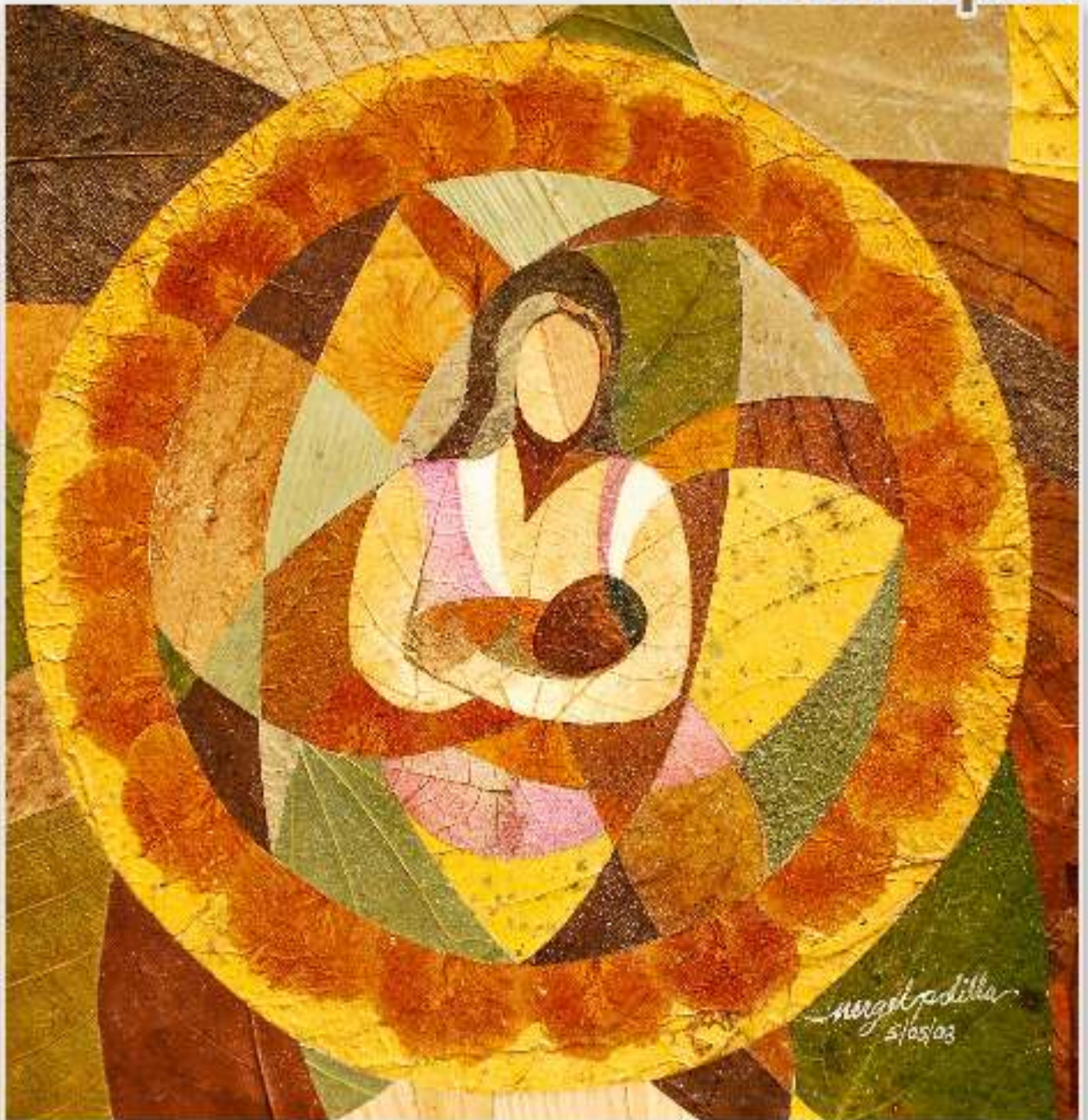




Philippine Children's Medical Center
Quezon Avenue, Quezon City

2015 Annual Report



A Family with You



The COVER

“Mother & Child”

by Virgilio Dilla

“ The bond between mothers and their children is one defined by love. As a mother’s prayers for her children are unending, so are the wisdom, grace, and strength they provide to their children.”

-President George W. Bush

The **“Mother and Child”** is a masterpiece of PCMC’s former artist illustrator, Mr. Virgilio Dilla. A seasoned artist known for his wit and unique style using leaves to create his craft.

The “Mother and Child” resembles PCMC’s logo and represents same meaning. This piece further emphasize that we are not just caring for Filipino Children but also the mothers and their family as a whole.

PCMC, a family with you.

EDITORIAL

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

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H I S T O R Y

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. 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, serv-

ing 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. In later of 2013, it began its hospital-wide retrofitting, an infrastructure improvement to strengthen the building and to secure safety of clients being served.

On August 18, 2014, TUV Rheiland

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

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

As PCMC moves onto the next decade, the hospital has its 3-year plan of constructing of new building and modernized the facilities to cater additional 200 beds for service patients. It will continue to blaze the trail in its pursuit of excellence by delivering quality specialized pediatric healthcare to those who are sick as well as maintaining the quality of health of those who are well, always taking to heart the safety and well-being of all of its healthcare providers and hospital support staff.



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

DEDICATION TO DUTY

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

EXCELLENCE

Giving the best of care is our source of fulfillment.

SENSE OF URGENCY

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

TEAM WORK

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

INTEGRITY

Honesty and probity are of paramount importance to us.

MALASAKIT

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

AUDACITY

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

PROFESSIONALISM

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

QUALITY & ENVIRONMENTAL POLICY

PCMC Takes the Lead to Best Health Care for Children

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

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

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

QUALITY OBJECTIVE

PCMC aims to be the Premier Children's Medical Center

And achieve operational excellence by:

Ensuring ownership and accountability of all processes by the entire workforce;

Implementing best practices and health processes;

Focusing on customer's wellness and delight to drive change;

Using a systematic review process which identifies and eliminates performance gaps.

ENVIRONMENTAL OBJECTIVE

Commitment to Health, Wellness, Safety and Environment

We at PCMC commit ourselves to promote quality awareness and manage health, wellness, safety, and the environment as our core service and business value.

We commit ourselves to provide a safe and healthy environment for children and our workforce.

We shall comply with all applicable government standards and regulations, and the requirements of the healthcare industry.

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



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

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

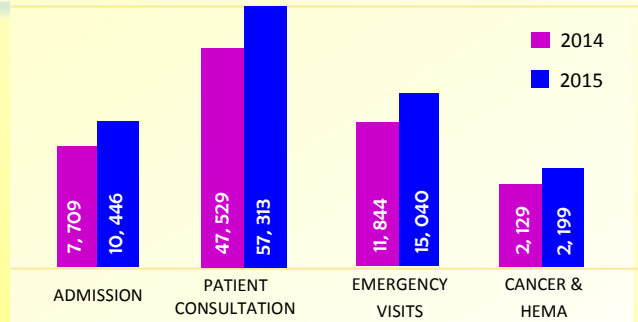


Proud to be the Best!

The year 2015 was an exceptionally exciting year for the Philippine Children's Medical Center. Our success in securing ownership of the land where our hospital historically stood for the last 35 years was the result of our collective action which finally ended our long years of unrelenting struggle for children's interest and welfare it represents. We now face a more secure future that will bring us unbounded possibilities to be the best we could be. Indeed, it was a year of both change and discovery, audacity and excellence of new opportunities and extraordinary breakthroughs.

The growth of our patient population in every category is the concrete manifestation of the public's trust in our expertise in specialty pediatric care, training and research. Our messaging and communications in relation to our role and national importance as the People's Hospital resonated with broad segments of our society, amplified by the media when we brought to their attention our fear of losing our

GROWTH IN EVERY CATEGORY



land. With this trust carries great responsibilities. We now focus in expanding our physical facilities to serve as many children as we can, and the government's grant last year for us to build a new multi-storey building firmly started us in that direction.

In this Annual Report, we introduce you to our hospital teams and discover how their work is changing children's lives. We likewise want you to know some of our patient and their families who entrusted us with their children's lives. We, therefore, deliver you the hopeful news on the progress that we have made towards being the very best in what we do, bringing healing and high-quality care to our children and their families.

Every day at PCMC, we will find new paths to excellence in order to further advance our mission of care, compassion, and innovation. We invite you to be with us in building a strong, safe and relevant hospital for Filipino children.



Julius A. Lecciones
JULIUS A. LECCIONES, MD, MHA, MPM, MSchSM, CESO III

Message from the

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. 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

Maintaining its stature, as one of only four PPS-accredited Level IV training hospital in pediatrics and its subspecialties, PCMC has the most complete and among the best training programs in the country. It is likewise the pioneer in many pediatric training programs, and the birthplace of almost all pediatric subspecialty professional societies. Thus, PCMC is the biggest contributor to the manpower need of the nation for pediatric subspecialists.



RAYMUNDO W. LO, MD

DEPUTY DIRECTOR FOR PROFESSIONAL SERVICES



AMELINDA S. MAGNO, RN, PH.D

DEPUTY DIRECTOR FOR NURSING SERVICE

CARING for pediatric patients, day to day, poses a great challenge to the professional nurse as it requires professionalism, competence and compassion that result to better patient outcomes and effective and safe patient care.

Managing a nursing service goes beyond maintaining an effective and safe care delivery. It is about shared decisions and shared accountability. It is about teamwork and developing the value of selfless service among all nursing personnel. This may sound unrealistic, but with the programs and

trainings that the PCMC top management implemented like the Pediatric Nurse residency training program, Pediatric Nurse Managers residency training program, the Pediatric nurse competency development training and other specialty programs; selfless, safe and effective patient care is achievable and we are engaged to succeed.

The challenges of serving the Philippine Children's Medical center and its clients bring the Nursing Service uphill and allows each nurse and other nursing personnel to make a difference in every child's life.

Deputy Directors

35 years of being

around not as a mere institution, PCMC is a place home away from home of children who come for medical attention. A healing and compassionate community for children of all creed and social classes, PCMC has become me since 1997 when I first decided to commit my professional services here.

The paradigm of a government without genuine care for its people had long been shattered sixteen years ago. My commitment to serve with uncompromising care and concern for the children who come to PCMC portals is deepened year after year. The odds and barriers in operation

do not measure up to the magnitude of each successful venture, no matter how small and brief. The joy seeing through every struggle brought to the finish line is the one that lasts.

I am nearing the end of my government service. I wish to leave a legacy of hard work and continuous quest for improvement and excellence in everything we do here. I have always been very proud of being part of this institution that demonstrates the value of a government that truly cares for its people especially the children from the deprived and underserved communities.

Mabuhay ang PCMC!!



JARA CORAZON O. EHERA, CEO VI

DEPUTY DIRECTOR FOR HOSPITAL SUPPORT SERVICES

I

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

In response to these threats, the entire PCMC community came together to gain popular support from the Filipino people to find ways and means to keep PCMC alive. The campaign started with letters, meetings, rallies, coming out in the media and speaking directly with politicians who have supported the PCMC in recognition of its valuable contribution to Child healthcare. Our campaign included members of our

staff going out of their way to find all the possibilities to save our hospital, even to the provinces to find anything that could save PCMC. With hard work, prayers and the great love and support of our community and the intervention of Senators Guingona, Legarda and Aquino and Congressman Romualdez, the PCMC not only won the right to stay in its present historical location, but we were granted funds to build a new building and renovate the old building to bring it up to 21 st century of healthcare for our patients especially the indigent.

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

MARAMING SALAMAT PO!!



VICENTE PATRICIO GOMEZ, MD

ASSISTANT DIRECTOR



Hospital Statistics



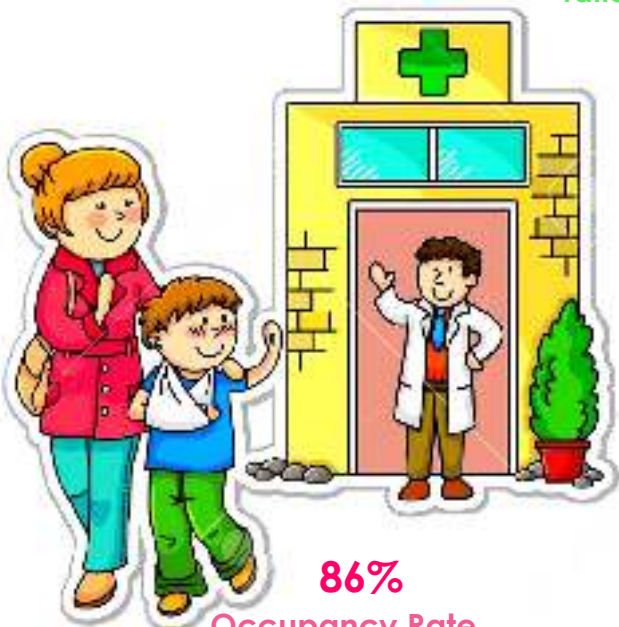
72,353
total patient consultation;
15,040 from Emergency Room
and 57,313 from Out-Patient.

22%
increase from the past 6
years



10,446
total patient admission;
6,798 Service Patients and
3,648 Pay Patients

40:60
ratio of Pay to Service



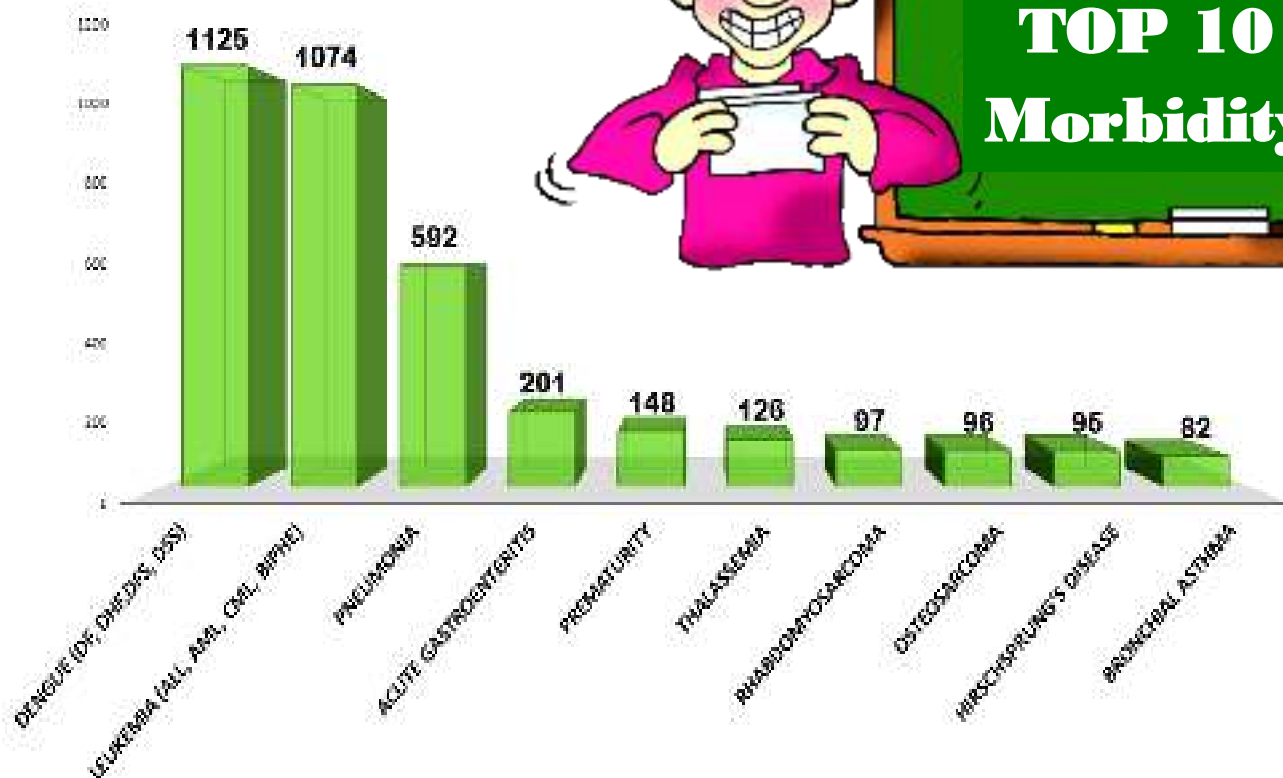
86%
Occupancy Rate

6.9
days average length of stay



2.5%
Mortality rate

2.72%
Hospital infection rate, consid-
ering that the most difficult and
complicated cases are the
ones being managed in the
hospital



Top 10 Causes of Mortality

Rank	2015	2014	2013
1	Leukemia (ALL, AML, CML)	Leukemia (ALL, AML, CML)	Leukemia (ALL, CML)
2	Pneumonia	Prematurity	Pneumonia
3	Prematurity	Pneumonia	Congenital Anomalies
4	Acute Respiratory Distress Syndrome	Acute Respiratory Distress Syndrome	Dengue Shock Syndrome
5	Multiple Organ Dysfunction Syndrome	Dengue Shock Syndrome	Sepsis
6	Dengue Shock Syndrome	Intracranial Bleed	Congenital Heart Disease
7	Aplastic Anemia	Bacterial Meningitis	Acute Respiratory Distress Syndrome
8	TB Meningitis	Biliary Atresia	Pneumothorax
9	Congenital Anomalies	Chronic Liver Disease	Prematurity
10	Rhabdomyosarcoma	Congenital Heart Disease	Hepatic Encephalopathy



2015



2013



2012



ADMISSION BY CENTER

2014



2011



It's Story
TIME

PEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

It was 5 years ago but the memories are still vivid in Joseph's mind. His then 3-month old Jammier was growing normally as he should when he had a sudden attack of fever and seizure. Bacterial meningitis afflicted their son, and they stayed at the hospital for almost one month. The doctor's prognostication was even more disheartening for the couple as they were informed Jammier's condition.

By two years old, his limited nutritional intake led to malnutrition. He was then seen by Gastroenterology Service and advised Percutaneous Endoscopic Gastrostomy (PEG) tube insertion. Joseph took all the courage and energy to seek for financial assistance. Their means were meager but with diligence, he knew he must do everything to provide for Jammier. They couldn't thank the hospital staff enough for extending all the possible assistance they could. In just 3 months of proper nutritional support Jammier's weight improved. From being severely malnourished at 10kgs, he is now 14.5 kgs.

The couple knew they made the right decision. Jammier's weight continued to improve, and he had less hospital admissions.

JAMMIER'S STORY



The need to address the rising cases of pediatric gastrointestinal and hepatic diseases as well as the persistent burden of nutritional problems among Filipino children fueled the establishment of the Section of Pediatric Gastroenterology,

Hepatology and Nutrition.

The Section was established in 1995 and had its accreditation of training in 2008. Since then, it serves as a referral center that renders valuable services to patients from all over the Philippines seeking consulta-

tion for gastrointestinal, hepatic and nutritional problems. The section has been providing exemplary patient care in a competent, cost effective and compassionate manner.

“...simula po ng dinala ko sya sa PCMC at na-PEG, ay sobrang laki po ng pagbabago sa kanyang timbang at hindi na po kami pabalik-balik sa hospital.”

— Joseph Rapiz (father)

Malnutrition and other gastrointestinal problems are commonly encountered among neurologically-challenged patients. A lot of these children can benefit from optimal nutritional support which is just one among the many services provided by the Gastroenterology Section.

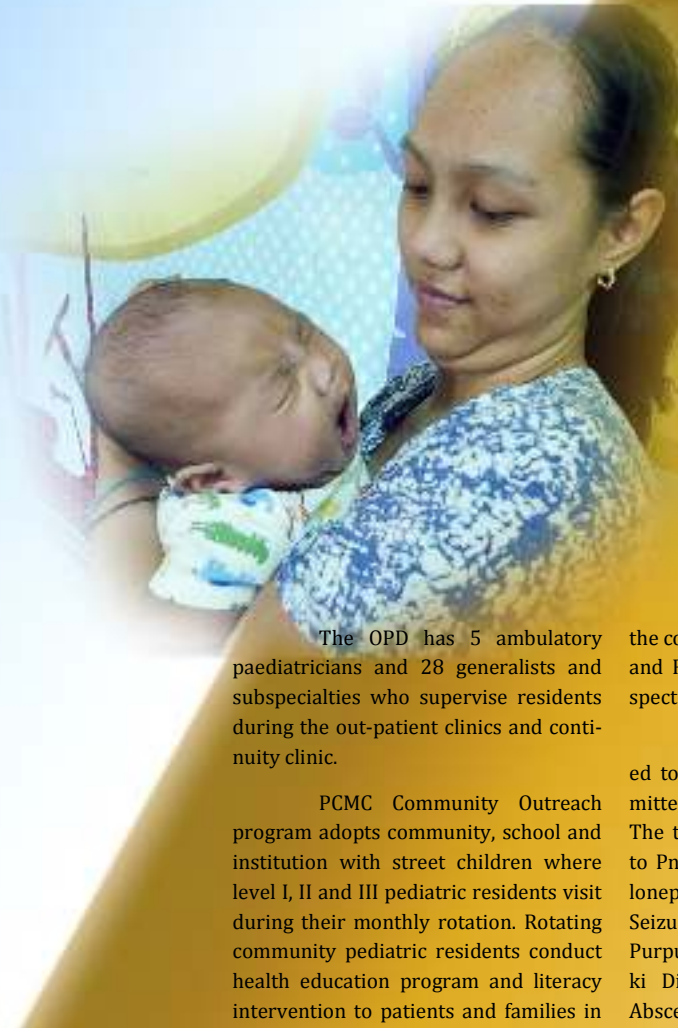
CLINICAL CENTER FOR GENERAL PEDIATRICS

KHARIEL'S STORY

Like any other mother, Genesis only wants to provide the best for her son, Khariel – a safe home, good nutrition, education and everything else, to equip Khariel for a bright future ahead, but when it comes to health, Genesis only entrusts her son to the caring hands of PCMC.

Khariel is just one of the many patients being regularly seen at PCMC. As part of his medical check-up, we make sure that his immunizations are updated, growth and development monitored, nutrition counselling and other anticipatory guidance rendered, and that he gets the chance to enjoy the wonder of being read to through the Reach-Out and Read program of the center.

At the OPD, each clinic visit is grabbed as an opportunity to improve not just the patient's medical condition but his or her general well being too. After all, these are the many reasons why mothers, like Genesis, trust in the commitment of PCMC in ensuring a brighter future for all the children.



The Clinical Center for General Pediatric Services (CCGPS) has emerged as a discipline equipped with skilled and competent paediatricians adapting to the new paradigm in health care management by preventive and promotive approach, early intervention and treatment. The center is responsible for patient care, advocacy, training and research in the in-patient, out-patient and community setting. It addresses the needs of children with acute and chronic medical, surgical and psychological concerns. It also provides multi-disciplinary approach with collaborative involvement through networking with other government and non-government agencies involved in the management of the Filipino child.

CCGPS is composed of the Out-Patient and the In-Patient Department. The Out-Patient Department (OPD) attends to general paediatrics and subspecialty services with an average of 42,000 visits annually. The OPD Services include well and sick children with acute medical and surgical problems and continuity clinic for follow up of cases seen at

The OPD has 5 ambulatory paediatricians and 28 generalists and subspecialties who supervise residents during the out-patient clinics and continuity clinic.

PCMC Community Outreach program adopts community, school and institution with street children where level I, II and III pediatric residents visit during their monthly rotation. Rotating community pediatric residents conduct health education program and literacy intervention to patients and families in

the community clinic via home visitation and Reach Out and Read programs respectively.

The In Patient Division attended to an average of 1,800 patients admitted to the service wards annually. The top ten leading morbidities are due to Pneumonia, Dengue, Acute Glomerulonephritis, Septicemia, Complex Febrile Seizure, idiopathic Thrombocytopenic Purpura, Acute Gastroenteritis, Kawasaki Disease, Nephrotic Syndrome and Abscess. Mortality rate is 1.6% - 2.0 %

(2014-2015).

PCMC is one among the two training centers for Ambulatory Fellowship Program in the Philippines. It has two-year program designed to train the general pediatrician to be experts in clinical, academic and administrative perspective in General pediatrics. Such fellowship training prepares graduates to be excellent leaders and managers in the field of Pediatrics.

CHILD NEURO SCIENCE

The Child Neuroscience Center is the biggest and the most comprehensive multi-disciplinary training center in the country. It is committed to promote the neurological and mental health of children. In 2015, the center continues to provide quality care and service to a huge number of children with varied neurological problems. Up to present, the center serves as an instrument to remind patients and their family of HOPE...



JEREMY'S STORY

A Story of Hope and Miracles...

JEREMY is a 7-year-old male described by his parents to be a loving son. In 2014, he was diagnosed with cavernous sinus thrombosis, a disease that can result to death if not treated immediately and appropriately. He suffered several complications such as meningitis and severe infection.

Several procedures were experienced by him, which a child of his age can barely tolerate. Doctors have given him medical attention and proper management and yet, his condition continues to worsen. Jeremy's survival was a question.

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

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

“

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

”

- Jeremy's mother

“

The best gift I have received is to be given the chance to be an inspiration. As long as you are still breathing, keep on fighting for your dreams.

Use the time you have in this world to build a legacy that you will be remembered by. We have only one life to live. Make it count. Make it worthwhile.

-an excerpt from Nichole's Graduation Speech

”

NICHOLE'S STORY

Nichole was the typical fourteen year old girl until she developed facial edema and pallor. In January 2014, she was diagnosed with Chronic Kidney Disease Stage V secondary to Absent Right Kidney and a Multicystic Dysplastic

Left Kidney. Since then, Nichole was on Peritoneal Dialysis—and her life was never the same again. Her usual afternoons with friends were often traded for visits to the Nephro Clinic and school or mall outings now included timed intervals

of performing dialysis. But her illness never stopped Nichole. After almost three years on dialysis while waiting for a kidney donor, she remains to be strong and pursuant of her dreams.

PEDIATRIC NEPHROLOGY

The Section of Pediatric Nephrology has been established since 1990, with its goal to provide optimal service to children with kidney problems and ensure quality training and continuing education in pediatric renal care. Since then, the Section has produced 27 Pediatric Nephrology Fellows from all over the country and is currently training 2 fellows per year of its 2-year fellowship program, while accepting residents and interns from and outside PCMC for a month long rotation under the Subspecialty.

The Pediatric Nephrology Service is allotted 5 beds for renal charity patients and has been able to admit 165 charity patients while attending to over 400 referrals for renal-related consults from the different specialties in the institution. Inpatient services include peritoneal dialysis, renal biopsy and chemotherapy. For 2015, the service has had 1273 consultations at the Out Patient Department. On the same year, the Pediatric Nephrology Section Teen Transition Clinic, in cooperation with the Section of Adolescent Medicine, was inaugurated in order to foster the transfer from pediatric to adult care of patients with chronic renal diseases. It is the pioneer specialty of the Transition Clinic Program in the institution.

On its 26th year, the Section continues to deliver competent specialty service and venture on relevant research-

es in order improve renal care. It remains to be a part of worldwide and nationwide activities such as the World

Kidney Day and National Kidney Day with activities tailored to both medical personnel and patient kidney care.





PEDIATRIC CRITICAL CARE

The PCMC Pediatric Intensive Care Unit is a tertiary medical facility staffed with competent doctors and nurses trained in the critically ill. 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 oximeter, infusion pump and other ICU equipment specialized to treat critically ill patients. 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 Unit offers 24 hours service to pediatric emergency cases with an average census of 60 patients a day.

In 2011, PCMC ICU was accredited by the American Heart Association as an International Training Center for BLS and PALS. By 2012, PCMC AHA ITC was ranked number one among the AHA ITC all over the Philippines. At present, it continuously provides high quality training to over a thousand satisfied participants and counting.

ENZO'S STORY *"Brave Little Warrior"*

Enero 4, 2015, 8:20 ng gabi, pinanganak ko ang aking bunsong anak na si baby Enzo Ortiz sa Lying-in sa Laguna, sa oras at sa mga araw na iyon iba ang pakiramdam ko dahil wala akong iyak na naririnig kumpara sa ibang batang umiiyak agad pagkalabas, natagalan ng tatlong minuto bago umiyak si baby Enzo ngunit ang iyak nya ay iba, para siyang nahihirapan at hindi niya maituloy ang kanyang iyak, ngunit ng narinig ko ang kanyang iyak ako ay nagpasalamat agad sa Diyos "*buhay ang aking anak*" nawala ang aking pangamba, ngunit sabi ng doctor kailangan niyang gamitan ng O2 funnel at kailangan na dalhin sa ospital dahil napansin nila ang hirap sa kanyang paghinga. Dinala namin siya sa ospital at doon na nag umpisa ang lahat ng pagsubok sa pamilya namin lalo na kay baby Enzo. Multiple Congenital Rib Anomaly with Aspiration Pneumonia ang diagnosis sa kanya sa Philippine Children's Medical Center sa Quezon City, simula noong araw na yun hanggang sa kasalukuyan ngayon si baby Enzo ay nasa ospital na nanatili, dahil kinakailangan nya ang tulong ng mechanical ventila-

tor upang makahinga.

Kung inyong makikita si baby Enzo sa larawan o sa personal hindi ninyo pagkakamalan may sakit siya dahil sa siya ay masigla at masayahing bata. Dito ko masasabi na sa kabila ng kanyang pinagdaanan ipinakikita niyang lumaban sya. Simula ng pinanganak ko sya pinilit niyang huminga para iparamdam sa akin na buhay siya. Kailangan namin magpakatatag sa pagsubok na dumating sa aming buhay lalo na ako bilang ina kailangan ko maging malakas at matatag sa lahat ng oras, sa araw-araw niyang walang sawang pag ngiti, sa pag ngiti niyang iyon ay kanyang pinaramdam na okay siya at kaya niya. Malaking pagsubok ito sa akin at walang makakapantay sa halos isang taon at dalawang buwan

na nakikipag laban at pagtitiiis dito ay hindi kami sumusuko at nawawalan ng pag asa dahil may Diyos na gumagabay sa amin at maraming tumutulong at nagdarasal kay baby Enzo. Nakikita ng Panginoon na gumagawa kami ng lahat ng paraan para sayo baby Enzo para magkaroon ka lang ng mechanical ventilator. May awa ang Diyos lahat ng ito ay malalampasan natin. Mahal na mahal ka namin anak. Kaya natin ito. You are truly a Brave Little Warrior anak. Sana lahat ng batang may pinagdaraan na pagsubok or sakit ay maging isang halimbawa ka sa kanila. God loves you my brave little warrior, Enzo.

MARISCHELLE ORTIZ,

Mother of Enzo

With 27 years of therapy under his belt, Paulo can easily be considered the most senior in the Rehab Division to date. His association with PCMC Rehab spans his whole life, longer than any of the current Rehab staff.

His story is nothing short of remarkable in the sense that he is what he is today because of a true partnership between the Division's therapists and his family and caregivers. At 11 months he started receiving regular Physical Therapy and later on Occupational Therapy and Speech Therapy. His caregiver remarked that there will never be a time again when all his services would amount to a total of P75 --- P25 each for Physical Therapy, Occupational Therapy, and Speech Therapy. Such is the testament as to how long he has been with us.

His therapists, though he refuses to name a favorite, have been many. He has made enormous progress through the years but not without tears, sweat, and a few bruises here and there. With continuous therapy, a supportive family, and a determined child, Paulo has learned to walk independently, feed and dress by himself, and to communicate effectively with those around him among others.

In the beginning his therapies focused on improving basic motor skills, ADL independence,

and communication difficulties. Now, he undergoes PT for advanced gross motor skills and OT for prevocational training. His communication skills are exemplary as he is able to engage in conversation with his peers, therapists, and family effectively.

Today, Paulo is a young man brimming with enthusiasm and a desire to continue achieving more. During therapy, he is seen chuckling at younger patients who are crying. He says, "Ganyan ako dati e!"

PAOLO'S STORY



REHABILITATION MEDICINE

PCMC RMD caters to children with a wide spectrum of pediatric cases (e.g. Cerebral Palsy, Down Syndrome, Global Developmental Delay, Autism, ADHD, Hearing Impairment, Visual Impairment, Speech Language Delay, Stroke in the Young, Spina Bifida, Orthopedic Cases, Cancer patients, etc.) either in the subacute or in the chronic stages. In 2015, PCMC RMD served 1,468 cases.

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

The Division also trains PT, OT, and SLP interns from various Colleges and Universities in the country. In 2015, a total of 237 PT, OT, and SLP interns rotated in the Center with a satisfaction rating of 93%, 96.30%, and 100% for PT, OT, and SLP, respectively.

PCMC RMD likewise supports the yearly National Disability Prevention and Rehabilitation Week by providing other programs such as the Paralympics, Zumba for Kids, Fun Run, and Bone Screening for caregivers.

CANCER & HEMATOLOGY CENTER

Majority of patients are cancer patient consultations/ diagnostic procedures – bone marrow aspiration or biopsy, therapeutic procedures, parenteral (systemic intravenous infusion) intrathecal chemotherapy. The Center are composed by different units: Thalassemia, Hemophilia, Bone Marrow failure follow-up clinic, and Vascular Tumor/ Malformation Unit. It has specialized programs that is intended for cancer patients such as Nutrition

Support, Infection Control, Psychosocial aspects of care of patients / their families, Palliative/Hospice Care Program, Child Life Program (CLP), Long Term Cancer Survivor Follow-up of Patients, Transition of Care of Cancer Survivors, Program for prevention of Cancer in Adulthood by the Pediatrician/ Adolescent Medicine and Program(s) for insurance coverage of patients with chronic disorders/ catastrophic illnesses.

In 2010, the PCMC Pediatric Cancer and 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.

ANGELO'S STORY "The Path of Hope"

Angelo M. Matias, 12 years old, was diagnosed with acute lymphoblastic leukemia at the age of 3. At a very young age, he was unaware of his condition and has tried to live a normal life. He was identified by his loved ones and playmates as the child who always wore facial masks and was teased by his playmates very often due to this condition.

Raised by Rowena, a single mother, who struggled during the treatment of her son having very limited financial support. Fortunately, being the one of the first patients enrolled under the Philippine Pediatric Oncology Network (PPON) Protocol, most of the treatment costs were subsidized. She was very diligent in adhering to the treatment regimen of her son and was very cooperative with the advices of their doctors.

The road toward survival was grueling. Angelo was singled out from his peers due to his different lifestyle. Despite this circumstance, he was very cooperative and his mom was very supportive of his treatment. He added "*hindi ako pwedeng mapagod at dapat piliin ko lang yung mga dapat kong kainin.*" But like any ordinary child, he was wary to some part of his treatments. "*Hindi ko gusto kapag tinutusukan ako ng karayom. Pero kelangan ko kung gusto ko gumaling.*"

Presently, being cancer-free since 2009, Angelo was a picture of courage, discipline and hope. Being the first cancer survivor under PPON Protocol, he leads the path of hope that other children with the same life-threatening conditions may follow.



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. 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.

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, Urology and Ophthalmology

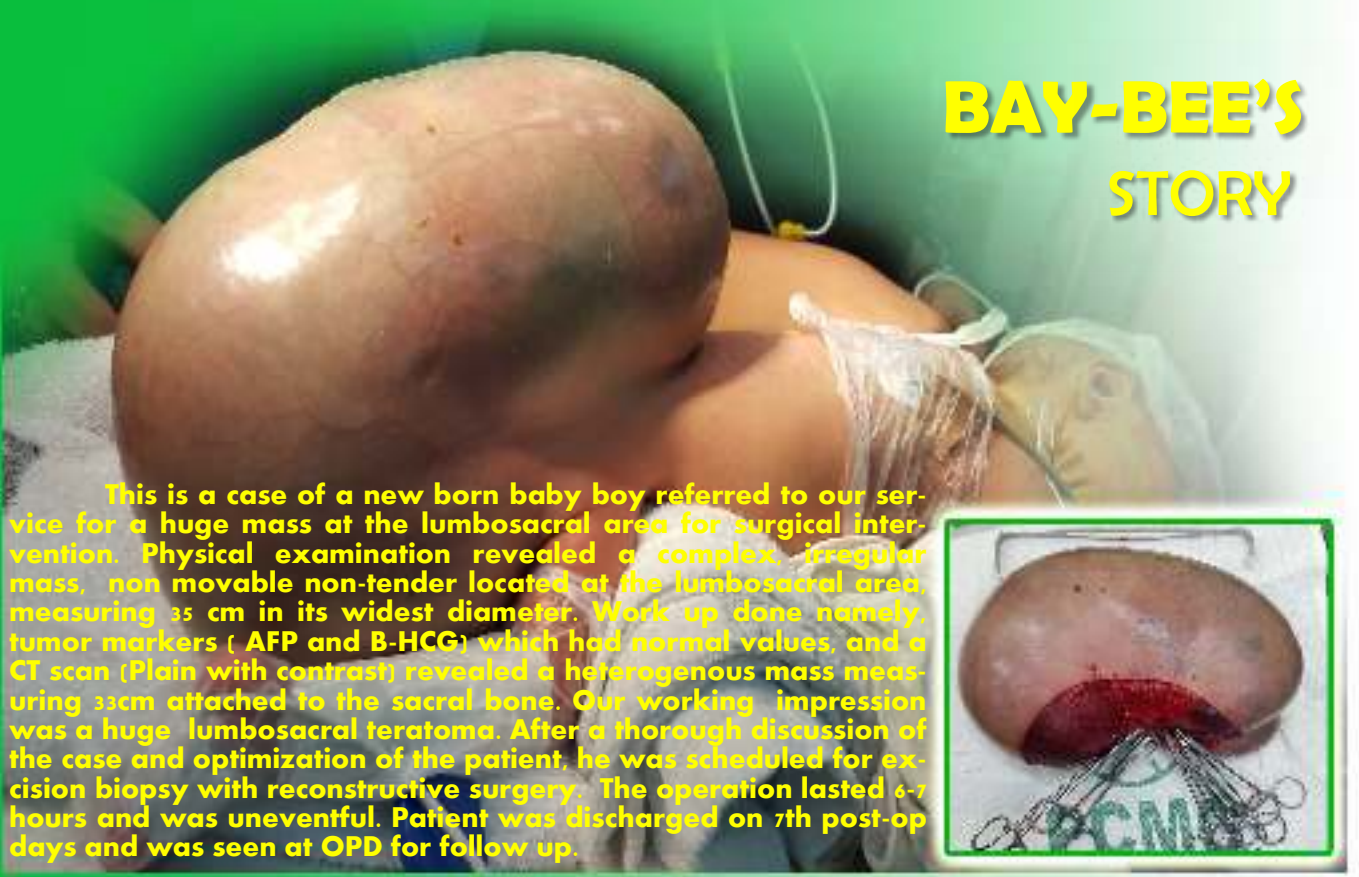
The division conducts and participates regularly with the Philippine Society of Pediatric Surgeons meetings and community - related activities like "Operation tuli" and "tanggal bukol and kulogo", PCS Midyear Convention, Interhospital conference quarterly, Open Heart Surgery mission, Hernia Mission with GMA Kapuso Foundation, PCS Annual Convention, and Surgical /Medical Missions and Outreach sponsored by LGU.

PEDIATRIC SURGERY

To date, the division has upgraded its facilities ,equipment and instruments, for Pediatric Minimally Invasive Surgery and Endourology for quality improvement and advancement in patient surgical care.

In addition, Suction Rectal Biopsy (SRB) instrument for Hirschprung's disease and the use of Spring Loaded Silo {SLS} bag for gastroschisis without the need for anesthesia is also being offered by the Division . The SRB and SLS are only available at the PCMC.

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



BAY-BEE'S STORY

This is a case of a new born baby boy referred to our service for a huge mass at the lumbosacral area for surgical intervention. Physical examination revealed a complex, irregular mass, non movable non-tender located at the lumbosacral area, measuring 35 cm in its widest diameter. Work up done namely, tumor markers (AFP and B-HCG) which had normal values, and a CT scan (Plain with contrast) revealed a heterogenous mass measuring 33cm attached to the sacral bone. Our working impression was a huge lumbosacral teratoma. After a thorough discussion of the case and optimization of the patient, he was scheduled for excision biopsy with reconstructive surgery. The operation lasted 6-7 hours and was uneventful. Patient was discharged on 7th post-op days and was seen at OPD for follow up.



PEDIATRIC CARDIOLOGY



Alex has been a “sickly girl” since infancy. She has been in and out of the hospital because of frequent respiratory infections. At three years of age, her poor weight gain has been blamed on fair appetite and “asthma”. She has been under the care of her grandmother since birth. She was seen in another institution where she was diagnosed to have an atrial septal defect (“hole in the heart”).

She was then referred to PCMC for a second opinion. Repeat 2D-echocardiogram revealed that she has a more complicated heart disease, namely, Total Anomalous Pulmonary Venous Connection. She was noted to have hypoxemia, right heart enlargement and mild pulmonary hypertension. Because of the urgency of her case, she immediately underwent cardiac catheterization to confirm her anatomic diagnosis and assess the degree of pulmonary hypertension.

In spite of the high-risk, Alex was eventually included in the 5th Gift of Life Open Heart Surgery Mission. The reluctant and anxious grandmother finally gave consent as the guardian as she was made to understand that further delay in the surgery will really be detrimental to Alex’s overall condition.

Dr. Andrew Lodge of Duke University Medical Center and Dr. Karl Reyes of the Philippine Children’s Medical Center operated Alex who miraculously recovered well after seven days. The family of Alex was so grateful and so relieved after the ordeal was over. “Thank you for treating Alex like your own. Thank you for never giving up on her. You have given us a new gift of life and for that we will never forget you.

**ALEX'S
STORY**

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

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

Treatment modalities available at PCMC include both medical and surgical. Non-surgical therapeutic and/or palliative procedures include phlebotomy, cardio

version, echo-guided pericardiocentesis and balloon atrial septostomy. Closed heart surgical procedures include transection or ligation of patent ductus arteriosus (PDA), permanent pacemaker implantation and PA banding. Open heart surgical procedures include patch closure of septal defects and total correction of Tetralogy of Fallot and other complex heart defects on a limited basis.

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

PULMONOLOGY SECTION

PULMONARY CLINICS.

Together, our expert physicians have more than 20 years experience treating pulmonary diseases. They supervise fellows in training to determine the best treatment options for individual patients.

PULMONARY REHABILITATION

is designed to provide comprehensive care to individuals with pulmonary disease. Once enrolled in the program, you will work with a team of pulmonary rehabilitation specialists who will tailor the program to meet your specific needs.

TRAINING. To date, the section has already produced 41 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 different procedures done.

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

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



ANDREI'S STORY

Andrei had several bouts of pneumonia in the past and a chest CT scan was done last February which showed a destroyed right lung. He was advised surgery in order to prevent further bouts of pneumonia that can also destroy his remaining lung.

"The doctors explained to us all the possible complications of the operation. We were very afraid and did not initially give consent. We eventually agreed to the procedure which took five hours.

Andrei was at the ICU and was critical for 3 days and was eventually transferred to the ward on the 4th post day. We are very thankful to the Lord and to Andrei's doctors who took good care of him."

"Kami ay nagpapasalamat sa mga Doctor sa Pulmo, nurses, at lahat ng staff ng Pulmo sa pag-aalaga kay Andrei."

- Andres, Andrei's Father

Junabel, 31 years old, is a full-time housewife and a dedicated mother to her three kids. She was apparently well until year 2014 when she begun experiencing chest pain, easy fatigability, and difficulty of breathing even with light activities. After a series of consultations and tests at the Philippine Heart center, Junabel was diagnosed to have a heart condition called Dilated Cardiomyopathy with an Ejection Fraction of 34%. 2D-Echo revealed the muscles of her heart to be big and dilated, making it difficult for her heart to pump out the necessary amount of blood for the body. Normally, the heart should pump more than 55% of the total blood flow so as to meet the physiologic demands of the body. In Junabel's case, her heart could only pump 34% of the total blood flow.

Early 2015, Junabel became

pregnant with her 4th child. She was referred to our institution and was presented by our Perinatologists for Case Management. She was co-managed by our fellow cardiologists from the PHC, our Neonatologists, and our section, Perinatal Anesthesiology.

JUNABEL'S STORY

As her pregnancy progressed coupled with the increasing demands of the mother and the baby, her heart had to compensate. Junabel had episodes of difficulty of breathing even at rest and could not lie flat on bed and had to use oxygen supplementation at home. She was admitted at 26 weeks age of gestation of her pregnancy and at 30 weeks age of gestation where she was stabilized and eventually under-

went Elective Caesarean Section at 34th week of pregnancy for transverse presentation.

Administering anesthesia to Junabel was a challenging task. The operation and medications used for anesthesia would stress out her heart. Her heart was extremely sensitive to blood pressure fluctuations. Blood loss, rapid intravenous fluid administration, rapid/slow heart rates would lead to her heart decompensating and eventually causing heart failure. It was indeed a miracle that the operation went on smoothly and Junabel did not show any signs of heart failure postoperatively. Our deepest gratitude to the joint efforts of our Perinatologists, Perinatal anesthesiologists, Perinatal staff, Neonatologists and Cardiologists. A week after the operation, Junabel was discharged well from our institution together with her healthy baby.

PERINATOLOGY CENTER

The delivery of total quality care for high-risk pregnant mothers and their neonates has been the goal of the Perinatal Center. The Fellowship Training Program in Perinatal Anesthesiology sees to it that with such exposure, specialist doctors will develop the expertise in administering anesthesia for high-risk pregnancies.

2015 has been a busy year with a total of 487 patients referred to the section of Perinatal Anesthesiology. The type of anesthesia administered was highest with Continuous Lumbar Epidural Anesthesia (CLEA) with 261 (53.5%), closely followed by Subarachnoid Block (SAB) at 179 (36.7%), and General Endotracheal Anesthesia (GETA) at 8 (1.64%).

New equipments were made available to the section. Two units of multi-parameter patient monitors and one unit of defibrillator were acquired.

We will ensure that the highest standard in the practice of Perinatology is maintained thru a team of motivated, knowledgeable, and dedicated personnel.



One hundred seventy over one hundred (170/100). These numbers seem to be just a simple case of hypertension for a normal person but not for a 31 weeks pregnant mother. Josh's mother was at risk of suffering eclampsia and was rushed to the Perinatal Care Division of the Philippine Children's Medical Center (PCMC) at 11 in the evening to seek medical attention.

Almost three years ago, Josh's older brother, Clyde, who was only 36 weeks old, was delivered through caesarean section at PCMC due to his mother's rising blood pressure caused by pre-eclampsia. Pre-eclamptic symptoms recurred at 27 weeks of pregnancy and was successfully controlled but at 31 weeks his mother's blood pressure rose up again and the amniotic fluid that surrounds the baby was lower than expected which limited the baby's ability to move inside his mother's womb. To ensure the safety of Josh and his mother, the doctors decided to perform delivery through caesar-

ean section. After birth, Josh was immediately turned over to the Neonatal Intensive Care Unit (NICU) of the PCMC.

JOSH'S STORY

Josh was supported with a breathing apparatus to ensure that his premature lungs function properly. Under the watchful eyes of the doctors, he was carefully monitored and underwent a series of tests where it was determined that he needed transfusion of white blood cells and management of his blood sugar level.

Josh's birth weight is 1.12 kg and he needed to gain weight and ensure that he would be ready for direct breastfeeding before he could go home. This process took time, starting only

with a minimal amount of human milk and gradually increasing it according to how much Josh's body needed and how much he could tolerate. Feeding a baby with human breast milk via an OGT and later on through a dropper at a regular basis for 24 hours required patience and utmost care from the nurses at NICU.

Josh's condition improved steadily as the weeks passed and the tubes that provide oxygen and IV fluids were not needed anymore. After 21 days at NICU, he was transferred at the ward to be with his mother for direct breastfeeding. Josh spent 5 days at the ward and was ready to go home and be with his brother. Josh and Clyde were both PCMC babies and both were blessed to start their lives under the care of the PCMC doctors, nurses and medical workers.



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.

NEONATOLOGY CENTER

ADOLESCENT MEDICINE

In 2015, the Adolescent Center provided service to 1,752 OPD patients and 107 in-patient cases. A comprehensive and holistic approach to healthcare is given to each of these patients including psychosocial risk assessment. This primarily aims to screen all the adolescents for risk-taking behaviors and render preventive health management and counseling on substance abuse, unplanned pregnancy, STIs/HIV, violence and injury prevention and mental health. It also promotes good nutrition, catch-up immunization, responsible parenthood, mental health and prevention of substance abuse, injuries and violence.

The aforementioned services are also augmented by community-level education drive. Several lectures were given to the Health Workers based on a Municipal Health Office as well as the teachers

and students of Flora Ylagan High School. Also, a workshop was conducted early in the year on the basics of dealing with the adolescents among pediatricians from Metro Manila.

In the last quarter of the year, the Center was granted an office where conferences are held and where added services are rendered to the patients. The psychological services, which include psychological evaluation and psychotherapy, are provided for by the clinical psychologist. A total of 42 patients availed of the specialized services for the last three months of 2015. At present, there is an increasing number of patients who are in need of these services.

On top of these, the Adolescent Center provides the following services that focus on the needs and concerns of the adolescents: Adolescent Wellness,

Transition Program, Teen Pregnancy Clinic and Prevention program and Weight Management Program.

Through these services, we continue to aim training health care professionals who are proficient and fully confident to deliver holistic interventions in the field of Adolescent Medicine and be in the forefront of research, to make the Philippine Children's Medical Center the repository of information regarding the Filipino Adolescent. And eventually reach the Center's vision of being the leader in the field of Adolescent health in the Philippines, thus making it a self-reliant unit.

CATHLENE'S STORY



For half of her life, Cathlene has struggled with her weight. She was 10 years old when she was first observed to have noticeable weight gain. Her family was alarmed that they made several attempts to implement weight loss strategies at home. They have tried controlling her food intake, buying exercise equipment and even enrolling her at the gym. These attempts usually starts well, full of excitement and cooperation, but would only last for a few days or a couple of weeks. Cathlene easily gets unmotivated and would usually give in to the call of sweets and junk food, which then leads her weight loss plans to a halt. At the onset of puberty, weight gain became more alarming. Her parents noticed that she spent her free time resting and sleeping. The cycle of weight loss attempts and quitting her regimen went on until she was 16 years old when her parents finally convinced her to agree to consult a doctor.

Cathlene was first seen at the Adolescent Medicine Center in 2014, she underwent the routine, history-taking, psychosocial assessment and complete physical examination. She was assessed to be obese and was identified to have body image concerns that affected her self-esteem. A holistic treatment plan was designed for her under the Weight Management Program of the Center. First to be addressed was her obesity. Information about obesity and its complications were laid out to her and her parents so they have a better understanding of what was going on in her body. Being knowledgeable and empow-

ered may be one of the factors that may increase compliance. The treatment plan was then introduced. As in any case of obesity, lifestyle modification is the primary management. She was advised on proper diet which was supplemented by the hospital's nutrition clinic which provided a comprehensive meal plan. Exercise was also recommended. On top of medical management, motivational counseling was also provided.

Throughout the succeeding months Cathlene was successful to adapt the lifestyle changes which were recommended to her. On follow-up, she had a steady weight loss of 1-2 Kg per week. Her initial weight of 118.5 with BMI of 43 went down to 103 Kg, BMI 38.3. Her initial lipid profile showed elevated LDL, it was fortunate that all other parameters were normal, and there was no hypertension documented. Cathlene had good compliance with her regimen and follow-up schedules, and she was very consistent with weight loss patterns. Motivational counseling was continued in all her consultations and this was supplemented by giving motivational techniques to the parents as well.

On her latest follow-up consultation last August 2015, she has gone down to a weight of 63 Kg with BMI of 23.4. Psychosocial assessment showed that she had improved body image and that had adjusted well to her environment. She was more outgoing and she was seen to have more academic achievements.

“

*...the country's premiere
pediatric healthcare facility
with experts committed in
making scientific advances possible
for the benefit of every
Filipino child.*

”





OFFICE OF PROFESSIONAL EDUCATION AND TRAINING

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

the needs of the Filipino child.

As a trailblazer in several subspecialty training programs in pediatrics, the medical center has been a birthplace of several professional societies. It is also one of the largest producers of pediatricians in the country. PCMC graduates from the pediatric residency training program as well as from the different clinical fellowship training programs are widely dispersed and have been remarkably providing specialized health services in the countryside. In 2015, a total of 46 trainees have been added to the roster of graduates who have begun offering clinical expertise in different provincial outskirts.

PCMC is the only non-university-based medical center which has maintained a Level IV accreditation in Pediatric Residency Training given by the Philippine Pediatric Soci-

ety. Aside from this, clinical fellowship training programs offered in the institution have sustained its accreditation. It has maintained a greater than 80% passing mark in the specialty board examination making it one of the few institutions able to sustain top-notch pediatric healthcare training. Numerous medical centers from different parts of the country continue to send their trainees to PCMC to widen their clinical exposure and enhance their training. Over the last 5 years, it has accommodated more than a thousand pediatric residents as affiliates in different clinical care units of PCMC.

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



OFFICE OF RESEARCH DEVELOPMENT

The PCMC-ORD is the official body tasked with planning and developing the hospital's research arm, which is one of the main pillars in its mission to be transformed into the country's leading pediatric hospital. The main initiative of the ORD is to develop existing research resources at PCMC.

The number of research projects completed by trainees in 2015 is 44 / 47 (93%) with 100% submission from residents and 86% submission from subspecialty fellows.

There were 14 researches (10 poster and 4 platform presented both locally and internationally (South Korea, World Allergy Congress-poster). There were 2 studies published in the Philippine Journal of Pediatrics and the PSMI Journal respectively. The PCMC Journal published six (6) PCMC papers but the journal was released only during the first quarter of 2016.

PCMC also participated in the Department of Health (DOH) Surveillance studies:

1. " Retrospective Assessment for the Identification of the Burden of Congenital Rubella Syndrome in the Philippines" (July 28-November 30, 2015)
2. " The Clinical Utility of Biotek-M in the Diagnosis and Serotyping of Dengue Virus Infections in the Philippines" (November 10, 2014 – 2015)

Comparing 2014 from 2015, there was a noted 67% increase (6 vs. 10) in the number of clinical trials housed at PCMC.

There were 2 major seminars conducted by the ORD:

1. Research Ethics Workshop (June 3, 2015) with 42 participants
2. Good Clinical Practice Workshop (GCP) with 87 participants

Last November 22-24, 2015 the PCMC Institutional Review Board and Ethics Committee was recognized as an accredited institution, during the 15th Annual International Conference of the Forum for Ethical Review Committees in the Asian and Western Pacific Region (FERCAP) in Nagasaki Japan, which was attended by the Chair of the PCMC IRB-EC, Dr. Lucila M. Perez. PCMC also was visited by the Philippine Health Research Ethics Board (PHREB) which is the local accrediting body which made further recommendations for compliance prior to recognizing PCMC as a Level 3 Accredited Research Ethics Committee (REC). The ORD likewise was compliant with set ISO standards for training and research.

There were more researches with approved budgets in 2015, but the expense of the hospital was 40% less than in 2014, due to instituted research measures (MCM NO. 15 s 2015), and utilization of external sources of funding from other agencies / societies. The ORD funded seven (7) PCMC researches of the trainees amounting to Php 496,262.20.

QUALITY MANAGEMENT SYSTEM



THE QUALITY LANDSCAPE

The Quality Management Office was created to promote and implement a culture of continuous process of quality improvement across the services provided by the Philippine Children's Medical Center (PCMC) with the goal of providing best health outcomes in pediatric and perinatal care in the Philippines, the leader in training and research, QMO focuses on integrated management systems audit to evaluate and review both quality and environmental processes that affects the delivery of care.

helped to coordinate and respond to a number of Philippine Health Research Ethics Board (PHREB), Forum for Ethical Review Committees in Asia and the Western Pacific (FERCAP) endorsement requirements for the office of Research and Development which was awarded with the highest level of accreditation. While the office led PCMC to fulfil the requirements of ISO certification.

In September of 2015, PCMC underwent a successful annual surveillance by the TUV Rheinland Phils., for the Medical Center's ISO certification. The external audit has included the Training and Research Program implementation and the identified non conformity was immediately corrected and applied with the necessary actions. The Medical Center remains fully certified both for Quality and Environmental management until next year.

The rest of the hospital licenses such as License to Operate, Sanitary Permits, Laguna Lake Development Permit and the Permit to operate Generator Set were all facilitated without delay.

The re assignment of three Nurse Supervisor at the QMO as Quality assurance nurses demonstrated the commitment of the top management efforts to attain the highest standard in pediatric healthcare. This Quality assurance nurses shall help achieve PCMC's goal thru the implementation of regular audit, complaints resolution, training programs and workshops.

The QMO is also responsible for directing all certification, licensure and assisting accreditation activities of PCMC. During this year, QMO

ACTIVITIES AND ACCOMPLISHMENTS

- Integrated Management Systems Monitoring
- Complaints Resolution Process
- Internal Quality and Environmental Audit
- Management Review
- External Audit of TUV Rheinland
- ISO Certified Status maintenance
- PCMC Service Evaluation Analysis

TRAINING ACTIVITIES

- Root Cause Analysis Training
- Non Conformity Writing Workshop
- 5 S Principles and Implementation



In 2015, the Nursing Service Department has continued to be an active and dynamic contributor of PCMC in fulfilling its organizational vision and mission. The NS Department has delivered commendable accomplishments to PCMC's overall achievement aside from its central roles in delivering high quality nursing care to its patients, management of nursing service processes, and the development of nursing personnel.

The Nursing Service focused its energy in 2015 to different evidence-based innovations that ensures the best care experience for the patients and their family. Patient safety had also been an area of concentration of the department for this year by enhancing the quality nursing policies and developing

additional safety nets for both patients and personnel. Furthermore, the application to nursing practice of the learned competency from updated in-service and outside seminars, trainings, and workshops for nurse administrators and clinical nurses were given close attention. All these breakthroughs are geared towards the realization of uplifting the NS' level of expertise and are aimed to bridge the gaps of nursing theory to practice and to elucidate the blurred concepts within the nursing profession.

The PCMC Nursing Service, believes that reaching a milestone should not be the end of its search for achieving distinction but rather a start of another quest for excellence.

This year's highlights...

- * The total number of applicants interviewed and hired for 2015 is 76 and 30 respectively compared to last year's figures of 47 applicants interviewed and 13 who are hired.
- * Full implementation of the use of Nursing Personnel Performance Record (NPPR).
- * One (1) completed nursing research study and six (6) nursing research proposals for ORD submission.
- * Three research studies by the department were chosen to be part of the podium presentation during the 8th Nursing Research Congress hosted by the Manila Tytana Colleges in Pasay City, Manila. One research was chosen for Research Poster Presentation at the 48th Annual Convention of the ANSAP in Manila Hotel, Manila.
- * Revised the Medication Card and added more cards such as IV Infusion Card, Blood Transfusion Card, Chemotherapy Card, Treatment and Monitoring Card, and Feeding Card.
- * Conducted lectures, seminars and workshops on Nursing Research, Medication Administration, Documentation, Root Cause Analysis, and Peritoneal Dialysis, FDAR Charting, Nurse Supervisor's Tool for Supervisory Rounds and trainings such as Skills Development Training for Neonatal Intensive Care Nursing, Pediatric Intensive Care Nursing, and Intensive Practicum Program for Post Graduate Studies.
- * Contributed to income generation through affiliation/training fees amounting to an income of Php 156,230.00 from last year's Php 30, 120.00 and has increased the number of affiliating schools and students of 16 and 181 respectively from last year's 10 schools and 110 students.
- * Conducted intensive orientation and didactics for two (2) batches of pediatric nurse residency training program.
- * Participated actively by sending nurse participants of the medical team to PCMC-HEMS activities such as the APEC and the Papal Visit and coordinated actively with PCMC-HEMS to institution and nation-wide earthquake drills.
- * Participated actively to the special projects such as Cardiac Mission last September 21-25, 2015.



THE IMPACT
OF YOUR
GIVING





HELPING A CHILD IS A FAMILY

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[588-9900](tel:588-9900) loc. 344

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EVENTS & HIGHLIGHTS



This marks the success of PCMC for its endeavors for land title ownership. The Leadership of Dr. Julius A. Lecciones and the tremendous support of the PCMC community, the PCMC patients and their parents, PCMC's community partners, PCMC Samahan ng mga Kawani, the Social Media, the Press, Department of Justice and several individuals who showed unending support to PCMC. The help of Gabriela and Ang Nars Party Lists made PCMC's voice heard in the Congress. Then, a tremendous support from the Senate and the Department of Health through the leadership of Secretary Janette P. Loreto-Garin strengthen PCMC's stand. Among the signatories of this symbolic MOA Signing of the PCMC Land Title Ownership were Dr. Julius A. Lecciones, PCMC Executive Director, Sec. Janette P. Loreto-Garin of DOH, Senators Bam Aquino, TG Gulongon III, Gen. Manager Chito Cruz and Higinio Equipaje of NHA.





PCMC HUMAN LOGO

served as a commitment of PCMC workforce to continue loving and caring for the vulnerable Filipino children. A total of 646 PCMC employees gathered and participated in this activity held early at 6 o'clock in the morning of 9 March 2015 at the PCMC Sto. Niño Atrium.



35 Love Letters



35th Anniversary
Stamp
Commemorative

The Filipino Child
Philippines



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City
Philippines, 1100

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2ND

***LEADERSHIP AND EXCELLENCE MILESTONE
AWARDS***

Dr. Edgardo Ortiz
Dr. Joel Elises (Posthumous)
Dr. Raymundo Lo
Dr. Florentina Ty
Ms. Concesa Oandasan



“ *Build with us:*
A strong, Safe and Relevant
Hospital
for Filipino Children. **”**

35th
BUILDING
BLOCKS
DISPLAY





ANNIVERSARY WEEK



CARDIO MISSION

Open Heart Surgery



World Cancer Day





The BIG ONE

Disaster Ready!



PARALYMPICS

2015





**American Heart Association
PCMC-INTERNATIONAL TRAINING CENTER**



THE PRESIDENTIAL LINGKOD BAYAN AWARD

Awarded to Dr. Julius A. Lecciones for his leadership and dedication to transforming the Philippine Children's Medical Center into a responsive and accessible pediatric healthcare facility.





PHILIPPINE CHILDREN'S MEDICAL CENTER

The 2015 Most Compliant Government Owned and Controlled Corporation (GOCC)

In terms of

Philippine Government Electronic Procurement System
(PhilGEPS) Postings.





OUR FINANCES

EXECUTIVE SUMMARY

For calendar year 2015, the Philippine Children's Medical Center (PCMC) is a recipient of P1,616,257,000 subsidy. The amount was provided and allotted under General Appropriation Act of 2015. Of the total subsidy, the P389,317,000 is intended for the Operation, the P500,000,000 is for the initial payment of Land where PCMC is situated, the P600,000,000 is for the construction of new building and rehabilitation and upgrading of existing building and the balance of P126,940,000 is intended for the acquisition of hospital equipment.

The amount of P947,339,753 was released by the Department of Budget and Management thru the Bureau of Treasury. The unreleased balance of P668,917,247 was recorded as receivable from the national government. Both the amount received and unreleased balance of subsidy totaling to P1,616,257,000.00 was recorded in the books of accounts of PCMC as non-operating income (subsidy) during the year.

Registered hospital *corporate income* for the year totaled to **P271,144,721**. It incurred total expenditures of P734,900,327.

The Center's assets, liabilities and equity as of December 31, 2015 were P3,005,672,311, P1,293,986,981 and P1,711,685,330 respectively, registering increases in assets, liabilities and in equity by 225%, 252% and 208% respectively, over that of CY 2014.

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 0.82:1, 0.20:1 and 0.76:1 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.

2015 PCMC CORPORATE OPERATING BUDGET (In Million Pesos)

	TARGET	REALIZED/\$PENT	% REALIZED/ \$PENT	REMARKS
Source of Funds				
Subsidy	1,616.26	947.34	58.6%	P389.32M-Regular P 1,226.94B -CO/EO (installment release)
Corporate Income	270.00	271.14	100.4%	
Retained Earnings	191.50	99.31	52%	Sourced from non-cash assets
TOTAL	2,077.76	1,317.79	63%	
Uses of Funds				
Personnel Services	540.35	515.27	95%	
MOOE	310.47	244.50	79%	Cost of Goods Sold in- cluded, depreciation, bad debts are excluded
Equipment Outlay	126.94	12.58	10%	Instalment release
Capital/Land Outlay	1,100.00	545.44	49.6%	Instalment release
TOTAL	2,077.76	1,317.79	63%	

2015 PCMC EQUITY (In Million Pesos)

Total Assets	3,005.68
Total Liabilities	1,293.99
Equity	1,711.69

PCMC BALANCE SHEET 2015 vs 2014

	2015 Dec.	2014 Dec.	% Inc./-Dec.
ASSETS			
Current Assets			
Cash and Cash Equivalents	263.95	270.04	-2
Trade and Other Receivables	735.94	63.34	1062
Inventories	58.59	60.82	-4
Prepaid Expenses	4.69	1.21	288
Total Current Assets	1,063.17	395.41	169
Non-Current Assets			
Property, Plant and Equipment	1,942.01	528.24	268
Other Non-Current Assets	0.49	0.49	0
Total Non-Current Assets	1,942.50	528.73	267
TOTAL ASSETS	3,005.67	924.14	225
LIABILITIES			
Current Liabilities			
Payable; unliquidated obligations	1,035.77	71.68	1345
Due to Officers and Employees	48.07	43.62	10
Inter-Agency Payables	10.42	12.14	-14
Intra-Agency Payables	91.90	150.79	-39
Other Liability Accounts	107.33	88.94	21
Total Current Liabilities	1,293.49	367.17	252
Deferred Liabilities	0.49	0.49	0
TOTAL LIABILITIES	1,293.98	367.66	252
EQUITY			
EQUITY (Retained Earnings)	1,711.69	556.48	208
Total Equity	1,711.69	556.48	208
TOTAL LIABILITIES AND EQUITY	3,005.67	924.14	225

PCMC BALANCE SHEET 2015 vs 2014

	2015 DEC.	2014 DEC	% Inc./-Dec
Gross Revenue from Services to Patients:			
In Patients	385.59	257.52	50
Out Patients	213.00	176.61	21
Gross Hospital Fee	598.59	434.13	38
Less : Cost of Goods Sold	208.31	147.19	42
Net Hospital Fee	390.28	286.94	36
Less : Deduction from Gross Income			
Quantified Free Service	144.57	98.73	46
Discounts and allowances	10.01	7.91	27
Total Deductions:	154.58	106.64	45
Net revenue from Service to Patients	235.7	180.3	31
Less: Rental Income	2.56	1.63	57
Total Business Income	238.26	181.93	31
Add: Other Income			
Miscellaneous Income	11.36	11.60	-2
Fines and Penalties	1.36	1.90	-28
Other Income	12.72	13.50	-6
General Income	250.98	195.43	28
Less: Operating Expenses			
Personnel Services	515.27	478.39	8
MOOE	219.63	164.56	33
Total Operating expenses:	734.90	642.95	14
INCOME (LOSS) FROM OPERATION	(483.92)	(447.52)	8
Add: Non-Operating Income			
Subsidy from National Gov't	1,616.26	365.00	343
Interest Income	2.03	3.55	-43
Income from Grants and Donation	18.92	36.19	-48
Gain/(Loss) on Foreign Exchange	0.16	0.08	100
Gain/(Loss) on Disposed Assets	(0.95)		
Total Non-Operating Income	1,636.42	404.82	304
NET INCOME	1,152.50	(42.70)	2799

OUR 2015 SCORE CARD



MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2015 TARGET (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2015 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
A. MAJOR FINAL OUTPUTS (MFOs)/ OPERATIONS						
MFO 1: HOSPITAL SERVICES						
2015 BUDGET : Php310,471,000.00						
Performance Indicator 1: (QUANTITY) Percentage (%) of patients discharged as improved	97% <i>Total Discharges Improved / Total Discharges X100 (---7366/7630)</i>	97%	PS	97% <i>Total Discharges Improved / Total Discharges X100 (---10,104/10,393)</i>	100%	
Performance Indicator 2: (QUALITY) Percentage (%) of clients that rate the hospital services as satisfactory or better	99% <i>No. of Patients Satisfied/ Total no. of Respondents X100 (7661/7709)</i>	98%	PS, NS, HSS, DO, QMO	99% No. of Patients Satisfied/Total No. of Respondents x100 (4481/4526)	101%	
Performance Indicator 3: (TIMELINESS) Percentage (%) of triage patients with ≥ 3 Emergency Severity Index (ESI) are attended to promptly on the following areas: 1 ER OPD Admissions Discharges	100% Within 30mins Within 2hours Within 45mins Within 60mins	100% Within 30mins Within 2hours Within 45mins Within 60mins	PS, NS, HSS (PBSD)	100% Within 30mins Within 2hours Within 45mins Within 60mins	100%	Triage is the process of determining the priority of patients treatments based on the severity of their medical conditions. The Emergency Severity Index (ESI) is an established evidence-based approach to patient triaging commonly used by medical practitioners.

MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2014 ACTUAL ACCOMPLISHMENT (2)	DEPARTMENT FY 2015 TARGET (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2015 ACTUAL ACCOMPLISHMENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
MFO 2: RESEARCH AND DEVELOPMENT SERVICES						
2015 BUDGET : Php13,617,000.00						
Performance Indicator 1: (QUANTITY) No. of research projects completed	54	38	PS, Training and Research (ORD)	44	116%	For clarification: Total number of projects initiated in 2015 =47 Total number of research projects completed in 2015 out of 47= 44
Performance Indicator 2: (QUALITY) Percentage (%) of completed medical research projects published in a recognized journal of specialty societies or adopted by health sector	73% <i>No. of researches published within the last 3 years/ Total no. of completed research x 100 (29/40)</i>	53%	PS, Training and Research (ORD)	53.6% <i>No. of researches adopted by health sector/ Total no. of completed research within the original proposed timeframe x 100 (22/41)</i>	101%	For clarification: Total number of research projects completed within the original proposed timeframe in 2014=41 Total number of papers adopted from 2014 for 2015 use out of 41 = 22
Performance Indicator 3: (TIMELINESS) Percentage (%) of medical research projects completed within the original proposed timeframe	76% <i>No. research completed w/ in the timeframe / Total no. of research projects x 100 (41/54)</i>	90%	PS, Training and Research (ORD)	94% <i>No. research completed w/in the timeframe / Total no. of initiated research projects x 100 (44/47)</i>	104%	For clarification: Total number of projects initiated in 2015 =47 Total number of projects completed within the original proposed timeframe in 2015 out of 47= 44 (These are the number of completed researches also)
MFO3: EDUCATION AND TRAINING FOR HEALTH PROFESSIONALS						
2015 BUDGET : Php23,829,000.00						
Performance Indicator 1: (QUANTITY) Number of graduates of specialization course in pediatrics	100% <i>No. of graduates/ Total no. of doctor trainees candidate for graduation</i> Residents 30/30 = 100% Clinical Fellows 23/23 = 100%	90%	Training and Research (OPET), PS, NS	100% <i>No. of graduates/ Total no. of doctor trainees candidate for graduation</i> Residents 27/27 = 100% Clinical Fellows 19/19 = 100%	111%	Specialization is expertise in a particular discipline E.g. General Pediatrics (Residents), Pathology (Resident), Nephrology, Pulmonology etc.
Performance Indicator 2: (QUALITY) Percentage (%) of trainees who rated the training course as good or better	100% <i>No. of trainees who rated training courses as good or better/ Total no. of trainees x 100 (40/40)</i>	100%	Training and Research (OPET), PS, NS	100% <i>No. of trainees who rated training courses as good or better/ Total no. of trainees x 100 (135/135)</i>	100%	

MFOs AND PERFORMANCE INDICATORS (1)	DEPARTMENT FY 2014 ACTUAL ACCOM- PLISHMENT (2)	DEPARTMENT FY 2015 TARGET (3)	RESPONSIBLE BUREAUS/ OFFICES (4)	DEPARTMENT FY 2015 ACTUAL ACCOMPLISH- MENT (5)	ACCOMPLISHMENT RATE (6)	REMARKS (7)
Performance Indicator 3: (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 (165/165)	100%	Training and Research (OPET), PS, NS	100% Applications acted up- on w/in 2 weeks/ Total no. of applications x 100 (178/178)	100%	
B. SUPPORT TO OPERATIONS (STO) *						
2015 BUDGET : *Php41,400,000.00 (2015 Budget for B and C)						
Performance Indicator 1: Percentage (%) of implemented QEMS activi- ties to maintain ISO certification of the hospi- tal (9001:2008,14001:2004)	100% Number of QEMS activities implemented/ Number of planned QEMS activities for the year x 100 (10/10)	80% (8/10)	QMSO	100% Number of QEMS activi- ties implemented/ Num- ber of planned QEMS activities for the year x 100 (10/10)	125%	
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 (79/79)	100%	OHICS	100% Number of service are- as connected to infor- mation system/ Total number of service are- as (79/79)	100%	Determination of func- tionality will be through generation of financial status/reports of ser- vice delivery units
C. GENERAL ADMINISTRATION AND SUPPORT SERVICES (GASS) *						
a. Budget Utilization Rate (2015)	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) 92% 2. Total Actual Disbursement/ Total Actual Obligation (P272,342,602.51/ 296,342,602.51)	80% 80%	HSS (Finance Division)	96% 1.Total Actual Obligation (Net of PS & Disallowed Items in the COB/ DBM Approved Budget (Net of PS) (P861,264,683.34/ 893,572,062.12) 93% 2. Total Actual Disburse- ment/ Total Actual Obli- gation (803,241,930.34/ 861,264,683.34)	120% 116%	

<p>b. Compliance to Public Financial Management (PFM) reporting requirements of the COA and DBM</p> <p>b1. Budget and Financial Accountability reports</p> <p>b2. Report on Ageing of Cash Advances</p> <p>b3. COA Financial Reports</p>	<p>b1. 2013 BFARS was submitted in 2014</p> <p>b2. Ageing of cash advances was submitted on December 1, 2014</p> <p>b3. 2013 Financial Reports was submitted to COA on February 13, 2014</p>	<p>Timely Submission</p>	<p>HSS (Finance Division)</p>	<p>b1. 2014 BFARS was submitted in 2015</p> <p>b2. Ageing of cash advances was submitted on December 1, 2015</p> <p>b3. 2014 Financial Reports was submitted to COA on February 13, 2015</p>	<p>100%</p>	
<p>c. Adoption and use of the 2014 Agency Procurement Compliance and Performance Indicators Systems (APCPI) per GPPB Resolution No. 10-2012</p>	<p>2013 APCPI was submitted on November 28, 2014</p>	<p>2014 APCPI to be submitted on or before December 1, 2015</p>	<p>BAC, Adhoc Committee, MMD, Finance</p>	<p>2014 APCPI was submitted on July 20, 2015</p>	<p>100%</p>	<p>COMPLIANT as per AO25 Secretariat Status of Compliance - 1/13/2016</p>
<p>d. Submission of Agency Annual Procurement Plan (APP)</p>	<p>APP 2014 was submitted on October 15, 2013</p>	<p>APP 2015 to be submitted on or before Nov 15, 2014 as per Ombudsman requirement</p>	<p>BAC, PMOs (Project Management Office or End-users)</p>	<p>APP 2015 was submitted on October 21, 2014</p>	<p>100%</p>	<p>COMPLIANT as per AO25 Secretariat Status of Compliance - 1/13/2016</p>


Prepared by:


RODOLFO A. DE LOS REYES

PMT HEAD

01-15-16

Date


EDWINA G. TARCA

Budget Officer

01-15-16

Date

Approved by :


JULIUS A. LECCIONES, MD, MHSA, MPM, MSCHSM, CESO III
01-15-16

HSS – Hospital Support Services

PS – Professional Services

NS - Nursing Services

DO- Director's Office

OPET- Office of Professional Education and Training

OHICS- Office of the Hospital Information & Communication System

QMSO- Quality Management Systems Office

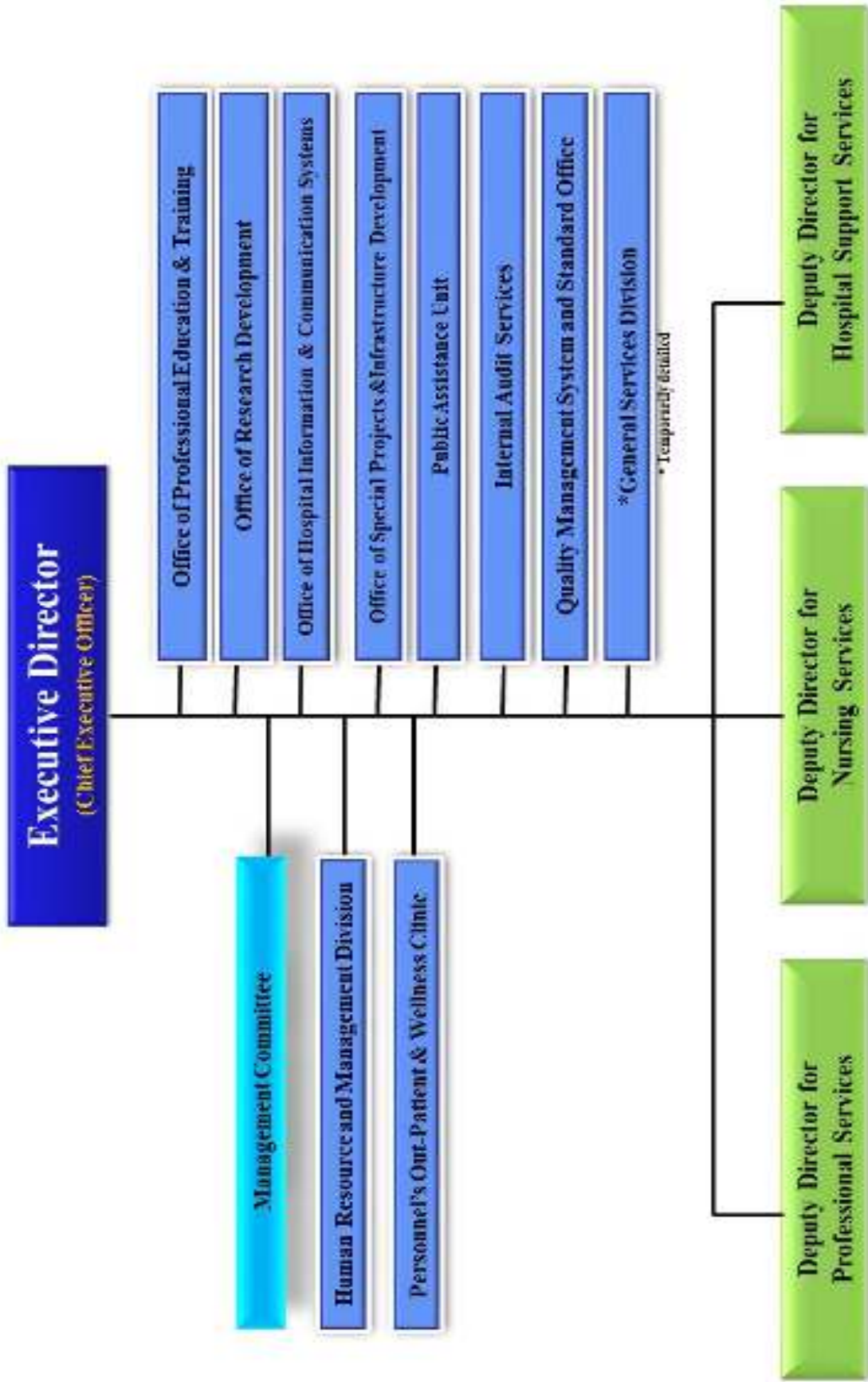
PBSO- Patient's Business Service Division

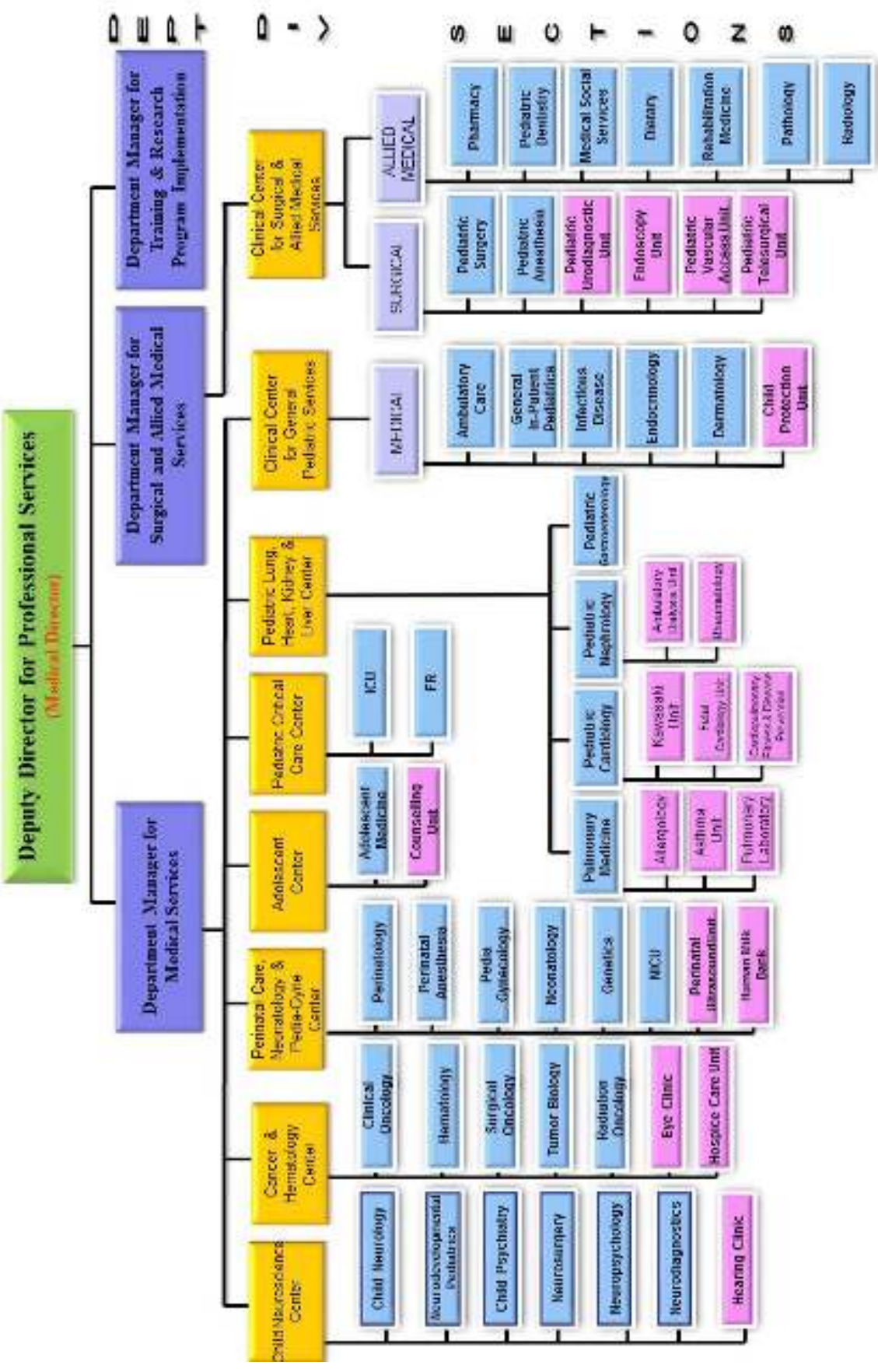
ORD- Office of the Research Department

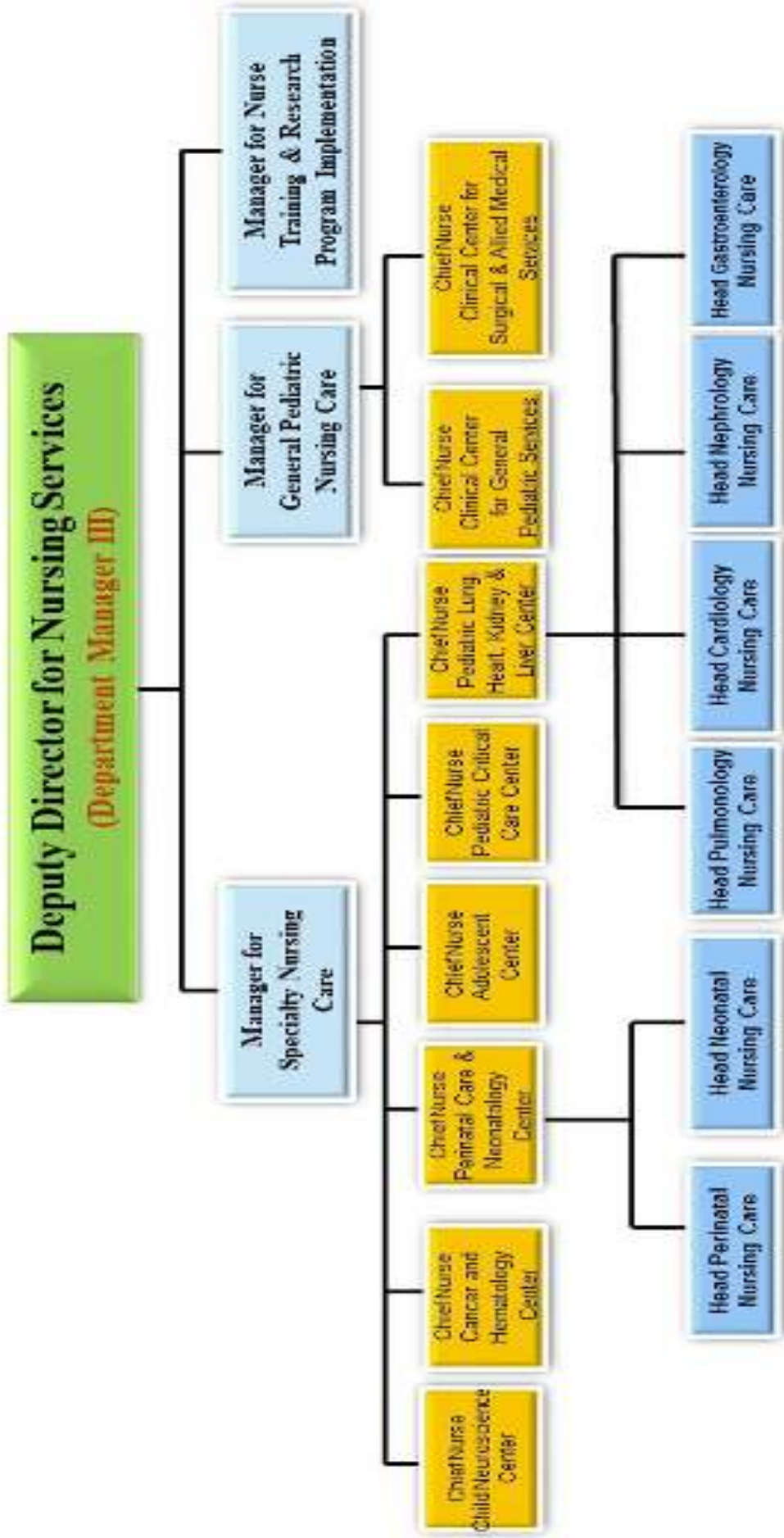
BAC- Bids and Awards Committee

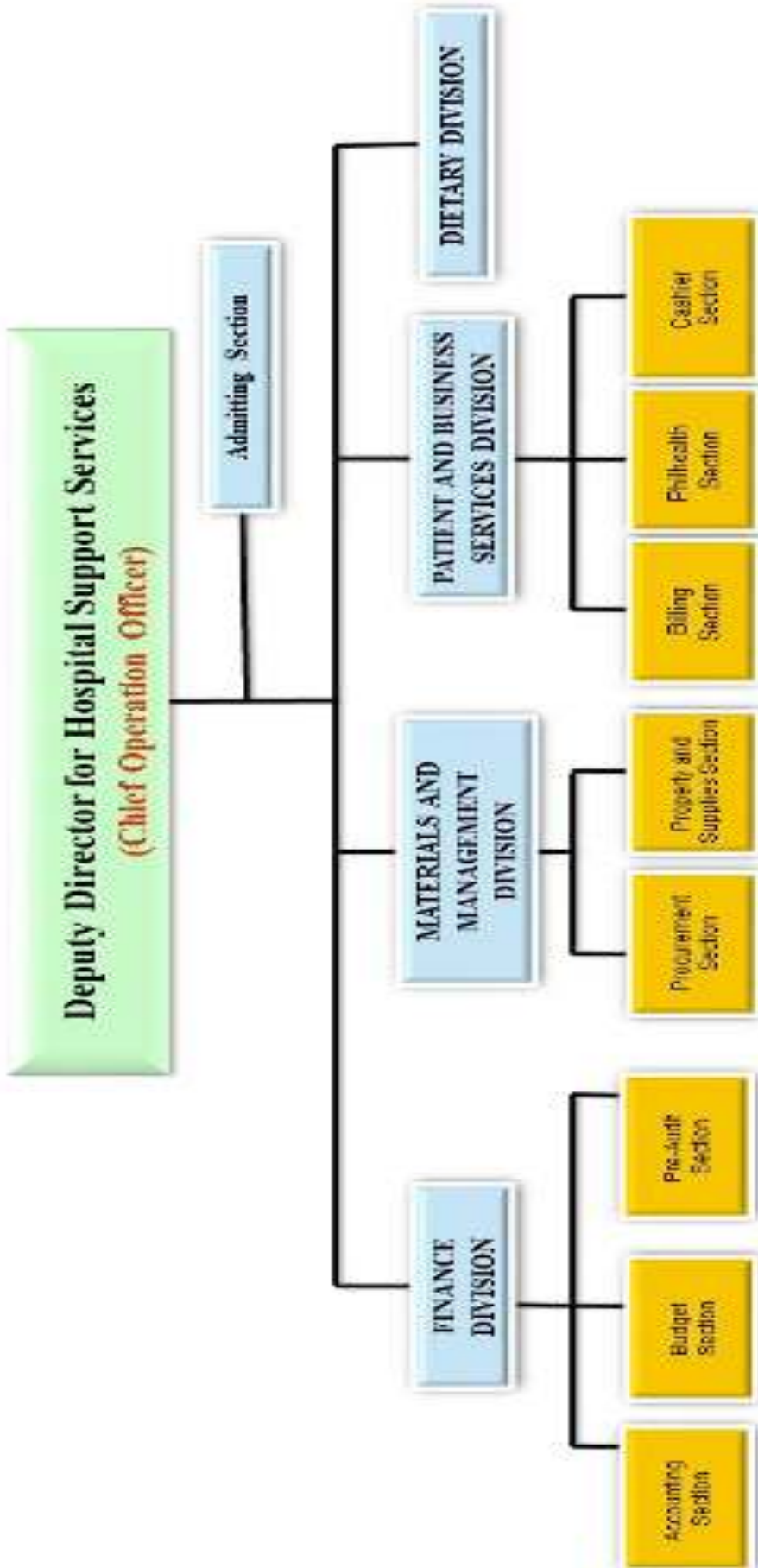


OUR ORGANIZATIONAL STRUCTURE









*OUR TEAM.....
is working
together for the
children who
need us.*





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Abiera, Joycie Eulah, MD

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Hema-Onco

Pressie Tiangco, RN

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Elizabeth Macadangdang, RN

Adolescent

Mirasol Bustamante, RN

Elizabeth Gomez, RN

Pediatric Critical Care

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Evangeline Cajilig, RN

Pediatric Lung, Heart & Kidney& Liver Center

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Ma. Cristina Natonton, RN

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Noemi Santos, RN

Surgical & Allied Medicine

James Anthony Paredes, RN

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Finance

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Material Management

Emma Mariano, CPA
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Lucila Encina
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Patient Business Service

Edna Ruego, CPA
Officer-in-Charge
Corazon Pangilinan
Veronica Rodriguez

Medical Social Service

Edna Ruego, CPA
Officer-in-Charge

Dietary

Odeth Villegas, CPA
Officer-in-Charge

PCMC, A FAMILY WITH YOU

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

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

Chorus:

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

Words by: Fr. Joel Eslabra and Jerome Eslabra

Music by: Simon Peter Tan

Vocals by: Julie Anne San Jose



