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ANNOUNCEMENT

We are delighted to inform you that our new private doctors’ clinics are now located at the 3rd and 4th levels of Medical Arts Pavilion.

You may now enjoy consultations with your medical specialists at much bigger and brighter rooms meant only for your utmost convenience.

YOUR COMFORT IS OUR PRIORITY!

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Greetings.

Once again, we are happy to share with you our hospital’s many activities designed to deliver excellent patient care.

Our medical professionals, allied medical personnel and support staff have years of experience in their respective areas of expertise and jobs. They are trained to work well as a team. We base everything we recommend or do on more than 50 years of experience in the healthcare field and our work with more than thousands of healthcare clients. The lessons we have earned through these years, refined and sharpened, focused on the needs of our patients, have molded our goal of delivering quality patient care. In this issue of Medical Echoes, we feature several of our many leaders and experts in health care. They share with us their brief exposition on some common, current and relevant health concerns affecting many of our countrymen today. We also feature in this issue activities and training programs of our support staff to enhance our manner of delivering quality patient care. We showcase in this issue some of the newly-acquired instruments and equipment to enable our medical and nursing professionals perform their work exceptionally well to sustain our efforts and desire for ultimate patient satisfaction. We are proud of our healthcare workers who are exceptional people providing extraordinary care.

This month’s issue of the Medical Echoes puts a spotlight on the Outpatient Unit of the hospital. It saw a lot of improvements from its original site in the North Campus, the ground floor of the present JMC Building, to its current location in the South Campus, the hospital side. It was a silent witness to the havoc brought about by Ondoy and Habagat to the hospital, and other calamities that ravaged the Medical Center. Presently, it stands proud and continues to serve the ever-growing number of indigent patients from nearby UERM communities.

This issue also highlights two of the Revenue Centers of the hospital: the Ophthalmology Unit and the GIT Endoscopy and Liver Study Unit. The hospital will build an Eye Center which will house the newly-acquired machines and equipment discussed in this issue. The idea is to create a “one-stop shop” in the Eye Center that will answer the patients’ needs concerning the eye from diagnostics to therapeutics. The already established GIT Endoscopy and Liver Study Unit is revisited: the services it offers and the current indications for requesting the different procedures available in the Unit. The increasing number of patients in the GIT Endoscopy and Liver Study Unit calls for its needed expansion later on. An interesting feature in this issue is the article on stress management in the workplace. Everyone can relate to this, especially us, healthcare workers and healthcare providers, where we are in a setting where decisions between life and death are made every minute of the day. Practical tips on how to cope with stress are contained in this article. Thank you, Dr. Sonia M. Rodriguez!

All in all, this March issue of the Medical Echoes is very enlightening and informative and deserves a grade that is EXCELLENT!
The P.O. Domingo Outpatient Services (or simply the OPC) is the vibrant, bustling center of Ambulatory Medicine of the hospital. The OPC offers diagnostic and therapeutic services to patients whose complaints do not need hospital confinement. The OPC has ten clinic units catering to the different health needs of patients: Dermatology, Otorhinolaryngology, Ophthalmology, Neurology & Neurosurgery, Pediatrics, Obstetrics-Gynecology, Medicine, DOTS (TB treatment) Clinic, Surgery and Psychiatry.

The past two years saw a rapid increase on the number of consults in the OPC, from around 32,500 in 2014 to almost 38,200 in the past year. This translates to more than 600 patients seen in a five-day a week clinic schedule in 2014, to almost 750 per week in 2015. To accommodate the increasing number of patients seeking consultation and treatment in the OPC, clinic days have been revised to Tuesday until Saturday, instead of Monday to Friday. Saturdays were opened to accommodate patients like students and employees who may not have time to consult during weekdays. Clinic hours have also been revised to 7:30 AM to 4:30 PM (from 8:00 AM to 4:00 PM before). To better serve patients, the OPC has embarked on full computerization of all transactions and consultations which is targeted to be in full swing by middle of this year.
The upper GI Endoscopy is warranted in any patient above age of 45 with dyspepsia (upper abdominal pain) or at any age if associated with dysphagia (difficulty swallowing), post-prandial vomiting, GI Bleeding or Anemia. It can also identify presence of Helicobacter pylori, which may lead to stomach cancer if untreated. Colonoscopy is warranted in patients age 50 years and above, patients with chronic diarrhea, chronic constipation, altered bowel habit with weight loss or fresh blood in stool. Any person with family history of colon cancer should undergo colonoscopy at the age of 40 or 10 years before the youngest case in immediate family. Early detection and removal of colonic polyps, which are precursors for colon cancer, can be done during colonoscopy. ERCP is warranted in patients with symptoms jaundice upper abdominal pain with dark or tea colored urine.

The therapeutic endoscopic services offered for various gastrointestinal problems like GI Bleeding (vomiting of blood or blood in stool) by injection or clipping, obstruction of the upper or lower GI Tract by dilatation or placement of stent. For long-term nutritional management in patients with neurological problems, with inability to swallow, or head and neck cancer, feeding tube placement directly to the stomach (Percutaneous Endoscopic Gastrostomy) is offered. The therapeutic procedures offered during ERCP are removal of the stones from bile duct or placement of stents into the bile duct in case of narrowing.

The future plans of the unit are to extend our services to our patients with more advanced equipment.
PULMONARY DISEASE AND ITS PREVENTION IN THE MIDST OF RISING CLIMATE CHANGE

By: Isauro Q. Guiang, MD
Pulmonary Laboratory Unit

An Award Winning Device that Improves Mucus Clearance

The Lung Flute is a non-invasive, drug-free, reusable device that uses patented low-frequency acoustic wave technology for optimal secretion clearance and bronchial hygiene. Unlike conventional respiratory devices that rely on pressure or pulsed air, the Lung Flute acoustic wave technology mobilizes and clears secretions deep in the lungs so they are easier to expectorate. With proper use, patients will experience more complete mobilization of secretions. Positive Expiratory Pressure therapy can be used as a therapeutic tool for numerous pulmonary conditions, including:

- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Emphysema
- Bronchiectasis
- Cystic Fibrosis
- Primary Ciliary Dyskinesia
- Respiratory infections and Pneumonia
- Seasonal respiratory influenza
- Pulmonary rehab and case Management

How to Operate:
The patient inhales a little deeper than normal, places his/her lips completely around the mouthpiece, and blows out through the Lung Flute as if trying to blow out a candle. When the patient has finished exhaling, he/she will remove the mouthpiece from his/her mouth, quickly inhale again, put the mouthpiece back in his/her mouth, and blow gently through the Lung Flute.
The patient then removes the mouthpiece again and waits for 5 seconds, taking several normal breaths.

In order to achieve the best results, the patient should aim for blowing into the Lung Flute for up to 20 sets of two blows per set. As with any therapy, patients may need to begin slowly and build up the number of repetitions over time.

Approximately 5 minutes after the session has ended, mucus will have collected at the back of the patient’s throat and he/she can start to cough vigorously. The patient may notice thinned mucus collecting at the back of his/her throat for several hours after the session. This is normal. A drink of water will wash away the mucus and can prevent minor throat irritation.

Reference: LUNGFLUTE.COM (clinical trial results available in website)
Cataract is the presence of opacity in the lens of an eye leading to blurred vision. This can be genetic, hereditary or traumatic in origin. It may also be present at birth (congenital). Maternal infection especially in the first trimester of pregnancy can also lead to cataract formation in the young. Other causes are metabolic, like in the case of uncontrolled diabetes; prolonged use of certain medications or associated with other eye problems. It can also simply be a normal process of the aging eye. At present, there are no medications that have been discovered to dissolve cataract. Surgical removal of the opacified lens is the definitive management. If not assessed and monitored, cataract can mature and lead to glaucoma. Glaucoma, on the other hand, is a condition wherein the pressure inside the eye increases and causes damage to the optic nerve if left uncontrolled. This potentially blinding disease can be seen among elderly individuals (age-related) or could be present at birth (congenital) or in the young. Glaucoma is hereditary and can result after trauma to the eye. It also occurs in association or as a complication of other eye disorders. Prolonged use of certain medications can also lead to this condition. Glaucoma occurs because of problems in the drainage system inside the eye. Inadequate outflow of the eye’s internal water causes pressure to build up inside the eye. If the drainage is narrow, and rise in eye pressure causes the drainage to close, this will lead to eye pain, blurred vision and headache. Otherwise, if the drainage system is malfunctioning, the individual will not feel anything until damage of the nerve sets in and initially causes peripheral vision loss. It is therefore necessary to have a regular eye examination.

UERMMMCI offers services to evaluate and screen not only for cataract and glaucoma, but also for other optic neuropathy and retinal conditions. It has the OCTOPUS 900 Perimeter, which can assess glaucomatous and neuro-ophthalmologic changes. The Spectralis Optical Coherence Tomography (OCT) is also available to scan both the optic nerve head and the macula (site of the most acute vision). Fluorescein Angiography evaluates the back part of the eye or the retina. The fundus photo is utilized for documentation of both the nerve and the retina. The institution also has the PASCAL laser, which is faster and allows treatment to be completed in one session. The Stellaris phacoemulsification machine is also available for cataract extraction.

We are only given a pair of eyes. Do not wait until you feel something. It is said that the eyes are the windows to one’s soul, so go visit your friendly ophthalmologist and have an eye examination now.
MANAGING WORKPLACE STRESS

By: Dr. Sonia C. Rodriguez, MD
Department of Psychiatry

Workplace stress is the harmful physical and emotional response that occurs when there is a poor match between job demands and the responsibilities, resources or needs of the worker. Finding the stress management techniques that work effectively for you in the stressful situations that arise throughout your life can be a powerful resource for health promotion. Be mindful of when you experience stress, how it affects you and what actions allow you to best cope with its effects.

Here are the basic guides to manage stress realistically:

1. Get moving and exercise regularly. You do not have to be an athlete or spend long hours in a gym to experience the benefits. Just pick an activity you enjoy, start gradually and short until it becomes a healthy habit. Regular exercise emits endorphins that boost your mood, make you feel good and positively distracts you from your daily worries.

2. Be socially engaged and improve your social network. This is the fastest and most efficient way to leach stress and avoid dramatizing over events that you perceive as intimidating. Nothing is more calming to the nervous system than communicating with another human being who can give us security and understanding. Connect with family and friends regularly who can lend you exceptional listening ears or solutions to your stress concerns.

3. Apply effective time management skills. This will include taking the time to get organized, prioritizing your to-do list, learning to delegate, leaving time for yourself in your schedule and learning how to say “NO” to stress-inducing requests that are not essential.

4. Deal with circumstances. Managing stress effectively requires that you actually deal with it and working through it. Avoiding, ignoring problems or pretending that things are fine when they are actually unwell, will only lead to greater stress in the long run.

5. Proactive Communication. It entails expressing your feelings to those who are involved in the stressful circumstances of your life as well as discussing such circumstances with trusted friends and confidantes.

6. Start a Stress Journal. Keeping a journal is a good way to keep stressors from building up inside yourself. Writing down stressors can be a great step towards learning how to manage it effectively.

7. Goal Setting. It is critical that we break major projects/tasks down into achievable goals, set milestones to achieve those goals, track progress for every accomplished goals and most importantly, reward yourself for that progress achieved.

8. Learn the techniques for relaxation such as meditation, deep breathing, visualization activities, aromatherapy and massage therapy.

9. Live a healthy lifestyle. You have to ensure that you get enough sleep, eat a healthy diet, avoid alcohol/cigarette/drug consumption and reduce caffeine and sugar intake.

You are the master of your lifestyle and emotions. How you deal with situations define your personality. Take control of it and live with joy and serenity.
1. Discuss the framework of PLAN DO CHECK ACT-Continuous Quality Improvement (PDCA-CQI).
2. Identify the steps and processes of Continuous Quality Improvement.
3. Apply the quality improvement tools and techniques in identifying problem in the clinical area.
4. Develop quality improvement activities to address the identified problem.
5. Appreciate the role of healthcare provider in the CQI program.

Concepts of Continuous Quality Improvement Framework of PDCA-CQI

| Workshop 1 - Problem Identification |
| Workshop 2 - Understanding the System |
| Workshop 3 - Analysis of the Root Causes |
Workshop 4 - Selection of Best Alternative Solutions

Workshop 5 - Solution Implementation

Workshop 6 - Evaluation of Result

Workshop 7 - Standardization

Workshop 8 - Self-Evaluation and Future Plans
Fall Prevention Seminar

Fall accounts for a significant number of incidents in the organization that needs to be addressed in order to eliminate or decrease its occurrence.

1. Development of collaborative policies and procedures that address reducing the risk of patient harm.
2. Conduct of assessment of patients, employees, and other healthcare providers who are at risk for falls.
3. Implementation of measures for identified risks of fall.

Reference: International Patient Care and Safety Goal (IPCSG) - Fall Prevention
The Infection Control Committee led by OIC-Infection Control Nurse Ms. Rowena Globio, together with the Nursing Service Department (Supervisors, and Head Nurses) has attended update of the recent principles in Infection and Control in collaboration with the Philippine Hospital Infection Control Society, Inc (PHICS) which conducted a symposium “An RCT on CLABSI Prevention-Synopsis of the Health and Economic Outcomes” on February 22, 2016 at Crowne Plaza Galleria Manila led by guest speaker from Buenos Aires, Argentina Dr. Victor Rosenthal. Dr. Rosenthal is the founder and chairman of the International Nosocomial Infection Control Consortium (INICC). He is the collaborator for the CDC on TB programs-collaborator of the United States Naval Research Laboratory on bacterial resistance programs, coauthor of JCI guidelines to prevent CLABSI. Task Force Member and Reviewer of the Infection Control Guidelines for the World Health Organization (WHO). He discussed the latest trends in CRBSI (Catheter Related Blood Stream Infection). He emphasized that clinical initiatives like assessment, training, technology and tracking help healthcare setting around the world to prevent healthcare-associated infections. He also tackled health economics to connect cost effectiveness and best patient outcomes. A question and answers segment has been done after the presentation.
The UERM Hospital celebrated its 56th year on January 11-15, 2016. It started with a Eucharistic Mass followed by an opening program and release of anniversary balloons.

Participating booths were represented by invited pharmaceutical companies such as Roche, Omron International, Nestle and Johnson & Johnson. The UERM booths were represented by the Dietary Section, Blood Bank Unit, Ophthalmology Department and a UERM souvenir booth where UERM T-shirts were sold.

Free health lectures were delivered by our specialty doctors for patients and employees from January 12-15, 2016 which were held at the Out-Patient Department. The lay forum topics included Diabetes & Heart Attack, OB Ultrasound, Breast Imaging, Breast Cancer Awareness, Cataract and Glaucoma, Pulmonary Disease, Dermatology, Stress Management and Gastro Intestinal Tract Endoscopy.

Zumba Sessions were also held for the public every morning from January 12-15, 2016 at 8:00 – 9:00am. The daily dance themes included Retro Dance Fitness, Aerobic Fitness, Gold (senior citizens were encouraged) and Dance Fitness Explosion.
As part of building camaraderie and exploring diverse talents of UERM employees through the anniversary celebration of the hospital, the following games were held with the corresponding winners:

<table>
<thead>
<tr>
<th>CONTEST</th>
<th>DATE HELD</th>
<th>WINNER</th>
<th>PRIZE</th>
<th>DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painting Contest</td>
<td>11 January</td>
<td>Mr. Eler Delos Reyes</td>
<td>First</td>
<td>Student, CAReS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Janelle Marie Yu</td>
<td>Second</td>
<td>Staff, Nursing Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Walton Marzan</td>
<td>Third</td>
<td>Staff, Ophthalmology</td>
</tr>
<tr>
<td>Your Face Sounds Familiar</td>
<td>12 January</td>
<td>Mr. Jose Lorenzo Gonzales</td>
<td>First</td>
<td>Staff Nurse, 4South</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Jose Luisito Zulueta</td>
<td>Second</td>
<td>Professor, College of Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Arnel Antonio</td>
<td>Third</td>
<td>Staff, Medical Director</td>
</tr>
<tr>
<td>Ballroom Dance</td>
<td>14 January</td>
<td>Mr. Julius Jun Obero</td>
<td>First</td>
<td>Staff, CAReS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Robelyn Madella</td>
<td>Second</td>
<td>Staff, TQM</td>
</tr>
<tr>
<td>Mr. &amp; Ms. UERM Bulilit</td>
<td>15 January</td>
<td>Mr. John Linoel Tenerife</td>
<td>Mr. Bulilit</td>
<td>Child of Ms. Marcelina Tenerife, Supervisor, Nursing Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Gabriela dela Cruz</td>
<td>Ms. Bulilit</td>
<td>Child of Mr. Cesar Dela Cruz, Staff, IT</td>
</tr>
<tr>
<td>Commended Staff</td>
<td>15 January</td>
<td>Dr. Luis Salvador</td>
<td>Top Doctor</td>
<td>GIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Analyn Antazo</td>
<td>Top Nurse</td>
<td>ENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Edgardo Montes</td>
<td>Top Rank &amp; File</td>
<td>Admitting Section</td>
</tr>
</tbody>
</table>
The first day of the anniversary celebration was covered for media publicity by Mr. Jun Del Rosario, the Director for Public Service, News & Current Affairs of CNN Philippines. It was aired on January 25, 2016 via its daily morning program, Serbisyo All Access. The coverage included the activities held at the participating booths, the anniversary ads posted at the hospital’s parking ground, a special coverage for the blood donation drive inside the hospital lobby and a special interview conducted by Mr. Del Rosario with Dr. Norbert Lingling Uy, Medical Director of UERM Hospital.

HEALTH ALERT

In line with the continuing promotional efforts for the UERM Hospital, the Business Development Office regularly coordinates with internal and external stakeholders for massive campaigns relating to public health.

We collaborated with the Infectious Control Unit regarding health advisory on Zika Virus and created a video advertisement to be uploaded on the TV sets at the UERM hospital lobby.

LINKAGES

In collaboration with CNN Philippines Network for TV interviews, the hospital assigned UERM Doctors to tackle specific topics of public concern. Last February 15, 2016, Dr. Claro Antonio of Department of Medicine was interviewed during the morning TV program, Serbisyo All Access, regarding Sepsis.
The Business Development Office worked with Dr. Jose Quebral, Head of Disaster Control Unit, for the advertisement on Fire Prevention Month. An awareness talk for this program is likely to be organized within March 2016 for the UERM employees and students.

**UPCOMING PROGRAMS**

We are attuned with the Department of Health in the observance and awareness promotion of its mandated programs. The following health programs will be featured in the next three (3) months:

**APRIL**
- National Hemophilia Awareness Month
- National Hemophilia Day
- World Health Day
- Head and Neck Consciousness Week
- World Malaria Day
- World Immunization Week

**MAY**
- Cervical Cancer Awareness Month
- Road Safety Month
- Hypertension Awareness Month
- Safe Motherhood Week
- World No Tobacco Day

**JUNE**
- Dengue Awareness Month
- National Kidney Month
- World Blood Donor Day
- National Patient Safety Day