from different poor sectors of Metro Manila. "Operation Tuli and Tanggal Bukol" is also part of the regular outreach activities of the Division.





REHABILITATION MEDICINE DIVISION

PARALYMPICS 2014

In April 2014, the Rehabilitation Medicine Division along with the Medical Department hosted the first annual Paralympics in line with the celebration of the 34th anniversary of the Philippine Children's Medical Center. It was a half-day sports event which included: Lighting of the Torch, and an Oath of Sportsmanship.

Patients from the RMD were invited to participate in two games (Bowling, and Basketball). They were then all gathered for a warm-up exercise before the Fun Run commenced. All the players were given certificates, and the winners were given medals for taking part in the occasion.



37TH NATIONAL DISABILITY PREVENTION AND REHABILITATION WEEK

The Rehabilitation Medicine Division hosted the celebration of the 37th National Disability Prevention and Rehabilitation Week (or Disability Week) last July 17 – 23, 2014. The division holds different activities for the patients and caregivers during the week-long event. Among which includes: Film Showing of movies featuring stories of persons with disabilities, Children's Fun Run, Bone Screening, Aero Dance (for employees and caregivers); with Seminar series and Kaya Mo Kid 13 highlighting the week's festivities.

Seminars

The Division also organized seminars for caregivers teaching different techniques necessary for carryover of therapy at home. The Physical Therapy Section conducted a seminar on Range of Motion Exercises led by PT staff. This included an on-hand mat demonstration by PT staff, and a return demonstration from the participants. The Occupational Therapy Section held a seminar on Activities of Daily Living and how to teach them to their child. A discussion and demonstration by OT staff was done on how to integrate other techniques in teaching everyday tasks (or ADLs) to children. Parents were also asked to do a return demonstration of the techniques presented. Lastly, a lecture on Language Facilitation Techniques was presented by the Speech Therapy interns.



Kaya Mo Kid 13

Every year, the RMD organizes a party for the patients, and last year's was the 13th Kaya Mo Kid celebration. It is a half-day program which comprises of games with prizes, and gift giving for the patients; intermission numbers by the interns. The gathering acts as the culminating activity for the festivities during the Disability Week



OT SEMINAR SERIES

The Occupational Therapy Section conducted a series of lectures for the year 2014 which featured different techniques for caregivers of patients with varied diagnoses.

On June 28, 2014, the seminar entitled “Ako at and Mundo ng Otismo” was presented by the OT staff for the caregivers of children with a diagnosis of Autism. The lecture comprised of discussions on the medical background of Autism Spectrum Disorder; different therapeutic techniques; other intervention that are effective and beneficial for children with ASD; and different privileges (PWD ID) and organizations that advocate persons with disabilities. The parents were then given time to ask questions about the lecture and specific problems that they experience with their children.

On August 18, 2014, a seminar-workshop entitled “BMT 101: A Parent’s Guide to Managing Behavior” was conducted by the Occupational Therapy Section. The OT interns first gave a discussion on Behavior Modification Techniques, then, the participants were divided into groups. Each group was facilitated by OT staff and interns, and the parents were tasked to present a situation and use the BMT indicated in the case.



PT BEST AFFILIATION

At the end of each internship year, some universities have their interns vote which is the Best Affiliating Center. And for Academic year 2013- 2014, the Physical Therapy Section garnered awards for Best Affiliating Center from two universities (University of Santo Tomas and Far Eastern University-Nicanor Reyes Medical Foundation). PT staffs were invited to the Rehab Department of the said universities to receive the award.

NEW PROGRAMS AND SERVICES

Wheelchair Prescription and Seat Modification

The Rehabilitation Medicine Division provides quality service to pediatric patients with varied needs and diagnoses. The Division offers Physical Therapy, Occupational Therapy, Speech Therapy, and skilled services including Dysphagia Assessment and Management, and Splint Fabrication. For patients who have difficulty maintaining a sitting position due to motor difficulties and delays, the Rehabilitation Medicine Division also offers seat modification made by trained staff. Aside from this, the Medical Consultants of the Division are currently referring wheelchair prescriptions for patients who need specialized wheelchairs depending on their specific needs.





RADIOLOGY DIVISION

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

Together with the rest of the hospital, the Division underwent retrofitting in 2014. With our concerted efforts, only operations with the MRI machine was temporarily closed. Still, the Division was able to deliver services to a good number of our clients: 8,260 patients at the Fluoroscopy section; 515 patients at the Ultrasound section; 869 patients at the CT-Scan section; and 152 patients at the MRI section. We hope to serve more patients this year as some of our wards that underwent renovation have been reopened.

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



SECTION OF PEDIATRIC DENTISTRY

The Dental Division of the Philippine Children's Medical Center started in 1989. Through the initiative of Dr. Lillian V. Lee, a prominent neurologist and then executive director; the division was inaugurated as the Pediatric Dentistry Division (PDD) headed by Dr. Aida H. Salcedo. Its pioneers include Dr. Sofronio San Juan, one of the Philippines' first pediatric dentists and Dr. Juan Quejada, an acknowledged orthodontist.

Pediatric Dentistry Division of the Philippine Children's Medical Center is the only government specialty institution under the Department of Health which offers post-graduate Externship and Fellowship training programs in the field of Pediatric Dentistry. Those accepted in the program are trained in dental management of pediatric patients including those with special health care needs both in conventional and pharmacologic approach.

The division offers oral examination, evaluation and treatment to pediatric patients and to patients with special health care needs under conventional or pharmacological management. PDD is fully equipped with instruments and devices for proper diagnosis and treatment of every patient. It also offers specialty procedures such as fabrication of Obturator and Nasoalveolar Molding Device for cleft patients. PDD is also equipped with Digital Panoramic and Cephalometric Radiograph and Periapical Radiograph machines.

Lectures on Oral Education and Preventive Care are being conducted on a monthly basis given to the parents and/or guardians of the patients in Out-Patient Department. Free consultation, evaluation and fluoride application is done twice a year to selected patients of the division. PDD also takes part in different outreach programs and community services. PDD has a core organization, Philippine Association for Disability and Oral Health, Inc., (PADHI), an affiliate of the International Association for Disability and Oral Health (IADH).

This year 2014, the division has conducted a seminar that was attended by several dentists in and out of Metro Manila. Also, eleven (11) general practitioner dentists were able to finish the pediatric dentistry post-graduate externship training and one graduated from the fellowship training program. The division currently takes part in the many projects and activities of the hospital's different pediatric subspecialties in pursuit of excellence in giving service to the Filipino child.



Guest Speaker, Prof. Cynthia Yiu of Hong Kong University



Graduation of ETP Batch 2 2014 last June 26, 2015 held at PCMC, Q.C.



SECTION OF PATHOLOGY AND LABORATORY MEDICINE

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

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

Highlights of the many acquisitions of the past three years are the following: automated urine flow cytometer designed to streamline, standardize, and increase the sensitivity of urinalysis through an automated system for counting particles; testing for dengue NSI₁ Antigen in Elisa format. This test detects dengue as early as day one of fever; results are interfaced with the newly acquired Laboratory Information System (LIS) for immediate printing of reports with the use of fully automated equipment like the following: Coagulation Analyzer, Hematology Analyzer, Immunology Analyzer, Chemistry Analyzer, Machine for ID of Microorganisms and Sensitivity testing, and Blood Culture Equipment. We also have a cassette printer for our surgical pathology specimens, the first of its kind in the Philippines.

To make blood safer when administered to the pediatric patients, the Blood Bank and Transfusion Services have implemented the pre-storage leuko-reduction of red cells, plasma and platelets. Leuko-reduction, the process of removing white cells, plasma or platelets, is associated with several well-documented benefits that enhance the safety of the blood supply like prevention of transfusion-associated febrile reactions, CMV transmission and refractoriness to platelets among many other benefits. In-house statistics have shown the efficacy of leuko reduced blood products in the form of markedly reduced number of febrile and allergic transfusion reactors even in multiply transfused patients with leukemia, thalassemia and other diseases requiring frequent transfusion. We also acquired a fully-automated machine for blood typing anti-body screening and cross-matching and other blood bank procedure.



Photo by: Francis C. Niala

Nursing Service Department 2014

With its admirable and praiseworthy achievements in the year 2014, the Nursing Service has reached another breakthrough and has contributed to the many accomplishments of the Philippine Children's Medical Center.

As one of the key players and vital contributors to the institution's overall success, the nursing service has taken the extra mile in delivering the safest and highest quality of nursing care to its patients and extraordinary services to its customers. It has also been true to its ideology of piquing the intellectual development of its people through more intensive enhancement programs and training courses, up-to-date lectures and seminars, and several research studies. All these innovations aimed to bridge and close the gaps in knowledge and pave ways to better understand the unexplored dimensions of the nursing profession.

Achieving a merit should not be the end of pursuing the excellence. Instead, it should be the start of another quest for a greater milestone. This is why the Nursing Service will continue to uplift its standards.

2014 Highlights

- Seven (7) research studies completed and are entitled as follows:
 - Factors Contributing to Medication Error and the Reasons for Its Reporting Inconsistencies: Bases for Policy and Guideline Improvement
 - Factors Affecting Patient Transport Delays: Basis for Emergency Transfer Protocol Improvement
 - Lived Experiences of Staff Nurses on Ward Rotation: A Phenomenological Study
 - Effectiveness of Orientation Checklist: Basis for Improving Patient's Significant Other's Compliance
 - Effectiveness of Learning is Easy Through Comics (LEC) in Enhancing the Knowledge on Infection Control of Caregivers of Pediatric Cancer Patients Undergoing Chemotherapy
 - Factors Contributing to Healthcare Associated Infection Among Neonates: Basis for Infection Risk Assessment Scoring System
 - Interruptions on Medication Management Process: Basis for Medication Error Prevention and Mitigation Plan
- One (1) ongoing research study entitled
 - Assessment of the Bathing Procedure at the Pediatric Intensive Care Unit of Philippine Children's Medical Center: Basis for Intubated Pediatric patients Hygiene Protocol Development
- Conduct of First Nursing Research Forum during the 2014 Nurse's Week Celebration
 - The research study entitled "Factors Contributing to Medication Error and the Reasons for its Reporting Inconsistencies: Bases for Policy and Guideline Improvement" was selected for poster presentation during the 47th Annual Convention and 1st International Nursing Service Administrators Conference of the Association of Nursing Service Administrators of the Philippines (ANSAP)



- Conducted Lectures / Seminars on Nursing Research, Medication Administration, Documentation, Communication Skills, Root Cause Analysis, Change Management, SBAR, Policies and Medication Administration Process and a Training Course on Retinopathy of Prematurity.
- Facilitated Skills Development Training for Neonatal Intensive Care Nursing, for clinical Instructors Orientation Program and for Intensive Practicum Program for Post Graduate Studies.
- Facilitated quarterly performance evaluation of 58 Emergency hired nurses and 6 months evaluation of 9 Nurse 1 personnel.
- Contributed to income generation through affiliation/ training fees amounting to an income of P30,120.00
- Conducted Intensive orientation and Didactics for 2 batches of nurse residency training program.

Future Directives for 2015

- Conduct of Nursing Research Seminar Workshops to at least another 15% of the Nursing Service
- Launching of the nursing journal publication which will be called *The Children's Lamp: An Official Publication of the Philippine Children's Medical Center Nursing Service*
- To conduct and finished at least six (6) research studies about patient safety, infection control and nursing service policy and guidelines improvement.
- Participation in several Local and International Nursing Research For a
- Continue and strictly implement nursing audits
- Revisit of Nursing Service policies and procedures
- Implementation of Patient Orientation Checklist (POC) as a result of 2014 experimental research study.



Photo by: Francis C. Niala

OFFICE OF PROFESSIONAL EDUCATION AND TRAINING 2014



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

The medical center has pioneered several subspecialties training programs and had been the birthplace of several subspecialty organizations. Over the years, PCMC has produced several subspecialists who are now providing specialized health services in various parts of the country. In 2014, an additional eleven (11) subspecialists graduated from various post-residency training programs. It has sustained its accreditation in the following programs: Adolescent Medicine, Ambulatory Pediatrics, Child Neurology, Child Psychiatry, EEG-Epileptology, ENT, Neurodevelopmental Pediatrics, Neurosonology, Newborn Medicine, Pediatric Gastroenterology, Pediatric Hematology-Oncology, Pediatric Infectious Diseases, Pediatric Intensive Care, Pediatric Nephrology, Pediatric Pulmonology, Perinatology, Pediatric Gynecology, Perinatal Anesthesia, Pediatric Anesthesia, Pediatric Surgery, Pediatric Urology, Pediatric Radiology and Pediatric Dentistry.

PCMC is the only non-university-based medical center whose Pediatric Medicine Residency Training program is given a Level IV accreditation by the Philippine Pediatric Society. Medical centers from different parts of the country continue to connect with PCMC to send their trainees to this institution to widen their clinical exposure and intensify their training. Majority of the graduates of the residency training program are distributed in various regions of the Philippines. In 2014, a total of thirty (30) graduates from the Pediatric Residency training program were dispersed nationwide.

PCMC is also a favored training medical institution of schools and universities with undergraduate and postgraduate medical and allied medical health training programs. Students of medicine, nursing, dentistry, medical technology, pharmacy, physical therapy, occupational therapy, speech pathology, respiratory therapy, radiologic technology, nutrition and dietetics are accepted as interns and rotate in the hospital for a specified period.



OFFICE OF RESEARCH DEVELOPMENT 2014

The Office of Research Development (ORD) is the Philippine Children's Medical Center's (PCMC) 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.

In 2014, the ORD was ably headed by Dr. Mary Ann F. Aison as Officer in Charge, continuing the programs and activities organized over the past few years by Dr. Ma. Lucila P. Perez. Since 2010, all first year pediatric residents rotate in the ORD for a period of one month, providing them the venue for learning and protected time to develop quality and relevant researches during their residency training. There are also lectures and discussions between and among rotating pediatric residents, subspecialty fellows and their research mentors to enhance the learning of important concepts and principles of clinical research. At the end of the rotation they will have produced research proposals that are hopefully worthy of being funded by the hospital or by other external agencies.

To balance research output with good clinical practice, the ORD and 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 are being developed and enhanced in preparation for 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) in 2015.

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

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

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

Up to the present time, the quality control of donated milk is regularly done by screening the following: 1.) breast milk of individual first time donor; 2.) an aliquot per batch of pooled raw milk prior to pasteurization; 3.) an aliquot per batch of pooled pasteurized milk after treatment to ensure safety.



Photo by: Francis C. Niala

There were three (3) projects undertaken by the PCMC-ORD, two in collaboration with other centers and one in-house project :

1. Detection and Phylogenetical Analysis of Acute Gastroenteritis Viruses among Children (<5 years old) admitted in Four (4) Tertiary Hospitals in the Philippines: A Prospective Study; with Research Institute for Tropical Medicine (RITM) and Tohoku University, Japan, June 2012-2014.
2. Etiology of Sepsis and CNS Infection among Filipino Infants Less than 2 months old; with Research Institute for Tropical Medicine (RITM) and Tohoku University, Japan; April 2012-2014.
3. Creatinocrit Levels in Raw Breast Milk in relation with the Maternal Body Mass Index; July 2011 up to the present.

There were 30 research papers submitted by 3rd year pediatric residents and 24 research papers by the different subspecialty fellows, making a total of 54 completed approved PCMC researches by trainees in 2014



QUALITY MANAGEMENT OFFICE 2014



Photo by: Nowell Edles

PCMC's vision-mission bear QUALITY, a trait and a culture engrained in the work ethic of the PCMC workforce to live out its core values: *DESTIMAP*.

Now on its 35th year of high quality equitable compassionate service to every Filipino child, PCMC ensures this quality of healthcare services and delivers the most responsive service to its clientele.

In the latter part of 2011, the Office of the Secretary of Department of Health issued AO No. 2011-0020 with the subject "Streamlining of Licensure and Accreditation of Hospitals." Testament to its *dedication* and *excellence*, the PCMC Management thru the leadership of its Executive Director, Dr. Julius A. Lecciones promptly heeded this issuance. He took up the cudgels of this opportunity a notch higher in order to strengthen PCMC's management system and further improve its services to aptly meet customer requirements according to the ISO Quality Standards. Director Lecciones created posthaste the Quality Management Systems Office and designated his Executive Assistant to head this Office by December 2011.

The soft-launching of the ISO Awareness campaign was held during the celebration of PCMC's 32nd Anniversary in April 2012. All the departments, divisions, sections, and units of PCMC, represented by the heads/center chiefs/chairpersons affirmed their commitment to this quality endeavor. By September 2012, the 3-tiered ISO preparedness and trainings commenced, including the conduct of its Internal Quality Audit.

PCMC partnered with TÜV Rheinland Philippines Inc.,(TUVR) a global provider of technical, safety, and certification services and product testing using the CE mark. Amongst PCMC's requirements was for a world-renowned and reputable certifying body for ISO standards to conduct its Certification Audit. This was completed on August 13, 2013 and the Awarding Event was celebrated with all of the PCMC community, graced by DOH Asec Elmer Punzalan and TUVR Vice President and Head for Global Certifications, Dr. Herfried Kohl.

No system is perfect, hence, we consistently and continually exert our collective efforts to further improve ours to meet our institution's goals. On September 2, 2014, TÜVR conducted its 1st year surveillance audit and commended PCMC for the milestone it accorded their company having found zero (0) non-conformity, their audit team recommended PCMC for continued certification. This is a bigger milestone for PCMC!

Environmental Management System

PCMC is the pioneer of all Healthcare Government Institutions in the country to be certified in ISO 14001:2004 + cor 1:2009 for EMS.

TÜVR Philippines Inc., as our Certifying Body became our partner in improving our environmental management system performance. It was a rough hike to reach this goal, no easy way nor shortcuts. Step by step, but with a *Sense of urgency*, we gave of our dedicated and collective efforts – *Teamwork* and *Integrity* - of each individual in the PCMC community and

our sincere *Malasakit* to our patients as well as our *Audacity* to help our environment and preserve the resources from mother earth propelled us to do this now. Our endeavor for the EMS certification started on the 4th quarter of 2013. PCMC's *Professionalism* made the external Certification Audit possible on May 13 and 14, 2014 whence the TÜV Rheinland Philippines Inc. Audit Team recommended PCMC for issuance of EMS ISO Certification for meeting the requirements of the Standard. PCMC was commended for preserving the many trees and plants in its surroundings. On August 18, 2014 the TÜV Rheinland Philippines Inc with their representatives awarded the EMS ISO 14001:2004+Cor. 1:2009 Certificate to PCMC held at the PCMC AVR.



Photos by: Francis C. Niala

During the National Staff Meeting of DOH in November 2014 at the Mt. Malarayat Golf & Country Club, Lipa City, Batangas, PCMC received two (2) ISO Certificates (1 for QMS, & 2 for EMS) wherein PCMC 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. The journey to performance excellence is a never-ending drive to look for opportunities to improve. The PCMC Team consistently exerts efforts in strengthening the QEMS framework to achieve our quality and environmental goals for this Medical Center and for the future of our nation, the Filipino children. We are united, because we care for every Filipino child.



FINANCE DIVISION

EXECUTIVE SUMMARY

For calendar year 2014, the Philippine Children's Medical Center (PCMC) is a recipient of P365 million subsidy. The amount was provided and allotted under General Appropriation Act of 2014 intended for the operation and Infrastructure Project including retro-fitting of the hospital. The P365.00 million was released by the Department of Budget and Management thru the Bureau of Treasury. The amount received was recorded in the books of accounts of PCMC as non-operating income (subsidy) during the year.

Registered hospital **corporate income** for the year total to **P235.26 million**. It incurred total expenditures of P642.96 million.

The Center's assets, liabilities and equity as of December 31, 2014 were P924.14 million, P367.66 million and P556.48 million respectively, registering decreases in assets, liabilities and equity by 20%, 33% and 8% respectively, over that of CY 2013.

Although affected by major retro-fitting activity, PCMC still rose above all odds. In terms of liquidity, its current assets composed of cash, receivables and inventories are enough to pay its liabilities. Current ratio, acid test ratio and debt ratio were registered at 1.08:1, 0.74:1 and 0.66:1 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.



Photo by: Francis C. Niala

2014 PCMC CORPORATE OPERATING BUDGET
(In Million Pesos)

	Target	Realized/Spent	% Realized/ Spent	Remarks
Sources of Funds:				
Subsidy	365.00	365.00	100.00%	P315M-regular P 50M-EO/Infra
Corporate Income	260.00	235.26	90.48%	Affected by major Retro-fitting
Retained Earnings	212.84	103.47	48.61%	Sourced from non-cash assets
Total	837.84	703.73	84.00%	
Uses of Funds:				
Personal Services	537.19	478.39	93.00%	
MOOE	250.65	175.34	70.00%	Cost of Goods Sold included, depreciation, bad debts are excluded
Equipment Outlay	26.00	26.00	100.00 %	
Capital Outlay	24.00	24.00	100.00%	Retro-fitting ongoing/other infra
Total	837.84	703.73	84.00%	

PCMC EQUITY
(In Million Pesos)

Total Assets	924.14
Total Liabilities	367.66
Equity	556.48



**PHILIPPINE CHILDREN'S MEDICAL CENTER
STATEMENT OF INCOME AND EXPENSES**

2014 VS 2013

(In million pesos)

	2014 Dec.	2013 Dec.	% Inc./-Dec.
Gross Revenue from Services to Patients			
In Patients	257.52	280.55	-8%
Out Patients	176.61	203.79	-13%
Gross Hospital Fee	434.13	484.34	-10%
Less : Cost of Goods Sold	147.19	162.35	-9%
Net Hospital Fee	286.94	321.99	-11%
Less: Deduction from Gross Income			
Quantified Free Service	98.73	127.05	-22%
Discounts and allowances	7.90	6.73	17%
Total deductions	106.63	133.78	-20%
Net Revenue from Services to Patients	180.31	188.21	-4%
Add: Rental Income	1.63	2.18	-25%
Total Business Income	181.94	190.39	-4%
Add: Other Income			
Miscellaneous Income	11.60	10.31	13%
Fines and Penalties	1.90	0.62	206%
Other Income	13.50	10.93	24%
General Income	195.44	201.32	-3%
Less: Operating Expenses			
Personal Services	478.39	500.97	-5%
MOOE	164.57	168.54	-2%
Total Operating expenses	642.96	669.51	-4%
INCOME (LOSS) FROM OPERATION	(447.52)	(468.19)	-4%
Add: Non-Operating Income			
Subsidy from National Gov't.	365.00	345.00	6%
Interest Income	3.55	9.34	-62%
Income from Grants and Donation	36.19	29.70	22%
Gain/Loss on Foreign Exchange	0.08	0.44	-82%
Total non-operating income	404.82	384.48	5%
NET INCOME	(42.70)	(83.71)	-49%

PHILIPPINE CHILDREN'S MEDICAL CENTER
BALANCE SHEET
2014 VS 2013
(In million pesos)

	2014 Dec.	2013 Dec.	% Inc./-Dec.
ASSETS			
Current Assets			
Cash and Cash Equivalents	270.03	541.33	-50%
Trade and Other Receivables	63.34	75.89	-17%
Inventories	60.82	68.42	-11%
Prepaid Expenses	1.22	10.08	-88%
Total Current Assets	395.41	695.72	-43%
Non-Current Assets			
Property, Plant and Equipment	528.24	457.21	16%
Other Non-Current Assets	0.49	0.49	0%
Total Non-Current Assets	528.73	457.70	16%
TOTAL ASSETS	924.14	1,153.42	-20%
LIABILITIES			
Current Liabilities			
Payables- unliquidated obligations	71.68	226.98	-68%
Due to Officers and Employees	43.62	62.48	-30%
Inter-Agency Payables	12.14	7.73	57%
Intra-Agency Payables	150.79	176.93	-15%
Other Liability Accounts	88.94	73.26	21%
Total Current Liabilities	367.17	547.38	-33%
Deferred Liabilities	0.49	0.49	0%
TOTAL LIABILITIES	367.66	547.87	-33%
EQUITY			
EQUITY (Retained Earnings)	556.48	605.55	-8%
Total Equity	556.48	605.55	-8%
TOTAL LIABILITIES AND EQUITY	924.14	1,153.42	-20%



PHILIPPINE CHILDREN'S MEDICAL CENTER SCORECARD 2014

DEPARTMENT PERFORMANCE TARGETS AND ACCOMPLISHMENTS 2014

Department : Department of Health (DOH)

Agency: Philippine Children's Medical Center

MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2013 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2014 TARGET in GAA (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
A. MAJOR FINAL OUTPUTS (MFOs)/ OPERATIONS						
MFO 1: HOSPITAL SERVICES						
2014 BUDGET: Php230,893,000						
QUANTITY						
Performance Indicator 1: (QUANTITY) Number of out-patients managed	65,467	72,000	PS	59,313	82%	<ul style="list-style-type: none"> • Reduction in patient population due to events beyond PCMC's control: • Retrofitting the hospital structural members started last Nov. 2013 • It was extended due to unexpected findings when the actual columns were exposed • Resulted to prolonged closure of the hospital facilities for outpatients and inpatients • Renovations took longer than expected because of delays in fund releases from DOH arising from differences of opinion with DOH due to the land issue controversy
Performance Indicator 2: (QUANTITY) Number of in-patients managed (Admissions)	9,586	11,500	PS	7,709	67%	
Performance Indicator 3: (QUANTITY) Number of elective surgeries	946	1,050	PS (SAD)	606	58%	
Performance Indicator 4: (QUANTITY) Number of emergency surgeries	368	450	PS (SAD)	157	35%	

MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2013 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2014 TARGET in GAA (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
QUALITY						
Performance Indicator 1: (QUALITY) Net death rate among in-patients	2.9% No. of deaths (including neonatal deaths) in the hospital in a given year/ Total no. of discharges (including live births) in the hospital in the same year x 100 (279/9,627)	3%	PS	2.9% No. of deaths (including neonatal deaths) in the hospital in a given year/ Total no. of discharges (including live births) in the hospital in the same year x 100 (224/7,630)	100%	
Performance Indicator 2: (QUALITY) Percentage (%) of clients that rate hospital services as satisfactory or better	98% No. of satisfied clients/ Total number of filled client satisfaction survey form x 100 (86,075/88,228)	99% (7,661/7709)	PS, NS, DO, HSS	99% No. of satisfied clients/ Total number of admissions x 100 (7,661/7709)	100%	
Performance Indicator 3: (QUALITY) Percentage (%) of patients with a hospital acquired infection	2.95% Total no. of patients admitted w/ HAI/ Total no. of admissions x 100 (305/10,347)	3%	PS, NS	2.50% Total no. of patients admitted w/ HAI/ Total no. of admissions x 100 (208,649)	100%	
Performance Indicator 4: (QUALITY) Percentage (%) of cases with attributable complications within 1 month from discharge	0	3%	PS	0	100%	
TIMELINESS % of triage patients with ≥ 3 Emergency Severity Index (ESI) attended						



MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2013 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2014 TARGET in GAA (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
Performance Indicator 1: (TIMELINESS) Within 2 hours-OPD	100% 2 hours	100% Within 2 hours	PS, NS, HSS	100% 2 hours	100%	
Performance Indicator 2: (TIMELINESS) Within 30 minutes – ER	100% 30minutes	100% Within 30minutes	PS, NS, HSS	100% 30minutes	100%	
Performance Indicator 3: (TIMELINESS) Within 2 hours –Admissions	100% 2 hours	100% Within 2 hours	PS, NS, HSS (PBSD)	100% 2 hours	100%	
Performance Indicator 4: (TIMELINESS) Within 2 hours – Discharges	100% 2 hours	100% Within 2 hours	PS, NS, HSS (PBSD)	100% 2 hours	100%	
MFO 2: RESEARCH AND DEVELOPMENT SERVICES						
2013 BUDGET: Php10,372,000						
QUANTITY						
Performance Indicator 1: (QUANTITY) No. of research projects completed	40	41	PS, Training and Research (ORD)	54	132%	
QUALITY						
Performance Indicator 1: (QUALITY) Percentage (%) of research projects completed within the last 3 years adopted by health sector or with results published in a recognized journal	53% No. of research projects published within the last 3 years/ Total no. of completed research x 100 (21/40)	71% 29/41	PS, Training and Research (ORD)	73% No. of research projects published within the last 3 years/ Total no. of completed research x 100 (29/40)	103%	

MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2013 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2014 TARGET in GAA (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
TIMELINESS						
Performance Indicator 1: (TIMELINESS) Percentage (%) of research projects completed within the original proposed timeframe	89% No. research completed w/in the timeframe / Total no. of research projects x 100 (40/45)	76% 41/54	PS, Training and Research (ORD)	76% No. research completed w/in the timeframe / Total no. of research projects x 100 (41/54)	100%	
MFO3: EDUCATION AND TRAINING FOR HEALTH PROFESSIONALS						
2013 BUDGET: Php18,335,000						
QUANTITY						
Performance Indicator 1: (QUANTITY) Number of persons provided with training	340	380	Training and Research (OPET), PS, NS	507	133%	
Performance Indicator 2: (QUANTITY) Number of training days provided to outside resident rotators per trainee	60 days	65 days	Training and Research (OPET), PS	70 days	108%	
Performance Indicator 3: (QUANTITY) Number of training courses	37	38	Training and Research (OPET), PS, NS	37	97%	
QUALITY						
Performance Indicator 1: (QUALITY) Percentage (% of trainees passing the board exams a. Written b. Oral	100% 7/7 13/13 No. of trainees passing the board exams/ Total no. of trainees x 100	100%	Training and Research (OPET), PS, NS	100% 10/10 17/17 No. of trainees passing the board exams/ Total no. of trainees x 100	100%	



MFOS AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2013 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2014 TARGET IN GAA (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
Performance Indicator 2: (QUALITY) Percentage (%) of trainees who rated the training course as Good or better	100% No. of trainees who rated training courses as good or better/ Total no. of trainees x 100 (40/40)	100%	Training and Research (OPET), PS, NS	100% No. of trainees who rated training courses as good or better/ Total no. of trainees x 100 (40/40)	100%	
Performance Indicator 3: (QUALITY) Percentage (%) of outside resident rotators who rated the rotation as good or better	98% No. of outside resident rotator who rated training courses as good or better/ Total no. of outside resident rotators x 100 (171/174)	99%	Training and Research (OPET), PS	98% No. of outside resident rotator who rated training courses as good or better/ Total no. of outside resident rotators x 100 (171/174)	99%	
TIMELINESS						
Performance Indicator 1: (TIMELINESS) Percentage (%) of applications for training course slots acted upon within 2 weeks	100% Applications acted upon w/in 2 weeks/ Total no. of applications x 100 (149/149)	100%	Training and Research (OPET), PS, NS	100% Applications acted upon w/in 2 weeks/ Total no. of applications x 100 (165/165)	100%	

MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2013 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2014 TARGET in GAA (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
B. SUPPORT TO OPERATIONS (STO)						
Performance Indicator 1: Percentage (%) of implemented QEMS activities to maintain ISO certification of the hospital (9001:2008, 14001:2004)	100% Number of QEMS activities implemented/ Number of planned QEMS activities for the year x 100 (12/12)	100% (10/10)	QMSO	100% Number of QEMS activities implemented/ Number of planned QEMS activities for the year x 100 (10/10)	100%	
Performance Indicator 2: Percentage (%) of functionality of Hospital Information Technology System	100% Number of service areas connected to information system/ Total number of service areas (71/71)	100% (66/66)	OHICS	100% Number of service areas connected to information system/ Total number of service areas (79/79)	100%	
C. GENERAL ADMINISTRATION AND SUPPORT SERVICES (GASS)						
Performance Indicator 1: Budget Utilization Rate a. By the Obligations BUR or the ratio of total obligations to total releases	90% 1. Total Actual Obligation (Net of PS & Disallowed Items in the COB/ DBM Approved Budget (Net of PS) (P241,808,406.97/ 289,278,000.00)	90%	HSS (Finance Division)	96% 1. Total Actual Obligation (Net of PS & Disallowed Items in the COB/ DBM Approved Budget (Net of PS) (P296,342,602.51/ 306,938,000.00)	107%	
b. By the Disbursements BUR or the ratio of total disbursements to total obligations	99% 2. Total Actual Disbursement/ Total Actual Obligation (P239,688,455.94/ 241,808,406.97)	90%	HSS (Finance Division)	92% 2. Total Actual Disbursement/ Total Actual Obligation (P272,342,602.51/ 296,342,602.51)	102%	

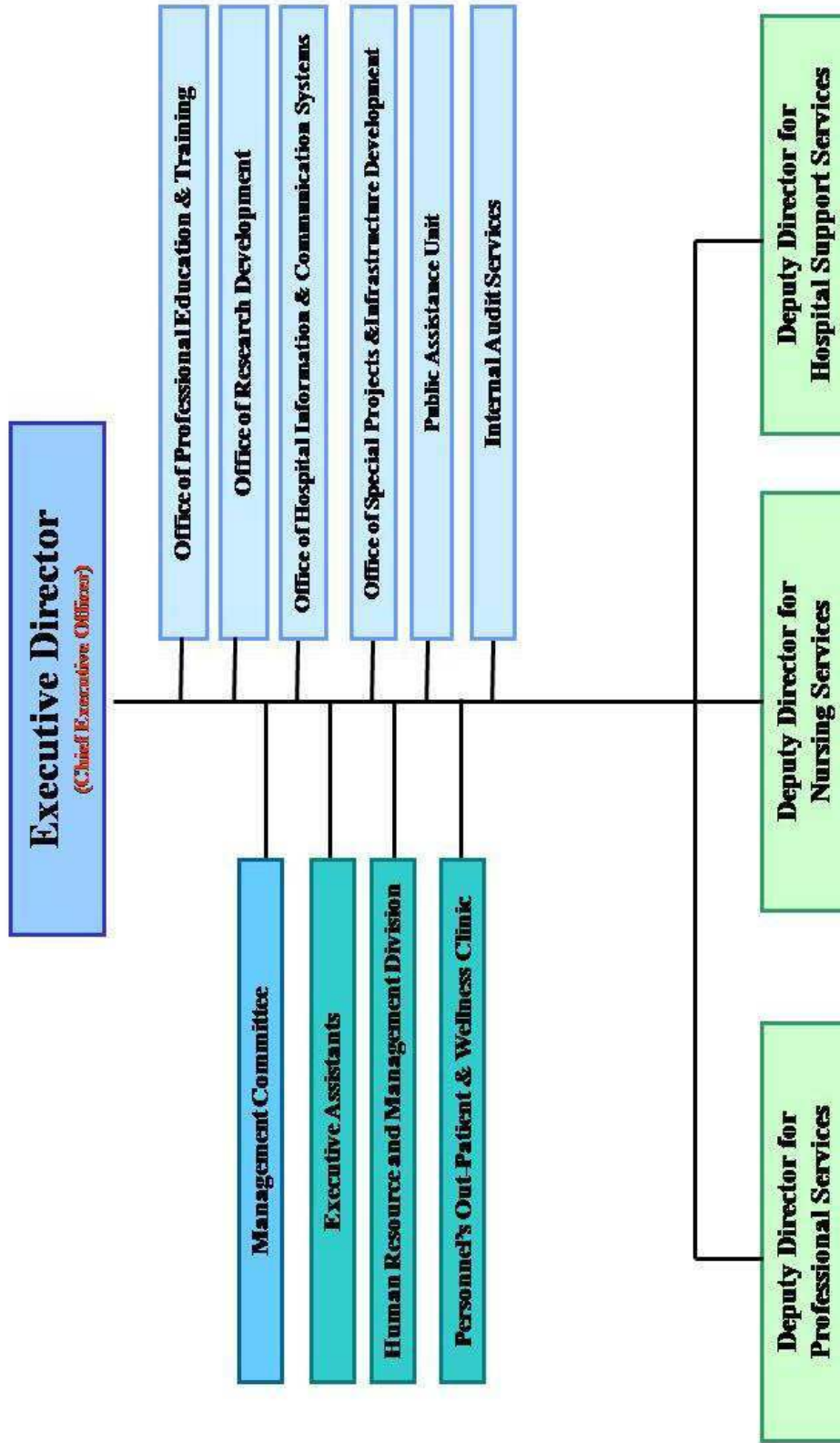


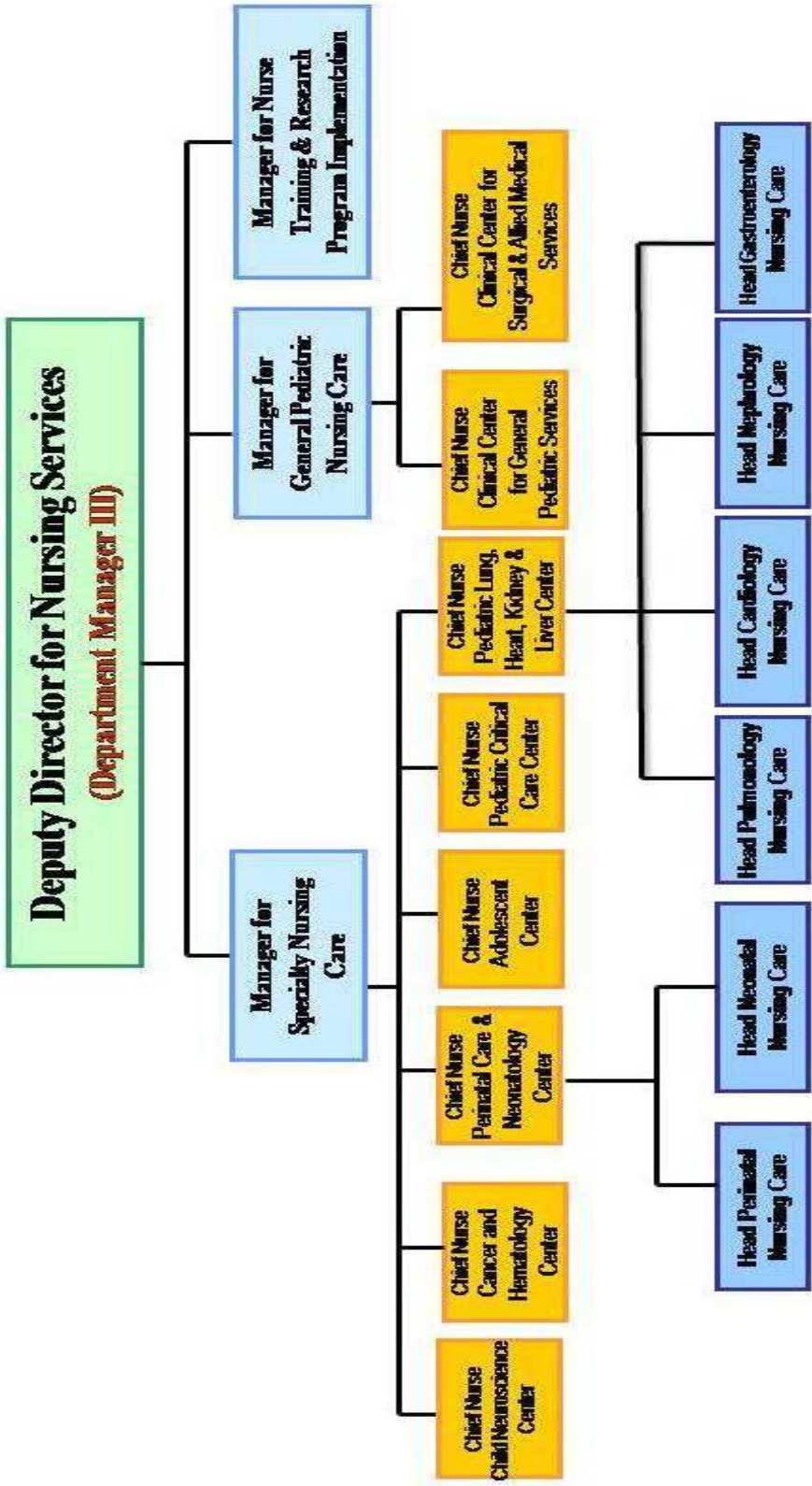
MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2013 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2014 TARGET in GAA (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
Performance Indicator 2: a. Submissions to COA of Financial Statements for FY 2013 (per PD 1445)	100% 2012 Financial Statement was submitted on February 14, 2013	100% 2013 Financial Statement was submitted on February 13, 2014	HSS (Finance Division)	100% 2013 Financial Statement was submitted on February 13, 2014	100%	
b. Submission to COA of Report on Ageing of Cash Advances (Cut-off date November 15, 2014)	100% Report on Ageing of cash advances was submitted on November 29, 2013	100% Report on Ageing of cash advances to be submitted not later than December 1, 2014	HSS (Finance Division)	100% Report on Ageing of cash advances was submitted on December 1, 2014	100%	

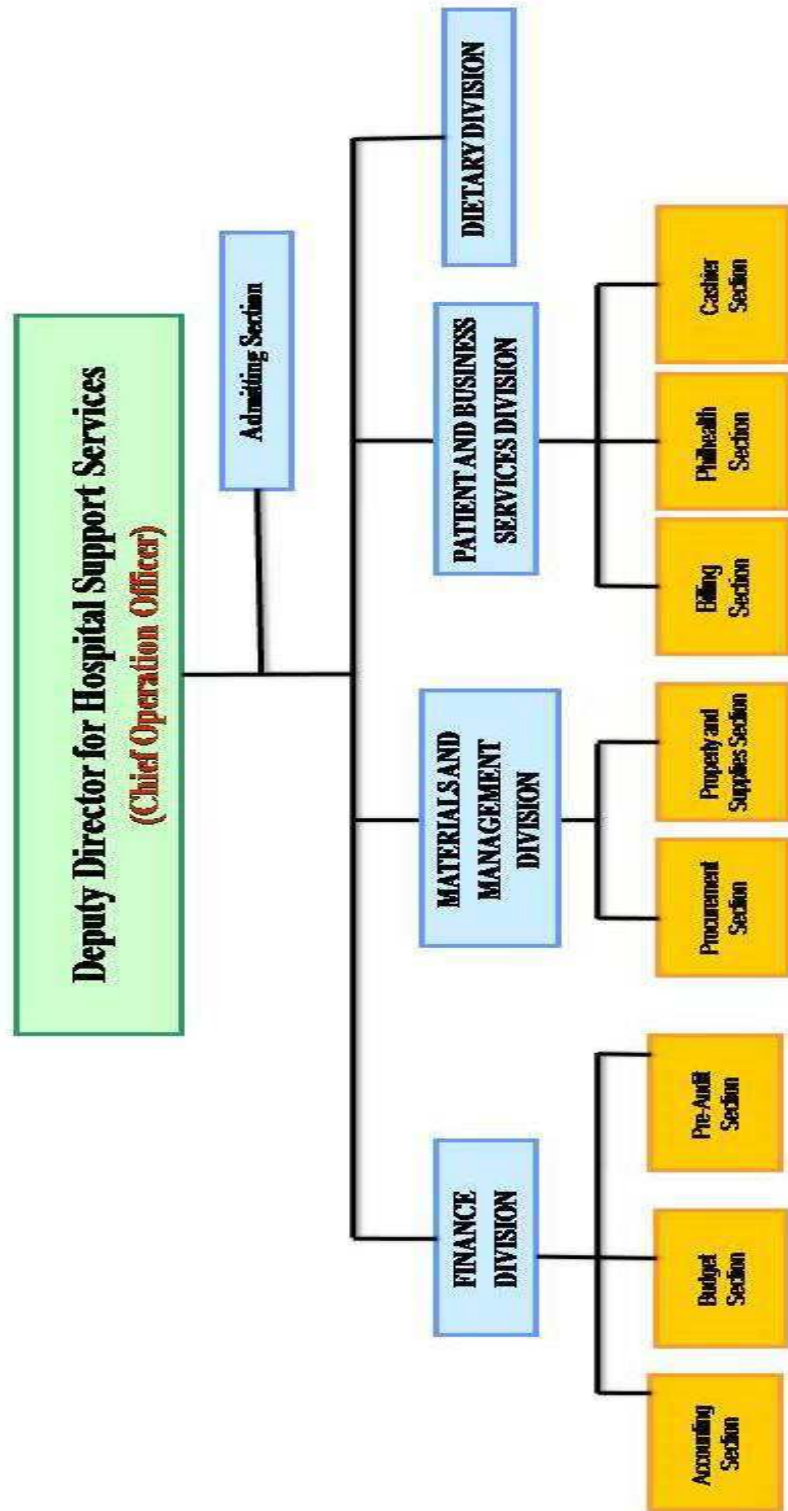
HSS – Hospital Support Services
 NS - Nursing Services
 PS – Professional Services
 DO- Director's Office

OHCS- Office of the Hospital Information & Communication System
 SAD- Surgery, Anesthesia and Dentistry
 QMSO- Quality Management Systems Office

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Photo by: Francis C. Niala

"Let the children will benefit from mankind's successes and the least to suffer from its failures"

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



The Hospital and Its Murals

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

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

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

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



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

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



Philippine Children's Medical Center

2014

Annual Report

