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**SURGICAL & INTERVENTIONAL
CARDIAC MISSION IN BGHMC**

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**PHC-PAL FOUNDATION
PARTNERSHIP**

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PHC COVID DASHBOARD



Positive Remarks ISO 9001:2015 for PHC

PHC recently underwent an audit for the ISO 9001:2015 recertification last March 23 and 24, 2022. The audit on quality management system was facilitated by SOCOTEC Certification Philippines remotely on a virtual platform.

PHC processes, implementation and presentation of documents gets a thumbs up from SOCOTEC



MESSAGE FROM THE DIRECTOR

Finally after 2 years into the pandemic of COVID-19, we are seeing a glimmer of hope. Cases in our PHC community has dropped with zero HCWs becoming positive for the SARS-CoV2 virus for several weeks now. Our hospital operations have finally resumed into full gear to reach pre pandemic levels, or even greater. However excited we are to fully resume our operations, we must carefully do this in the most safe possible way. PPE, complete vaccinations plus booster doses for the PHC healthcare workers and careful screening of our patients for COVID-19 remain a must despite the easing of the quarantine restrictions in the country.

Looking back, the PHC has been preparing for this and has been eager to serve patients that need our services since the pandemic was announced in 2019. Yet in spite of the pandemic restrictions and resurgence of overwhelming cases of HCWs becoming positive last January, we have continued to strive to meet the goals of our center. PHC continues to successfully capacitate regional hospitals to become a heart center. Recently, last month, the PHC team went to Baguio to successfully intervene surgically and via percutaneous approach to 25 patients in Baguio General Hospital and Medical Center in a collaborative manner between the 2 centers. Also, last month, we have undergone another ISO recertification audit. The PHC as an institution has done a great job as the final report of the SOCOTEC certification body noted 4 positive and only 1 non conformity in the management system of our center.

Moving forward, the PHC will continue to operate full scale and will aim to serve more patients as we open up more wards, cathlab units and beds in the new ER. The PHC will remain to be resilient against the COVID-19 pandemic or other unexpected events in the future. The center has adapted hybrid forms of communications, training, patient consultations, etc. And in spite of this innovations that has become the new normal in our daily routine, we still strive to go back to the traditional face to face training especially for the essential skills that our fellows and residents as well as nurses and other allied medical staff need to master. Slowly we are doing this and hopefully we can continue what we do even if the threat of COVID-19 still stand and persist.

Stay safe and stay strong, PHC Family!

- Joel M. Abanilla, MD

PHC Resiliency Plan

Patient Care Beyond and With COVID-19

Last March 2022, the PHC resumed hospital operations back to full gear in the safest possible way — that is without easing the proven safety protocols against the transmission of the SARS-CoV2 virus.

COVID-19 BOOSTER VACCINATION

The institution-wide roll-out for the first booster dose of the COVID-19 vaccine was held last November 22 to 26, 2021 at the DAPA Hall. A total of 2,582 PHC healthcare workers and dependents received the Pfizer mRNA vaccine as a booster dose > 6 months after the completion of the primary COVID-19 vaccines. The second batch of booster vaccines were given to 1,883 healthcare workers and dependents last January 20 to 22, 2022.

The PHC likewise extended its vaccination roll-out to the pediatric population - from giving complete 2 doses of Pfizer mRNA vaccine to dependents and patients aged 12 to 17 years (total 419 adolescents) and 5 to 11 years old (total 911 children).

The mass vaccination for the PHC community ended last March 2022. Unused adult Pfizer COVID-19 vaccines were returned to DOH for redistribution.

BATTLING OMICRON SURGE

The OMICRON variant of the SARS-CoV2 virus caused the overwhelming number of cases last January in the country, including here in the center. A total of 878 PHC healthcare workers were confirmed positive and almost all presented only with mild symptoms. However, the alarming number of healthcare workers being affected crippled the health system that lead to adjustment of the quarantine protocols for healthcare workers becoming infected with the SARS-CoV2 virus. By the end of January, a total of 955 PHC staff were cleared to return to work after fulfillment of the health criteria as well as the prescribed isolation period. Slowly thereafter, the number of PHC healthcare workers getting sick from COVID-19 dwindled down significantly. Since the first week of March up to this writing, there were zero HCWs reported to be positive for COVID-19 in PHC.

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Mission Possible: PHC goes to Baguio General Medical Center

by Glorilyn Joy C. Laceste, MA Psy and Francoise May A. Sarmiento, MD

The Baguio General Hospital and Medical Center (BGHMC) has long started to plan and build itself into one of the Regional Heart Centers in the Cordillera Autonomous Region (CAR). However, this journey was abruptly curtailed when the COVID-19 pandemic was declared in March 2020. Two years into the global health crisis, the BGHMC reinstitute their plans to pursue this noble undertaking.

The Pediatric and Adult Cardiac Surgical and Interventional Mission recommenced the plight of the BGHMC. In cooperation with the Philippine Heart Center, the team of doctors, nurses and allied healthcare workers convened to serve 26 patients from the Cordillera Region with ailing heart conditions that necessitated either a surgical or percutaneous cardiac intervention. These undertakings were held in BGHMC last February 28 to March 4, 2022. The week-long mission aside from open heart surgeries and invasive cardiac procedures included a virtual webinar on "Raising Children with Healthier Hearts" by the PHC Pediatric Cardiology Team and a blended Orientation on the PhilHealth Z-benefit Open Heart Packages from the PHC Z Benefit Office.

The 2nd Baguio Cardiac mission was definitely raised the bar from the previous one as it encapsulated the first 3-in-1 mission in the 6th year of PHC Regional Heart Center development journey. This successful endeavor was again made possible through the steadfast commitment of PHC and BGHMC top leadership and the passionate engagement of our "Modern Day Heroes", the men and women behind the masks and PPEs: the PHC-BGHMC CV Surgical and Intervention Team.

Sharing the laurels of this victorious endeavor for the Cordillerians are our mission partners: Office of Senator Bong Go, Heart Warriors of the Philippines, Inc. under Imee Kalusugan Program of Sen. Imee Marcos, Rotary Club of Metro Pasig, District 3800 thru the approval of Global Grant 2095133 and its International partner Club: Rotary Club of Granada Hills, U.S.A District 5280 and other Rotary Club Partners and Contributors, Mending Kids, Medtronic Philippines, Inc., Terumo, IDS Medical Systems Philippines, Inc., B Braun, and PHP Medical Distributors, Inc.

BGHMC welcomes PHC delegates





Adapting the virtual venue typify independence from physical fora and evidence. The conduct of the online audit streamlined the reporting and evaluation of the required documents and information pertinent to the audit in a digital format. ISO 9001:2015 recertification audit evaluated the PHC quality management system by checking compliance with the following requirements.

1. The center is able to demonstrate the ability to consistently provide the services that meet customer and applicable statutory and regulatory requirements, and

2. That the center ensures continued enhancement of customer satisfaction through effective quality management systems including processes and assurance that is in conformity to patient needs and applicable regulatory obligations.

The 2-day virtual survey evaluated the center's different services' areas thru an online presentation of the processes and evaluation of data. An overall thumbs up was given to the center after the audit. In summary, SOCOTEC reported the 4 positive and 1 non conformity remark:

- PHC as an institution has a “fluid process of the PDCA (plan-develop-check-act cycle)” that help link the objectives and performance of each unit to the center's breakthrough target.
- Majority of the audited units were able to show a comprehensive presentation of previous milestones and implementation of operational controls.
- The Department of Pediatric Cardiology was congratulated for retaining its accreditation.
- The center was likewise commented for its commitment to pursuing its advocacies and missions.
- The Radiological Sciences was praised for its innovation on the Golden Heart signages to aid in the levity of patients and public.
- The Nutrition and Dietetics Division was observed to have prompt and organized retrieval and presentation of documented information.
- Lastly, the center was again commented on the significant infrastructure improvement that was completed since last ISO audit. Noted were the new emergency room, additional 70-bed wards, constructed molecular diagnostic laboratory and the numerous EMD initiatives for COVID-19 control in the center.

Source: Elmer Benedict Collong, RMT, MMPA, MPA-HEDM, EMT-B

PHC ISO 9001: 2015 Recertification Audit



Virtual ISO 9001:2015 recertification audit by SOCOTEC Certification Philippines opening meeting in the Heart Hub Auditorium held last March 23, 2022. In attendance were PHC Executive Director Joel M. Abanilla, MD, Deputy Executive Directors and the different department heads and division chiefs.

PHC-PAL Foundation Rekindled Partnership: Flying High to the Hearts of the Filipinos

by: GJoy Laceste

The partnership between the Philippine Heart Center and the Philippine Airlines (PAL) Foundation remains steadfast since its inception in 2011. Knitted by the common goal of changing and creating impact to the lives of Filipinos all over the country.

Looking back, PAL Foundation generously supported PHC in its pursuit to excellence through local and international trainings. They have shown untiring provision through supporting the following PHC initiatives and programs:

- Free airfare of 2011 for AHA speaker when PHC applied as an International Center for training
- Free airfare speakers for Medical Alumni from Singapore for ECMO training

Their support to PHC even extended to emergency situations and had helped one of PHC doctors, Dr. Marites Flores, when she had a ruptured aneurysm in Taiwan convention. PAL Foundation sponsored her free transportation back to the Philippines together with the accompanying doctors and relatives which was equivalent to 6-10 passenger seats.

Furthermore, there was an initial support for bringing patients from Cebu to PHC for surgery. They provided free airfare for the patient plus 2 for the companions. This enable PHC to bring patient with high risk but urgent and needed special advanced care from various Regions. Realizing the great impact of this initiative, PHC offered PAL Foundation to participate in the Regional Heart Center development wherein they will sponsor 10 pax of CV team plus CARGO of 500kg per mission.

In 2015, PAL Foundation became formally one of the members of the PHC HEARTLINK, the Multi-sector Governance Council (MSGC), who act as an Advisory group and partner in strengthen linkages and formalize collaboration with support groups who have joined PHC in its mission to provide expert cardiovascular care for all. This meaningful partnership with PAL Foundation has been instrumental to the success of the Regional Heart Center Development Program of PHC in bringing excellent CV care all over the country. With the PHC-PAL Foundation collaborative partnership, a total of 367 patients and their families had benefitted. Definitely, leaving a lifelong impact to them, having been given the chance to live a quality life and reach for their dreams after the successful heart surgery.

Now, on our 12th Regional Heart Center, the partnership surpassed the challenges brought about by the Covid 19 pandemic, as PAL Foundation rekindles its commitment to support the CV team in the upcoming Regional CV missions. A decade of partnership between PHC and PAL Foundation have touched the Filipino hearts and will continue to fly high to reach the higher grounds in changing lives.

PHC EMPLOYEES' COVID-19 INSIGHTS

MEDICAL

"During this pandemic, we were able to save the lives of the infected Covid-19 patients and be a model for resilience and hope. We gave them hope, more love, more faith and more time."

- Dr. Catherine Joy Tubig – Pulmo Chief Fellow

"Covid-19 has set the limitations of human capacity as the physician and the humbling experience as a patient. The challenges of this pandemic have also been overcome through the overwhelming support of our institution together with our colleagues. Nonetheless, this era has taught us to be resilient day by day."

- Dr. Nikko John A. Dalisay – Pulmo Rehab Fellow

NURSING

"Covid-19 has given me the scare of my life but has also taught me to remain steadfast in my faith when facing adversity. I remain forever grateful to God for my life, for the gift of family, for the love and support of friends, and for everything and everyone in my life."

- Aelin C. Ocampo, RN – Head Nurse, Unit 5C

"Being infected with Covid-19 twice and living while under lockdown has given me the opportunity to slow down in this fast-changing world and appreciate what truly matters: God, family, friends, the patients I met during work, and the connections I have made over the course of my life."

- Mariza Caroline C. Baluyut, RMT

ETRS

"During this pandemic, I realized that what mattered most in life is our good health and faith in God. I also realized the futility of material possessions, success, wealth, compared to the importance of health and hope."

- Dr. Ranulfo B. Javelosa, Jr. – Medical Specialist II

"One of the most important things I've learned while I am in home quarantine is to take care and devote more time to myself."

I realized that taking care of myself is one of the things that makes me happy. These little things are the ones that help have a work and life balance."

- Maria Elena Labanza, RN

HSS

"The Covid-19 pandemic caught us by surprise as no one was prepared on how to face or handle it, and my whole family got the virus in 2020 & 2021. During my 14 days of hospitalization, the most important things I've learned is to take care and devote more time to myself; it's something that I have not done due to work and other stressors. The whole world stopped and effectively rebooted itself, and it will surely change our society, hopefully for the better. To say the least, it taught us to love, to listen, to care, to respect and to help."

- Engr Ricardo C. Limpin – Dept Manager, Administrative Services

MSD

"There was one instance wherein we were dangerously low on PPEs for our HCWs. Fortunately, the DOH network came through and provided enough PPE suits to fill up an entire ambulance. During those first dark weeks of the pandemic in 2020, I was filled with hope despite the grim reality of the virus. That "hang in there, help is coming" were not empty words from HEMB and the OSEC. I remember thinking that there is a God, and He would see us through."

- Elmer Benedict Collong – Division Chief, CPD

Engaging in Quality and Safety Through ROPs

ACI 2022

Required Organizational Practices (ROPs) are evidenced-based practices dealing with high-priority areas paramount to quality and safety. They are categorized into six patient safety areas:

- Safety Culture
- Communication
- Medication Use
- Worklife/Workforce
- Infection Control
- Risk Assessment

According to the Health Standards Organization (HSO), it is crucial for health service providers to have these practices in place to enhance patient safety and minimize risks.

Summarized here are the different ROPs currently in place here at the Philippine Heart Center under each patient safety area.

Reference:

Qmentum Global. (2018). HSO Required Organizational Practices Handbook



EMPLOYEES CORNER

PHILIPPINE HEART CENTER REQUIRED ORGANIZATIONAL PRACTICES & STANDARDS

Patient Safety Area

Required Organizational Practices

SAFETY CULTURE

Create a culture of safety within the organization

1. Accountability for Quality
2. Patient Safety Incident Management (Adverse reporting) *
3. Patient Safety Quarterly Reports
4. Patient Safety Incident Disclosure *

COMMUNICATION

Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum

5. Client Identification
6. The "Do Not Use" list of abbreviations (Dangerous Abbreviations) *
7. Medication Reconciliation as a Strategic Priority
8. Medication Reconciliation at Care Transitions
 - ☒ Version for Acute Care Services (Inpatient)
 - ☒ Version for Ambulatory Care Services
 - ☒ Version for Home Care Services
 - ☒ Version for Emergency Department Services
9. Safe Surgery Checklist
10. Information Transfer at Care Transitions (Transfer of Client Information at Transition Points) *

MEDICATION USE

Ensure the safe use of high-risk medications

11. Antimicrobial Stewardship
12. Concentrated Electrolytes (Control of Concentrated Electrolytes)*
13. Heparin Safety
14. High-alert Medications
15. Infusion Pump Safety (Infusion Pumps Training) *
16. Narcotics Safety

WORKLIFE/WORKFORCE

Create a worklife and physical environment that supports the safe delivery of care and service

17. Preventive Maintenance Program
18. Patient Safety Education and Training (Training on Patient Safety)*
19. Workplace Violence Prevention *
20. Client Flow *
21. Patient Safety Plan *

INFECTION CONTROL

Reduce the risk of health care-associated infections and their impact across the continuum of care/service

22. Hand Hygiene Compliance
23. Hand Hygiene Education and Training
24. Infection Rates
25. Reprocessing

RISK ASSESSMENT

Identify safety risks inherent in the client population

26. Fall prevention and Injury Reduction (Fall Prevention Strategy) *
27. Pressure Ulcer Prevention
28. Suicide Prevention
29. Venous Thromboembolism (VTE) Prophylaxis

STANDARDS

1. Ambulatory Care Services
2. Biomedical Laboratory Services
3. Critical Care Services
4. Diagnostic Imaging Services
5. Emergency Department
6. Emergency and Disaster Preparedness
7. Governance
8. Inpatient Services
9. Infection Prevention and Control
10. Leadership
11. Medication Management
12. Perioperative Services and Invasive Procedures
13. Rehabilitation Services
14. Reprocessing and Reusable Medical Devices
15. Service Excellence
16. Transfusion Services

* New for On-site Surveys Starting January 2019 | * Revised for On-site Surveys Starting January 2019



Webinar
On-Demand

YOU ARE INVITED TO JOIN THE
WEBINARS ON

REQUIRED ORGANIZATIONAL PRACTICES

EVERY MONTH, THERE WILL BE 2 AVAILABLE ROP WEBINARS:

- | | |
|------------|---|
| April 2022 | PHC's Emergency Protocols
Medication Management and Reconciliation |
| May 2022 | Prevention of Violence in the Workplace
Venous Thromboembolism |
| June 2022 | Research Ethics
Pressure Ulcer Prevention |
| July 2022 | Bioethics
Procedural Sedation for Non-Anesthesiologists |

To join, enter the LINK below or scan this QR code

<https://bit.ly/etrs-ROPs>



FOR FURTHER INQUIRIES:
Call us at local 3542 or 43
Email us at: phcedu.ets@gmail.com

Corporate Planning Division / Required Organizational Practices

PHC Welcomes New Fellows and Residents for 2022

The Education, Training and Research Services announced the acceptance of 65 specialty and 20 subspecialty fellows/residents for training in our center. Our new trainees started their official tour of duty last March 22, 2022 in adjustment to the election ban.

Department of Adult Cardiology

1. Julie Ann R. Davalos, MD
2. Krizia Anne Claudine B. Tomenes, MD
3. Julianne Antoniette E. Rivera, MD
4. Stephanie Marie C. Seno, MD
5. Madelle DM de Leon- Naredo, MD
6. Kenneth George C. Murakami, MD
7. Jezreel M. Tere, MD
8. Jamari R. Biñas, MD
9. Elkim Ino D. Chomi, MD
10. Jayson O. Mallare
11. Kevin Sam S. Eliseo, MD
12. John Kenneth Y. Magtoto, MD
13. Samuel Anthon P. Bello, MD
14. Roxane Ingrid Y. Ngo, MD
15. Eden Mae B. Rula, MD
16. Rus Cyan Josef E. Rodelas, MD
17. Volkmann B. Banda, MD
18. Kara Kristy V. Congjuico, MD
19. Adelbert Daniel S. Casabar, MD
20. Yiezza Llana Lauren L. Cruz, MD
21. Therese Frances C. Ferandos, MD
22. Bryan Carlo D. Jalbuena, MD
23. Julie Annebeth R. Salazar, MD
24. Philip L. Laynesa, MD
25. Roger R. Mission, Jr., MD
26. Sittie Aysha A. Iba, MD
27. Juanito S. De La Cruz, Jr., MD
28. Jerann U. Babao, MD

Subspecialty Fellowship

Division of Invasive Cardiology

1. John Joel H. Javier, MD
2. Adrian Patrick P. Calimag, MD

Division of Non-Invasive Cardiology

1. Katherine Rose A. Acosta, MD
2. Miguel Angelo D. Ang Co, MD
3. Wilbert B. Tarun, MD

Division of Vascular Medicine

1. Julie Ann Stephanie Miralles-Amora, MD
2. Niña Carissa L. Alegado-Aseniero, MD
3. Vina Florentino P. Palmero, MD

Division of Critical Care Medicine

1. Juxerez Maria B. Sulit, MD
2. Shandi Mar L. Basiri, MD
3. Larissa Camille C. Manapat, MD
4. Danah Zoraydalyn B. Alih, MD
5. Hazelene Joyce G. Ramos, MD
6. Intizar Padate, MD

Division of Electrophysiology

1. Mark N. Adorada, MD

Section of Cardiac Rehabilitation

1. Denise Ayn Sevilla - Ortiz, MD

Department of Pediatric Cardiology

Subspecialty Fellowship

Division of Invasive Cardiology

1. Geraldine C. Casi, MD

Division of Critical Care

1. Kristine Mae Biene V. Buhat, MD
2. Melanie DR Lopez, MD

Division of Electrophysiology

1. Camille Marie A. Go-Cacanidin, MD

Specialty Fellowship

1. Sittie Soriena D. Kundo, MD
2. Joshua Edrian G. Robiño, MD
3. Vernaliza S. Pasol, MD
4. Janice Joy G. Tan, MD
5. Pristine Rose D. Fajardo, MD
6. Fiel Ronan Leo R. Fortez, MD

Division of Pulmonary Medicine

- Section of Adult Pulmonary

1. Jean Marie P. Maramag, MD
2. Sherwina H. Juljani, MD
3. Lea Dianne C. Ayuyao, MD
4. Shareefah-Huda L. Mandangan, MD
5. Cynthia Kristina G. Aldovino-Espino, MD

Division of Pulmonary Medicine

- Section of Adult Pulmonary

1. Jesanel B. Ancheta, MD
2. Christopher P. Go, MD
3. Diane Alexis C. Millare - Riambon, MD
4. Jonatha Mae R. Ayunting, MD
5. Virgilio Vinluan, Jr., MD

Department of Anesthesia and Surgery

- Division of CV Surgery

1. Xandru L. Damalerio, MD
2. Miguel Carlos B. Reyes, MD
3. Jerome D. Urbina, MD
4. Michael Louis V. Burdador, MD
5. Mark Lawrence L. Gotamco, MD
6. Maricar Irene L. Lovino, MD
7. Gerardo Luis B. Manzo, MD

Department of Anesthesia and Surgery -

Division of CV Anesthesia

1. Jay Mark Z. Ong, MD
2. Ar-J T. Estabillo, MD
3. Green R. Auguis, MD
4. Odys Gladney C. Obuyes, MD
5. Sarah Angelica C. Yambao, MD

Division of CV Radiological Sciences

Residency

1. Jazreel P. Botacion, MD
2. Justin Daniel C. Belmonte, MD
3. Maria Clarissa Z. Justo, MD
4. Emmanuel Carlos M. Limos, MD

CT-MRI Fellowship

1. Rafael Joseph C. Villarica, MD
2. Sarah Agnes Mary R. Lim, MD
3. Alexis Joyce T. Sanchez, MD
4. Vanika Mariel P. Feliciano, MD

Ultrasound Fellowship

1. Rainier Pausanos, MD
2. Feliz Pamela P. Vasquez, MD

Interventional Radiology Fellowship

1. Nigel M. Carabaccan, MD

LEARNING SESSIONS - APRIL 2022

- Mental Health Promotion in the Workplace, April 6, 2022 (all levels)
- Sexual Harassment in the Workplace, April 7, 2022 (all levels)
- Lenten Recollection, April 8, 2022 (all levels)
- HRIS Orientation - April 19, 2022 (all levels)
- The Basics of Google Workspace - April 20, 2022 (all levels)
- Exercise During COVID: Home Exercise and Pandemic-Safe Exercises - April 21, 2022 (all levels)
- "Creating a Healthy Workplace" Managers and Leaders for Mental Health

REOPENING OF PHC SERVICES

With the decreasing number of COVID-19 related admissions and fully immunized staff, the PHC resumed its hospital operations into full-scale last March 2022. The aim was to return to (or if possible, surpass) pre pandemic level of operations to be able to serve more patients. Accommodating the influx of patients was supported by the opening of the new units in the center:

- New wards: 4E-4F-4G (70 beds)
- New telemetry wards: 3A-3F-APW2 (60 beds)
- New cathlab units: room 5 and 6 (total of 7 Cath labs + hybrid OR)
- "One stop shop" - plan to open by April or May 2022

Currently, the hospital has 532 functional beds including 116 critical care and 7 ICU beds. 86.6% are allocated to non COVID-19 admissions and procedures. The rest are maintained as COVID units in the MICU1, 4D ward; 4A/4B as contingency wards. An additional 16 EID/COVID beds in the new ER building are expected to augment the hospital bed capacity by the end of the year.

And to ensure the safest resumption of operations, the PHC Execom has required the following:

1. Maintain level 4 PPE for the organic staff of the COVID units. Level 3 isolation gowns can be given to those who will do "short visits" to COVID patients and at the ER Special Triage area.

2. Patients who become positive for COVID-19 during hospitalization will be transferred temporarily to the isolation COVID unit in 4D. If the patient is for an elective procedure, it is recommended that the procedure be deferred until the patient completes the prescribed quarantine period. For patients who are stable and eligible for early discharge, they will be advised to complete the quarantine requirements at home.

3. Asymptomatic patients who turn out positive on gene expert for SARS-CoV2, even with a high CT > 30 will be presumed to be positive, especially if there is no history of an official positive swab result.

Amidst the pandemic, PHC will strive to continue its mission - that is to serve Filipino patients needing excellent CV care - while keeping a watchful eye on the SARS-CoV2 virus and its new variants. Hopefully, with the decreasing number of COVID-related admissions, scheduling of the second booster dose for the HCWs and the proper use of PPEs, the center will be able to continue its full-scale hospital operations, offer full face-to-face education and training activities and become resilient to the change that the pandemic has brought in.

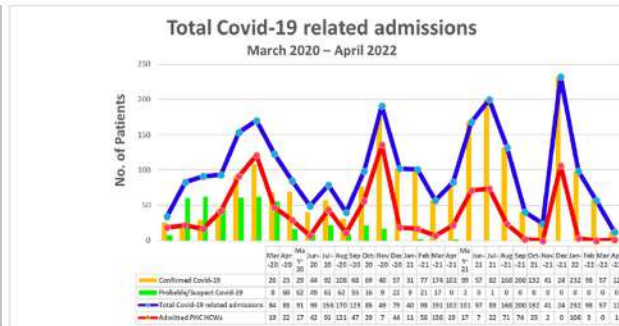
PHC COVID-19 DASHBOARD



INCIDENT COMMAND POST COVID-19 PANDEMIC MANAGEMENT DASHBOARD

March 2020 – April 2022

TOTAL PATIENT ADMISSIONS 18,082
TOTAL NON COVID-19 ADMISSIONS 15,486 (85.6%)
TOTAL COVID-19 RELATED ADMISSIONS 2,596 (14.4%)
TOTAL PHC HCWs COVID-19 RELATED ADMISSIONS 987 (5.5%)

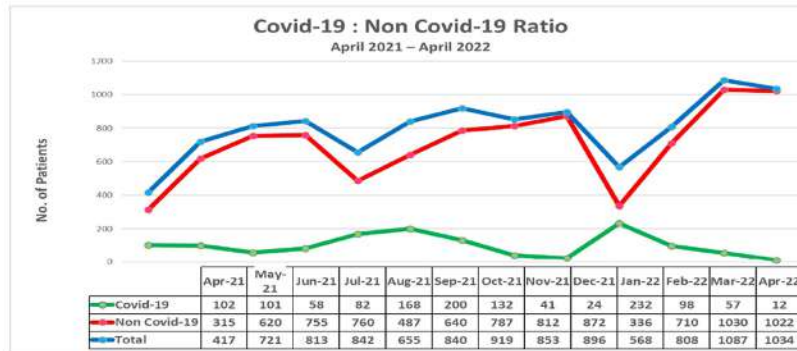


January 2022 – April 2022

TOP 5 MEDICAL DIAGNOSIS
1. Other Ischemic Heart Diseases 35.0%
2. Acute Myocardial Infarction 13.2%
3. Other Viral Diseases (Covid-19) 6.9%
4. Congenital Malformations of the Circulatory System 6.1%
5. Other Heart Diseases 3.5%
TOP 5 SURGICAL PROCEDURES
1. Thoracic, Arrhythmia, CV Miscellaneous 22.7%
2. Congenital 20.3%
3. CABG Surgery 19.0%
4. Valvular 11.9%
5. Vascular 9.2%
• Others 16.9%
TOTAL SURGICAL PROCEDURES 1,002
TOP INVASIVE / CATH PROCEDURES
PCI 642
ANGIOGRAM 1,398

TOTAL NUMBER OF MAB CLINIC PATIENTS (As of April 30, 2022) 29,063
TOTAL MDs who resumed Clinic 241/282 (85.5%)

TOTAL NUMBER OF OPD PATIENTS (As of April 30, 2022) 20,084
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AVERAGE MONTHLY BED OCCUPANCY RATE												
Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Ave
61.98%	74.30%	75.41%	75.63%									71.83%

NUMBER OF RT-PCR (As of April 30, 2022)	
Confirmed	2
Negative	4
Total Tested	6

COVID-19 CASE STATISTICS (As of April 30, 2022)			
	CONFIRMED CASES	SUSPECT & PROBABLE CASES	TOTAL
Total since January 2021	1,182	0	1,182
Currently Admitted	6	0	6
Total Discharged (Recovered)	342	0	342
Home Quarantine	783	0	783
Total Expired	51	0	51

WHO CLASSIFICATION OF SEVERITY FOR CONFIRMED CASES	Patient Count	Average Length of Stay	Case Fatality Rate
Asymptomatic (no O ² support)	0 (0%)	0 days	0% (0/0)
Mild (symptomatic, no O ² support)	236 (59.2%)	10.0 days	3.8% (9/236)
Moderate (non-severe pneumonia with O ² support)	92 (23.0%)	16.1 days	16.3% (15/92)
Severe (severe pneumonia with O ² support)	47 (11.8%)	18.4 days	36.2% (17/47)
Critical (ARDS/Sepsis, intubated)	24 (6.0%)	16.4 days	41.7% (10/24)
Total / Average	399	12.8 days	12.8% (51/399)

CASES TESTED (GENEXPERT) (As of April 30, 2022)	
Confirmed	2,122
Negative	5,312
Total Tested	7,434

PHC HEALTHCARE WORKERS
(As of April 30, 2022)

TOTAL SINCE JANUARY 2022	CURRENTLY ADMITTED	CONFIRMED	EXPIRED
Medical 8	0	8	0
Nursing 50	0	50	0
Allied 56	0	56	0
TOTAL 114	0	114	0

SUMMARY OF PHC HCWs CONFIRMED CASES													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Admitted	106	3	0	1									110
Home Quarantine	772	7	0	4									783
Total Confirmed	878	10	0	5									893

COVID-19 ER CENSUS
(As of April 30, 2022)



EMERGENCY ROOM	
Total cases screened/triaged at Covid ER from January – April 2022	2,546
Total Cases Seen at Covid ER (Apr 1 – Apr 30)	565
Covid-Related Admissions (Apr 1 – Apr 30)	110 (19.5%)
Total Discharged from Covid ER (Apr 1 – Apr 30)	455 (80.5%)