The UERM Memorial Medical Center, Inc. Celebrates 59 Years and Countdown to 60
June 17, 2016 – June 17, 2017

Theme: Reliving A Huge Milestone of Excellence and Fast Forward to the Diamond Celebration

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ANNOUNCEMENT

The UERM Hospital greets the Department of Health on its celebration of
118th Foundation Day
23 June 1898 – 2016
HAPPY ANNIVERSARY
DOH!

For Suggestions and Subscriptions:
UERM Memorial Medical Center, Inc.
Business Development, Corporate & Alumni Affairs
64 Aurora Boulevard, Barangay Doña Imelda, Quezon City
Phone: (+63 2) 715-0861 loc 365
Email: marketing@uerm.edu.ph
Website: www.uerm.edu.ph
The President's Message

Dr. Romeo A. Divinagracia

June is a happy month, a month of celebrations. Though it marks the end of a happy summer vacation for many, it also marks happy events such as going back to school and seeing favorite friends and teachers. It is also the month for weddings and therefore, many celebrate their wedding anniversaries this month.

The University of the East Ramon Magsaysay Memorial Medical Center College of Medicine celebrates its Diamond Jubilee this month capped with a gala dinner and recognition rites on June 7th. The Medical Center on the other hand will launch this month a year-long anticipatory events to mark its own Diamond Jubilee as the medical center dedicated to the memory of the late President of the Philippines Ramon F. Magsaysay.

On this occasion, we will commemorate the milestones of the six decades of existence of the Medical Center as it developed into one of the biggest suppliers of health care professionals, becoming one of the premier institutions in health sciences, and as a supplier of excellent patient care and community service. For the Medical Center, there is indeed much to celebrate.

Mabuhay ang UERM!

Once again, we have another winner issue in this quarter’s Medical Echoes. The topics are of interest to a lot of people from all walks of life: mothers can relate to an article on safe motherhood, while teenagers and adults will surely appreciate the write-up on Skin Problems. The article on the benefits of donating blood is very interesting and is a must-read for everyone. With the sprouting of hemodialysis centers in the country, people with chronic kidney disease will find our feature article on Diabetic Kidney Disease very enlightening.

Some hospital initiatives are also highlighted in this issue, such as Patient Safety and Good Housekeeping. A culture of patient safety at UERM Hospital is spearheaded by the different dedicated staff of the hospital: doctors, nurses, and other support staff. A system of good housekeeping is the advocacy of the 7S group which calls for a clean, organized and safe environment in the hospital.

Kudos to the writers for this issue of the Medical Echoes!

Dr. Maribeth T. de los Santos

Remarks from the VP for Hospital Services
How common is Diabetic Kidney Disease (DKD)?

Diabetes Mellitus (DM) is a common disease affecting about one in eleven adults globally and about 4 - 7% of the Filipino adult population. Its prevalence is expected to increase worldwide because of unhealthy diet and lifestyle. The hallmark of DM is the abnormally high blood sugar that is causing damage to the various cells of the body, specially the inner lining (endothelium) of the blood vessel wall. The complications of diabetes can involve almost all organ systems in the body, including the eyes, nerves, vascular system, gastrointestinal system and kidneys.

It is estimated that 40% of people with diabetes will eventually suffer from kidney complications in their lifetime and this is called Diabetic Kidney Disease (DKD), formerly known as Diabetic Nephropathy.

Worldwide, DKD is the most common reason for patients developing irreversible kidney failure. In the Philippines, it is the number one cause (almost 50%) of End Stage Renal Disease (ESRD) requiring dialysis or kidney transplantation.

What are the signs and symptoms of DKD?

Most patients with early stages of DKD will have no specific signs and symptoms pertaining to the kidneys. Hence, screening tests are important. In the later stages of kidney failure, patients may manifest with edema or swelling of both legs indicating fluid retention.

Elevation of blood pressure is very common in diabetic patients and it becomes harder to control in the presence of kidney damage. Other signs and symptoms may include: pallor or anemia, body weakness, easy fatigability, difficulty in breathing, dizziness, headache, itchiness, sleep disorders, loss of appetite, nausea and vomiting, neuropathies, etc. Frequent and severe hypoglycemic episodes in a diabetic patient is also a clue to the presence of kidney involvement.

How can DKD be diagnosed?

It is recommended that all adult patients with diabetes be routinely screened for the presence of kidney involvement upon diagnosis of diabetes and every year thereafter. The recommended screening tests are: 1) Random morning urine albumin/creatinine ratio; 2) Serum creatinine; 3) Routine urinalysis and; 4) Blood pressure determination.

The blood pressure of the diabetic patients should be checked at every clinical encounter because hypertension is very common. The higher the blood pressure, the higher is the risk for kidney failure in the future, and the higher is the risk for other cardiovascular diseases like heart attack and strokes.

Can DKD be prevented?

Early diagnosis of DM and good control of blood sugar has been found to be the best way to reduce the risk of developing DKD and all other DM complications. Tight control of concomitant hypertension in diabetic patients, specially with the use of Angiotensin Converting Enzyme Inhibitor (ACE-I) or Angiotensin Receptor Blocker (ARB), can also reduce the risk of DKD and its progression to ESRD.
How can DKD be managed?

Since DKD is irreversible, the main goal of management is to delay the progression of kidney failure as much as possible by correcting all the factors that may hasten kidney damage. The measures that can be undertaken include the following:

A. Use of ACE-I or ARB to control blood pressure and reduce proteinuria, as long as there are no contraindications to their use, such as: hyperkalemia, angioedema, renal artery stenosis and acute kidney injury.

B. Good blood pressure control to levels below 140/90 in general, but in those with proteinuria > 1gm/day, the goal BP is < 130/80. However, it is advisable to avoid systolic BP < 120 mmHg or episodes of hypoperfusion to the kidneys.

C. Reduce the overall risk of cardiovascular disease by correcting all modifiable risk factors, by giving statins, use of antiplatelets and screening for cardiovascular disease. Patients with DKD are considered high risk for developing heart attacks and strokes.

D. Dietary and Lifestyle Modifications - Limit the amount of salt, sugar and saturated fats in the diet. In some patients with severe kidney failure, a lower amount of protein intake may be helpful. Attainment of ideal body weight and having regular physical exercise is encouraged, while cigarette smoking must be stopped.

E. Use of erythropoietin hormone and iron in patients with anemia to achieve a hemoglobin level above 100 gm/L.

F. Amount of fluid intake must be regulated to avoid both extremes of fluid overload and dehydration.

G. Adequate control of the diabetes, targeting a HgbA1c of around 7% and avoiding hypoglycemia.

H. Control of hyperuricemia and hyperphosphatemia with dietary restriction and use of medications.

I. Correction of metabolic acidosis with the use of oral bicarbonate and protein restriction.

J. Avoiding nephrotoxic drugs and chemicals, like: Non-steroidal Anti-inflammatory drugs (NSAIDs), certain antibiotics, herbal supplements, Contrast agents, etc). Proper dose adjustments for drugs that are metabolized and excreted through the kidneys.

K. Avoiding urinary tract infection and urinary tract obstruction.

It is advisable that regular monitoring of the kidney function be performed and a referral to kidney specialist (nephrologist) is needed in the following situations: there is any doubt in the diagnosis, there is rapid deterioration of kidney function, and whenever the eGFR reaches a level below <30ml/min.

But He said to me, “My grace is sufficient for you, for My power is made perfect in weakness.” - 2 Corinthians 12:9
“Give blood, save lives” a slogan we are all familiar with but its reality is ever present in our daily lives. Every day, millions of Filipinos are in need of blood transfusion to save their lives. Conditions like leukemia, trauma, some obstetric and surgical diseases highly demand blood component transfusion. It is with our altruistic intentions that we donate blood but in doing so, we also improve our health and harness important health benefits.

Benefits of Blood Donation:

1. A free medical check up and blood screening: Before significant blood is drawn for donation, a complete physical examination is done to determine eligibility. Also, blood is drawn for CBC and to screen from some important blood-borne infectious diseases. This keeps your health in check and may uncover potential health problems.

2. Decrease harmful iron stores: Excess iron in the body acts as a pro-oxidant that may potentially damage our cells.

3. May improve vascular function, reducing heart attack: Studies have shown that blood donation may improve flow-mediated vasodilation. This improves blood flow in our body preventing ischemic events.

4. May decrease the risk of cancer: High iron levels may predispose to cancer of the lung, liver, colon, stomach and esophagus. Donating blood decreases excess iron in the blood.

5. Psychological benefit: Knowing somehow and somewhere you have saved a life, the life that you saved may give one a very feel-good experience. He or she may be a parent, a child or a sibling of someone or even your own.
Mother’s day is celebrated on the second Sunday of the month of May. As one day is not enough to appreciate our mothers who have gone through thick and thin, we extended from a day to celebrate Safe Motherhood Week in the same month.

What is safe motherhood? Does UERM, as an integrated institution, foster and observe motherhood through our services and our curricula?

In a limited context, safe motherhood is the promotion of mothers’ health at pregnancy, during delivery, and after a child is born. These are the stages wherein we, at UERM, can play a big role in fostering and observing safe motherhood as a unique core value in our hearts.

The joy, mixed with apprehension of pregnancy, is complex that a woman cannot cope with by herself alone. Her immediate family’s role for support is a given factor. Our institution should market the idea that we can give the best safe motherhood programs such as:

I. At pregnancy:
   • A warm welcome to avail of our comprehensive services on pregnancy
   • Information and acquaintance to our friendly medical and allied services
   • Dietary enhancement for mothers to nourish the fetus, including vitamins and iron supplement, emphasizing the role of folic acid in normal fetal development
   • Access to laboratory and diagnostic tests to assess mothers’ well being, such as CBC, urinalysis, Hepatitis B screen, blood sugar, ultrasound, etc.
   • How to avoid infections
   • Motivating the mother to breastfeed her own baby
   • Having preference and priority to be admitted at our hospital
   • Establishing self-confidence by identifying a companion to pick up necessities when labor sets in

II. During labor:
The skills and expert resources of our tertiary Medical Center need not be overemphasized. Financial preparations must be discussed by a hospital team to avoid the doctors being involved in a compromised situation when problems arise. During delivery, the presence of a comprehensive team must be very visible as the showcase of birthing services.

III. Successful delivery:
The aspects of essential newborn care such as “unang yaka” and the proper timing of cord clamping must be advocated. These are now “must know” in the curricula of medical and nursing schools. We aim for better nationwide newborn survival.

With the excitement of bringing forth a new life, the mother’s welfare and safety must be ensured from hemorrhage, infection, and shock. Subsequently, breastfeeding and bonding in the rooming-in will be accomplished. Stories and pictures of success must be featured in our immediate communities.

Fostering and observing safe motherhood in our Medical Center should be a showcase project thru demonstrations and role modeling to motivate our graduates, and possibly, for them to re-create equivalent situations in the communities. Let us set a special day to recognize our graduates who bring glory to our dear Alma Mater.

Fostering and observing safe motherhood programs is our payback to all mothers for their sacrifices in child bearing. It is a gift of love from us to welcome a new life.
Exposure to moderate amounts of ultraviolet radiation (UVR) has some positive effects on the skin. The right amount of sun exposure causes stimulation of vitamin D production and contributes to one’s well-being by reducing stress and increasing mental activity. However, excessive sun exposure can lead to many different hazardous effects. The harmful consequences of UVR lead to sunburn, photo aging, and even skin cancer.

There are three types of pigment reactions to UVR, namely immediate-type, permanent-type, and delayed-type. Immediate darkening occurs after just a few minutes of intense exposure to the sun. This immediate darkening is caused by UVA radiation, while delayed darkening, which is evident about 3 days after intense UVR exposure, is brought about by UVB rays. Both can cause permanent darkening of the skin.

Skin aging due to UVR or photo aging leads to appearance of fine lines, depigmentation, loss of elasticity, and dryness leaving the skin lusterless, rough, and furrowed. Furthermore, intense intermittent exposures starting from childhood may set off development of basal cell carcinoma and melanoma, whereas cumulative sun damage leads to squamous cell carcinoma. Albeit more common in fair-skinned individuals, there are many reports of Asians having these cutaneous carcinomas.

Taking exceptional care of your skin does not equate to vanity. It is comparable to medical check-ups we do routinely to keep our body healthy. To prevent the negative effects of the sun, we must know how to properly protect our skin from it. Wearing sunscreen is one. The UERM Section of Dermatology strongly advocates the use of sunscreen not only for aesthetic purposes, but also to prevent the development of skin cancer. One should choose their sunscreen wisely. Look for one that is broad spectrum (protects the skin from UVA and UVB) and has a sun protection factor (SPF) of at least 15. SPF 15 provides 93% protection from UVB radiation, while SPF 30 is 97% and SPF 50 provides 98% protection. Sunscreens should contain either a physical blocker like zinc oxide and a chemical blocker such as oxybenzone. Remember to apply it 30 minutes before sun exposure. Use proper clothing; choose a synthetic material over those with natural fibers as they block UVR more effectively and wear wide-brimmed hats. Photo protection also includes appropriate behavior during exposure to sunlight such as seeking shade. Exposure to UV light can also lead to changes in vision; therefore, eye protection is necessary. Must-haves are yellow and orange-colored lenses that provide the best protection against UV rays.

Know the facts. Make healthy skin your goal!
Commended Staff for the 1st Quarter of 2016

DOCTORS
- Dr. Czarina Kay Beltran
- Dr. Jacqueline Bernabe
- Dr. Luis Salvador
- Dr. Norbert Lingling Uy
- Dr. Stephen Medel

RESIDENTS
- Dr. Jayme Natasha Paggao
- Dr. Jose Gil Guillermo
- Dr. Diandra Joy Ann Lam

STAFF NURSES
- Ruel Cacayurin
- Annalyne Antazo
- Araceli Mangabat
- Anne Lorraine Viray
- Carlo Vejano

NURSE AIDES
- Lucena Baal
- Donna Lyn Villegas
- Maymic Bumanglag

MAMMOGRAPHY TECHNOLOGIST
- Lilian Aranda

Does your mother feel loved and honored? What can you do to bring a big smile to her face?

Last May 8, UERM Hospital made an effort to make mothers feel that they’re loved and cared for.

From all of us here at UERM Hospital, we wish you a Happy Mother’s Day and we thank all moms out there for their love and sacrifice.
Patients are at the center of everything we do at UERM Memorial Hospital. Thus, we are making our commitment to patient safety a top priority, promoting it as a culture.

Along with this, we keep on introducing innovative programs to improve and strengthen our fundamentals. Recently, we gathered the expertise of selected members from our hospital, including nurses, doctors, and administrative staff in collaboration with our College of Nursing, which resulted in the formation of a multi-disciplinary team to serve as part of the different patient care and safety goal committees with the following tasks:

1. Develop mission and objectives;
2. Define duties & responsibilities of the members;
3. Establish goals and achievable plans;
4. Record and report minutes of each committee meeting to their respective heads;
5. Innovate plans, programs and projects to address the health safety issues;
6. Disseminate the purpose, plans and programs to all employees; and
7. Attend regular meetings, submit monthly and annual statistical reports with analysis and recommendation to hospital TQM Unit.

Moreover, with our Nursing Service spearheading the program, several committees were formed including Fall Prevention, Prevention of Pressure Ulcer, Surgical Safety, Proper Patient Identification, Effective Communication, and Medication Safety. These were activated to guard our patient safety.

Eventually, on January 27, 2015, the soft launching of our International Patient Care and Safety Goal (IPCSG) was successfully held. Thereafter, all our committees, while promoting the spirit of teamwork, initiated various efforts to promote public awareness through seminars, creating assessment and monitoring tools, and other programs in order to contribute to the promotion of patient safety culture.

In line with the mission-vision of UERMMMCI, IPCSG will continue to carry out programs to develop in every member of our Team. PATIENT SAFETY CULTURE!

For concerns and suggestions, please contact the following Committee Chairpersons:

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<td>Miss Elda Rapanut, MAN, RN</td>
<td>Mrs. Marilyn Bar, RN</td>
<td>Mrs. Aurelia Mendoza, MAN, RN</td>
<td>Miss Ma. Theresa Sumagaysay, RPh</td>
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Launch of 7S: Systems of Good Housekeeping
Ms. Frances Grace Tongol, Chairman of 7S

Techniques that provide a methodology for organizing, cleaning, developing, and sustaining a productive work environment.

1. Sort
2. Systematize
3. Shine
4. Standardize
5. Self-Discipline
6. Safety
7. Sustain

What is the purpose of WORKPLACE HOUSEKEEPING?

Poor housekeeping can be a CAUSE OF ACCIDENTS, such as:

1. TRIPPING OVER loose objects on floors, stairs and platforms
2. BEING HIT by falling objects
3. SLIPPING on greasy, wet or dirty surfaces
4. STRIKING AGAINST projecting, poorly stacked items or misplaced material
5. CUTTING, PUNCTURING or TEARING the skin of hands or other parts of the body on projecting nails, wire or steel strapping
**The Systems of Good Housekeeping**

**S:1 - Sort**
- Take out unnecessary items and dispose of them.
- Separating things in terms of what is necessary and what is not.

**S:2 - Systematize**
1. Arranging necessary items in good order for use.
2. Eliminating time wasted in searching for things we need.
3. Functional storage.

**S:3 - Shine**
1. Cleaning your workplace and eliminating the root cause.
2. Creating a spotless workplace.
3. Removing everything from work everything that should not be there.

**S:4 - Standardize**
1. Maintaining high standard of housekeeping.
2. It involves the development of a clear system for maintaining cleanliness and orderliness.
3. Standardization can be achieved through "visual control" system.

**S:5 - Self Discipline**
1. Doing things spontaneously without being told or ordered.
2. Developing habits you won't forget.

**S:6 - Safety**
- Freedom from unacceptable risk of harm brought about by clean and orderly environment.
- Poor housekeeping can be a cause of accidents.
- A workplace must maintain order throughout the workplace.

**S:7 - Sustain**
- Continuously perform the 7S activities and seek further improvement.
Ms. Yolanda Zamora, MAN, RN

Total Quality Assurance Nurse

The Nursing Service Department launched the 1st International Nurses Week last May 11-12, 2016 in collaboration with the College of Nursing, UERM College of Nursing Alumni Association Inc., Catholic Nurses Guild of the Philippines-UERM Chapter, and the UERM Employees Association-FFW. The theme of the celebration was “Nurses: A Force for Change: Improving Health System Resilience.”

The celebration started with a Thanksgiving Mass officiated by the Hospital Chaplain Fr. Lawrence at the Hospital Chapel. The ribbon cutting which officially opened the booth exhibits was led by Dr. Maribeth T. de los Santos, VP for Hospital Services and Dr. Norbert Lingling Uy, Medical Director. The booths were placed in front of the Psychiatry Ward and were blessed by Fr. Lawrence. The booth highlights the Continuous Quality Improvement (CQI) Poster Exhibit and the Video of the International Patient Care Safety Goal (IPSG).

In the afternoon, the Cartoon Poster Contest on Fall Prevention for Pedia Patients was judged by Dr. de los Santos and Dr. Uy.

A gift-giving activity was led by John Erick Maddela, President of the CNGP-UERM Chapter, to the service patients at the Service Hospital.

The activity was highlighted by a lecture given by Dr. Annabel R. Borromeo, Senior Vice President for Hospital Operations and Chief Nursing Officer of St. Luke’s Q.C. and Global City. She delivered a lecture on Improving Personal Resilience.
The Nursing Service Department conducted their first CQI Study Contest. The contest was participated by the different nursing units. The goal of this endeavor is to continuously upgrade the performance target through quality improvement activities in all the levels of the organization.

There were 7 participants who were pre-judged last April 27, 2016 and the judges chose 3 entries for the International Nurses Week Celebration.

The winners for the CQI Contest were: The Effectiveness of An Oral Care Protocol and Staff Compliance to Prevent Ventilator-Associated Pneumonia, first prize; The Use of 7 Columns for Entry of Laboratory Results to Prevent Missing Laboratory and Other Diagnostic Results in OPC Records, second prize; and The Effectiveness of the Fall Prevention Program in avoiding the Incidence of Fall in the Psychiatry Ward, third prize.

The winners were judged by Dr. Geoffrey Battad, Dr. Joseph Quebral and prof. Ma. Luisa Uayan.

An intermission number was rendered by the Band Aid from the Operating Room.
Corporate Development Updates
Ms. Cherrie D. Fabillaran
Executive Director, Business Development, Corporate & Alumni Affairs

Advertisements and Media Coverage

A short video was created to notify our patients on the importance of availing not only pre-natal care but also post-natal care in UERM Hospital. This will ensure continued care and safety for mothers and babies. The video is uploaded on the TV units of the hospital and out-patient clinic (OPC) areas.

As part of strong media partnership, CNN Philippines featured the UERM Hospital in its daily morning TV program, Serbisyo All Access. UERM was represented by Dr. Claro Antonio who was interviewed for the medical topic on fever.

News Highlights

The 2nd Basic Life Support course for the lay was held last 13 May 2016 for all the non-medical employees of UERM on complimentary basis and it was initiated by Dr. Maribeth T. de los Santos, VP for Hospital Services. The course, which is divided into morning and afternoon sessions, was patterned after the American Heart Associations’ Heart Saver Course.

UERM aims to educate its non-medical employees on the vitality of providing immediate life-saving assistance to those who have suddenly collapsed through loss of breath or difficulty in breathing while they are in public areas, without compromising safety of both parties.
Dr. Maribeth T. de los Santos, VP for Hospital Services, hosted a Recognition and Welcome Reception for outgoing and incoming unit/section heads last 20 May 2016, 12nn at the VP-HS Conference Room.

A certificate of appreciation was presented to the outgoing heads.

The Administration Officials and Hospital Revenue Center Heads were present during the lunch reception. Dr. Romeo A. Divinagracia, President of UERMMMCI, delivered a special message after the presentation of certificates.

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Awareness Campaigns for the next quarter of 2016 in line with the DOH programs:

**JULY**
- Nutrition Month
- National Blood Donors Month
- National Disaster Consciousness Month
- National Allergy Day
- World Population Day
- National Disability Prevention and Rehabilitation Week

**AUGUST**
- Family Planning Month Celebration
- National Adolescent Immunization Month
- National Lung Month
- National Tuberculosis Awareness Month
- National Breastfeeding Awareness Month

**SEPTEMBER**
- Generics Awareness Month
- National Epilepsy Awareness Month
- National Suicide Prevention Week
- World Suicide Prevention Day
- World Rabies Day