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Memorial Hospital
Exceptional People. Extraordinary Care.
UNIVERSITY OF THE EAST RAMON MAGSAYSAY

EDITORIAL BOARD

SETTING THE PACE OF CHANGE

57th Anniversary

MERRY CHRISTMAS!

HAPPY NEW YEAR!
The President’s Message
Remarks from the VPIS

Do You Experience Palpitations?
by Dr. Ranulfo B. Javelosa, Jr.
Cardiology Unit

Quezon City Manuel L. Quezon Gawad Parangal Award to UERM Memoria

Responding to Patient Expectations at the Emergency Room
by Dr. Joan S. Tagorda
Department of Surgery

‘Tis the Season for Perfect Vision
by Dr. Antonio Miguel C. Unabia
Department of Ophthalmology

Preventing Brittle Bones and Crickety Joints
by Dr. Andres D. Borromeo
Orthopedics Unit

It’s Not Sweet to Have Diabetes
by Dr. Araceli A. Panelo
Endocrinology Unit

Nursing Matters
by Norielee R. Salazar-Magsingit
Chief Nurse, Nursing Service

What Are Viral Infections?
by Dr. Minette Claire O. Rosario
Infection Control

Corporate Development Updates
by Ms. Cherrie D. Fabillaran
Executive Director for Business Development, Corporate & Alumni Affairs

Merry Christmas
The President’s Message
by Dr. Romeo A. Divinagracia

Beloved Patrons & UERMMMCI Family,

This is the time of the year we look back and reflect on all the things we have achieved and even for those we did not manage to address at the moment for some noble reasons. Thank you for continuously subscribing to the quarterly issues of Medical Echoes, the UERM Hospital Newsletter. You must have been regularly informed of the various projects, activities and initiatives we have undertaken in the past months. We will never cease to carry out beneficial programs for the public.

Looking back at the momentous 2016, the UERMMMCI has set the mechanism in place which allowed us to become the gigantic force for “doing good in the environment” that it is today.

In countless ways, the UERMMMCI, as a Foundation, has created an instrument for cooperation and partnership among patients, doctors, parents, students, media and other medical-related organizations. It has enabled us to be ever more ambitious in our work and to reach for goals of historic proportions, such as the treatment and prevention of diseases and upholding our academic excellence at the core of our endeavours.

It is impossible to quantify the good that has been done over the past decades as a result of our initiatives and advocacies. All we can know for sure is that our predecessors, if they could see it, would be proud.

I am looking forward to seeing many of you at our 57th Anniversary celebration of the UERM Hospital on January 9 to 13, 2017. This is open to the public. We are shaping the way we reach out to the mass population in which most of our medical experts will be personally giving free consultations to the public.

We are also celebrating the 60th Year of the UERM Memorial Medical Center on June 15, 2017. I hope a record number of our Alumni and Employees will be there to celebrate the Diamond age of our Foundation.

In the meantime, there are plenty of other ways to celebrate! I encourage everyone to participate in the countdown of programs which happens every month leading to our Diamond celebration in June 2017. Announcements for every program will be posted at the north and south campus as well as in the website and Facebook pages of the UERM.

As a community, we are brought together in numerous ways so that we can share our humanity and appreciate each other. I feel blessed to have the UERM family and I hope you do too.

I wish you all a fabulous Christmas break. May the New Year 2017 bring bountiful blessings of peace, love and harmony to us all!

With warm wishes.

Remarks from the VPHS
by Dr. Maribeth T. Delos Santos

Greetings!

This is the Christmas issue of the Medical Echoes. Let me deviate from the usual summary of the contents of the Medical Echoes, and allow me to greet everyone a BLESSED CHRISTMAS and A PROSPEROUS NEW YEAR! We have a lot to be thankful for this year. With all the recent calamities and unfortunate events that had befallen some parts of the country and around the world such as earthquakes, persistent flooding, hurricanes and bombing, it is such a blessing that we are all safe and sound in our little corner, enjoying the holiday season. In the midst of all the merry-making, parties and shopping, let us not forget the true meaning of the season: the birth of the Messiah, symbolizing LOVE & HUMILITY. 🎄❤️
CONGRATULATIONS!

to the
University of the East
Ramon Magsaysay Memorial Medical Center, Inc. (UERMMMCI)
recipient of the Quezon City Manuel L. Quezon Gawad Parangal Most Outstanding Institution for 2016

for producing some of the country’s best doctors; for showing that the Philippine educational system can compete with the best in the world; for offering programs that meet international standards

Citation from: Primus inter pares
Quezon City 77th Founding Anniversary

The administration wishes to extend its sincere gratitude and appreciation to the faculty, health care personnel, employees, students, patients, alumni, partners and the rest of the UERM community for their collective effort in making this recognition possible.
Dancing lights. Greeting cards. Joyous decorations. Noche buenas. The excited faces of the grandchildren opening their presents. These are just some of the sights that come to mind every time the Christmas season comes around. Sights that one can only fully enjoy if they have the vision to appreciate it with. Unfortunately, cataracts, the leading cause of blindness worldwide, rob us of these treasured moments like a thief in the night. It comes slowly and painlessly, making itself noticed now and then as clouding of vision and glare. In time, they will then make it harder to see and read, which makes activities of daily living, such as walking or eating, difficult. Ultimately, one only sees shadows if left untreated.

Cataracts can happen at any age, but is most common in elderly people. Aging is inevitable, and one can get a cataract simply by aging. However, this disease may come earlier to one’s life if they have other systemic diseases such as diabetes. Even prolonged use of steroids to treat asthma may cause cataracts. Trauma to the eye is also a common cause of this disease.

Though being the leading cause of blindness worldwide, having a cataract is not the end for you and your vision. Medical treatment for cataracts such as eye drops are currently being studied, albeit there not being enough evidence to support these treatments yet. Management of cataracts is still currently being done through surgery. Through the advancement of technology and techniques, surgery can be done on an out-patient basis—this means that you can have your surgery done at your scheduled day and go back home right after. Do not let poor vision deprive you of enjoying life’s precious moments. See your ophthalmologist today if you are experiencing blurring of vision or glare, because this might mean that you have cataracts. You deserve to enjoy the gift of vision, no matter the season.
It’s Not Sweet to Have Diabetes

by Araceli A. Panelo, MD - Endocrinology Unit

In 2015, the International Diabetes Federation (IDF) reported that 415 million people were afflicted with Type 2 Diabetes. In 2040, they project that the number will rise to 642 million. Almost half of this number comes from the Western Pacific region and about one fourth comes from South East Asia. Many of us in the Philippines will know someone who has diabetes. It could be our significant other, or a friendly neighbor, or the pastor, our parish priest or a friend’s child. If one goes to church or to a party, there’s a very big chance that he/she will meet one or even more than one who has diabetes.

Type 2 Diabetes maybe asymptomatic for many years, before the individual realizes that he has the disease. It affects both males and females equally. It affects both the young and the old, the rich and the poor. South Asians are known to have a younger onset of the disease compared to the Caucasians.

Type 2 Diabetes is a dreadful disease. It may kill or maim. The most common cause of death or morbidity among them is collectively called the macrovascular complications, e.g., HEART ATTACK, STROKE or GANGRENE. We hear about diabetics losing one or both legs due to the latter. If you are lucky to be able to escape from the savages of the effects of diabetes on the large blood vessels, you may still get the microvascular complications. RETINOPATHY is the number one cause of blindness in the USA. DIABETIC KIDNEY DISEASE is the main reason for kidney failure among Filipinos; All diabetics are in one way or another affected by PERIPHERAL or AUTONOMIC NEUROPATHIES.

The good news however is that the onset of all these dreadful complications can be either delayed or prevented. How? The best way to prevent the complications of diabetes is through preventing the onset of the disease itself. Landmark clinical trials like the DPP or the Diabetes Prevention Program showed that lifestyle modification in the form of increased physical activity, weight loss, diet, stopping all forms of smoking have been shown to be effective tools in DM prevention. The same study also showed the beneficial effects of using metformin among prediabetics in reducing the risk for the development of T2DM. For those who are at very high risk, delaying the onset of the disease is already like winning over it. One example is, if the usual age of onset of diabetes in your family is forty, and you are able to delay the onset of your diabetes to 50 or even older, that to me is already a big accomplishment. You have been prepared to take care of yourself and your diabetes doctor can guide you to delay or prevent the complications.

For those who are diabetics, there are many ways to do the same. Seek medical attention. Your doctor will examine you thoroughly and together you can formulate ways to minimize the progression, or prevent or delay the complications. At UERM, we are equipped to look for and manage most of the complications of diabetes. We have specialists in diabetes care, we have the Eye Center, the Heart Station, the Neurology Institute and the Nephrology section which could help detect the presence of complications and manage them accordingly.

On November 14, 2016, the UERM community joins the rest of the world in the celebration of the World Diabetes Day, with the prayer that the Medical Center will be able to contribute towards reversing the trend of diabetes in the country and the world, and in alleviating the life of the Filipino diabetic.
Viral infections are many and varied, but the most common presentations are colds/runny nose, bronchitis, flu (presenting as muscle pains, fever, with or without sore throat, in addition to cough and colds), sinusitis, and ear infections. Some viruses, brought about by mosquitoes, can present as fever, joint pains and rashes. Regardless of symptom presentation, viruses are a different group of organisms from bacteria. Therefore, antibiotics—which are for bacteria—do not fight infections caused by viruses. Instead, rest and fluids, and medications to relieve symptoms (e.g. paracetamol to address fever, lozenges to address sore throat) are the best treatment options against viral infections, and a physician consult and assessment is of value.
Do You Experience Palpitations?

by Dr. Ranulfo B. Javelosa, Jr. - Cardiology Unit

Ever wondered why your heart beats faster whenever you’re in love or in an emotional situation? Or at one time it goes ‘flip-flopping’ or apparently ‘stops beating’ for a while and then runs like a wild horse? This is called in medical parlance ‘palpitation’ or an increase awareness of one’s heart beats.

Normally, the heart contracts quietly 60 to 90 times a minute depending on the need of the body for oxygen and nutrients. We become aware of its pumping when it goes very slow or fast suddenly, when it pauses or changes in rhythm, or when it works harder during exercise, stress, illness, and other alteration in the body’s well-being.

Our heartbeats are initiated by very small and imperceptible electrical impulses from specialized cells inside the heart to activate the contraction of the cardiac muscles. This complex process may be affected by disease inside or outside the heart, hormonal changes, substances or drugs, and psychological factors.

Palpitation could be induced by other factors such as anxiety, lack of sleep, coffee or alcohol intake, over-the-counter cold medicines, or come as side effects of some drugs used for hypertension, diabetes, thyroid illness, obesity, and anemia.

Most of the causes of palpitation are benign, self-limiting, and disappear with the resolution of the offending factors or agents. In other instances, a thorough evaluation is needed to determine the nature, origin, and extent of the problem. A detailed history and physical exam is performed in the clinic. An electrocardiogram (ECG) is done to assess the heart rhythm and may give clues to the probable cause of the symptom. Additional blood tests, X rays, ultrasound, cardiac imaging, or invasive cardiac procedures may be recommended in special cases.

In the majority of cases, no treatment is required and a reassurance is often enough to alleviate the symptoms.

In some patients, medications may be given to suppress the rhythm disturbance or treat the underlying medical problem. A small percentage of patient may need special and high-tech interventions such as cardiac pacemakers or other implantable electronic devices for definitive management.

So next time you feel your heart pounding, racing, or jumping without any reason, a trip to the cardiologist may be in order for a complete heart check. It may be much more than just being ‘in love’ or ‘under stress’.
Responding to Patient Expectations at the Emergency Room
by Dr. Joan S. Tagorda – Department of Surgery

The Emergency Room of UERMMMCI provides health care to more than 20,000 patients this year, an increase of nearly 30% from 3 years ago. With the steady increase in the number of patients, there is a challenge to deliver immediate and appropriate patient care. "Code 64" is a call for the crash team when there is a patient on cardiac arrest at the ER. This is uniquely UERM because it was named after UERM Batch 1964 who started the code. When was the last time anyone heard it over the PA system? For the past 4 years, there have been changes in the ER processes and systems which may not be obvious to many. The presence of Emergency Medicine consultants and the rotation of Residents-in-Training from the major departments in the ER account for these changes. The ER Consultants, along with the residents, can immediately initiate Advanced Cardiovascular Life Support (ACLS) as soon as these critical patients arrive. Thus, the "Code 64 team" is already in the ER. Likewise, ER nurses undergo clinical training on ECG and critical care nursing. Other codes calling for multidisciplinary response teams like the "Brain Attack" and "Trauma Team" are still in place.

To further improve the delivery of health care, there are several plans for the Emergency Room. There are planned renovation and restructuring of the ER to provide better and more efficient patient and staff flow. The establishment of an Urgent Care Unit within the ER complex will also provide timely and cost-effective medical treatment. The Urgent Care unit will provide treatment for non-life threatening illnesses (e.g., sore throat, influenza, minor fractures, UTI) but nonetheless requires immediate attention. As ER patients are treated based on severity of illness and not on a first come-first served basis, these patients usually wait a longer time before they receive treatment. A separate unit for them will provide immediate care and consequently decongest the Acute and Critical Care areas.

A Residency Program in Emergency Medicine will round up the development of the emergency room into the UERM Emergency Medicine Department. The planned 4-year track program will provide opportunities for the residents to rotate in the major departments, as well as in toxicology, orthopedics, and critical care.
At some time in our lives, our bones and joints undergo changes as we age. Bones become brittle and can easily break with just a trivial trauma or fall. This is called OSTEOPOROSIS. The hip and knee bones, vertebrae of the spine and the wrist bones are the early manifestors of osteoporosis.

Major weight bearing joints, like the hips and the knees, eventually lose their smooth gliding motion with every step taken in our daily activities. Aging of these joints is called OSTEOARTHRITIS. Sometimes they develop after a major injury to these joints.

Brittle bones or osteoporosis is more commonly manifested in elderly females. Diagnosis is made through Bone Mineral Density Test. Five years after menopause has started, the process of thinning starts until bones become fragile because of aging and the constant diminution of estrogen levels in the body. This process can be slowed down or prevented by building up calcium reserves in the bones through nutrition and regular exercises. Adequate and regular intake of milk, cheese, and fish will help a lot. Regular daily exercise like brisk walking as part of your daily activities is another way of strengthening bones. Tolerable exposure to sunlight helps activate vitamin D in the body which initiates the process of bone building or strengthening. Anti-osteoporotic drugs can be added to your maintenance medicines to make your bones healthier and less prone to fractures brought about by trivial or minor falls. Safety measures at home to prevent accidental falls should equally be given attention. Stairs and low rise steps should be well lighted. Room floorings and carpet rugs, and bathroom and toilet tiles should NEVER BE SLIPPERY. Avoid excessive alcohol and coffee intake.

Aging joints or osteoarthritis can also be prevented or slowed down if given attention earlier in life. Diagnosis can be easily made through plain x-rays. Although not all elderly persons will develop osteoarthritis, regular and moderate exercise like walking is an excellent habit to maintain healthy joints. Low fat dairy products, fish, fruits, fiber, broccoli and citrus, some nuts like almonds and walnuts are helpful anti osteoarthritic food. Green tea, red wine, coffee and fruit juices are the drinks of choice for maintaining healthy joints and preserving the smoothness and slippery ends of the bones called cartilage. Some individuals inherit osteoarthritis and some persons have antigens that make them prone to have this degenerative disease. These are the non-modifiable factors. Obesity is a common cause of osteoarthritis especially in the hip and knee joints. This factor is modifiable. The progression of Osteoarthritis can be prevented if measures are done early. It can be corrected by surgery if medical attention is given too late. Deformities to the fingers are treated conservatively to maintain their normal range of motions.

Healthy bones and joints are essential in enjoying activities of daily living for everybody especially senior citizens. Drug intake is not always the solution for osteoarthritis and Osteoporosis. Moderate exercise and proper nutrition help in preventing or delaying the development of brittle joints and crickety joints. Exercise often and eat well.
NURSING LEADERSHIP ADAPTING TO CHANGING LANDSCAPE HEALTHCARE

Nursing Service in coordination with the College of Nursing, November 3, 2016.

The changing landscape in healthcare system and delivery presents both challenges and opportunities in today’s nursing leaders. Being at the forefront, nurse leaders are expected to pursue higher learning and qualification to face the complexities of any given situation or scenario in ensuring the provision of quality and inspiring patient experience.

Along with this, we must motivate performance beyond expectation by improving others so that they too could develop ability to influence others and perform beyond expectations.

Infection Control Committee

"Standard precautions" require that healthcare workers assume that all patients are potential sources of infection regardless of the diagnosis, or presumed infection status.

The Infection Control Committee orients new employee for the Basic Infection Control and policies. The general objectives for the orientation of healthcare workers is to implement the infection control policies in order to protect themselves and others from the transmission of infections.

The specific objectives are the following:
- Discuss the different infection control measures
- Implements the infection control policies and procedures
- Appreciate the role of healthcare worker in the prevention and control of infection in the workplace.

Orientation done every 2 weeks to all new employees
Speaker: Rowena DG. Globio, RN
Infection Control Nurse
Time: 1:00 PM
Venue: Infection Control Office
9th Urological Nursing Post Graduate Course: Current Best Practices in Avoiding Medication Error; October 22, 2016.

Provide additional knowledge to nurses regarding current best practice in avoiding medication errors.

Reinforce safety measures in medication dispensing within institution.

Increase awareness on potential medication errors and their medico-legal implications.

Atty. Rene S. Grapilon, MD
Manuel M. Canlas, PhD, RN
Alejandro C. Dizon, MD
Norielee S. Magsingit, Ed.D, RN, MAN
Godofredo Victor B. Gasa, MD

Nursing Service Lecture Updates

Case Presentation on "Bronchial Asthma" August 17, 2016

Enhancing Assessment of the Gastrointestinal System Essentials of Care for Patients with Colostomy September 28, 2016

Unremitting Journey Towards Best Practices in Infusion Therapy September 15, 2016


Case Presentation on "Diabetic Ketoacidosis" August 31, 2016

Infusion Therapy Devices August 24, 2016

Care and Management of Patients with Fracture November 16, 2016

Nursing Service Lecture Updates
“Safety Issues: What is the Cost of A 24-Hour Workday?”

Miss Norielee Salazar – Magsingit, Chief Nurse shared that changes in professional roles and the re-alignment and clustering of countries as well as the movement of people across national and international boundaries make it more important to understand health care through nursing perspective, especially that the nursing service represents a big size of workforce in our hospital. In fact, the desire to have an ideal staffing is already a global issue with the integral role of nurses in the health care system. Miss Magsingit then presented studies from European, American, Australian and Philippine setting and found out that the longer shifts were associated not only burn out, but also lower quality of care with more care left undone, and poor patient safety. Miss Magsingit also presented a comparative chart, probably most, if not all countries in the world are trying to address issues associated with safe-staffing ratio, dangers of understaffing, high cost of turn-overs, nurse retention, other savings associated with safe-staffing ratio, improved patient care and the like. Of course, in UERM, we continue to explore other schemes and possibilities to understand the complex interplay among nurse staffing, patient preferences, and other factors, including the requirements of our medical doctors, consultants, and other non-nursing personnel, technology, and work processes. Lastly, Miss Magsingit believes that the delivery of effective health or patient care system requires an effective collaboration within nursing and with other health care professionals to achieve higher quality outcomes in an increasingly interdependent vocation. Although collaboration is a complex issue, we could achieve it over the time by continuously sharing and synthesizing our different perspectives. Eventually by focusing on the value of collaboration, we can all be motivated and apply the same in creating better, if not the best, workplace for us health care professionals, providing the best quality patient care as we built our partnership with our vision to be a bastion of quality education, service and research in the health sciences advancing health empowerment towards nation-building.
Seminar/Workshop on The Art & Science of Customer Satisfaction
October 12, 19 & 26, 2016

"Genba Gembutso” 5 WHY’s & KIKUBARI
Yolanda G. Zamora, MAN, RN
Quality Assurance Nurse

"The Language of Caring"
Norielee S. Magsingit, Ed.D, RN
Chief Nurse

"10 Rules of Great Customer Satisfaction"
Elda D. Rapanut, MAN, RN
Asst. Chief Nurse – Staff Development

"6+1 Sigma Concept & Kaizen Principle"
Ma. Luisa T. Uayan, DHSc, MSN
Faculty, College of Nursing

"Concept of AIDET"
Charlene Anne D. Buscano
Training Officer, HRDO

Exercise Techniques on Stress Work
Related/Identification of Problems
Exercises on Prioritization of Problems
and Formulation of Objectives.

WORKSHOP

Problem Solving Using the Concept
Techniques in Approaching Different
Types of Clients

• Analysis of the Root Causes of the Problem • Effective Communication & Handling Customer Complaints • Framework of Kaizen
Corporate Development Updates

by Ms. Cherrie D. Fabillaran, Executive Director for Business Development, Corporate & Alumni Affairs

The last quarter of 2016 is the busiest yet the most momentous period of the year. It is the time for a more focused preparatory works on the 5-day celebration of UERM Hospital’s 57th Foundation Day in January 2017. Preparations are also ongoing for the Grand Alumni Homecoming in February 2017. This period is even more exciting as programs for the countdown to the Diamond celebration of UERM in June 2017 happen every month which started in September 2016.

Our efforts of widespread manifestation on the high calibre of service in UERM Hospital balanced with social jamborees are unceasing. It is always crucial for us to raise awareness through various channels. We simply walk the talk and talk the walk. This quarter, the following significant undertakings were featured:

Events in line with the countdown to 60th Anniversary celebration in June 15, 2017

- Yoga
- Cooking Demonstration
- Movie Premier of The Inferno
- Food and Trade Fair
Health Alert

In synchrony with the monthly awareness programs of the Department of Health, it is also crucial for us to highlight preventive advisory from various diseases. Treatment should be the last method, if not totally avoided.

Linkages

Aside from healthy media relationships with ABS-CBN and CNN Philippines, we recently established a strong partnership with People’s Television Channel 4, the government network which featured the Launch of our Wellness Assessment Center last July 2016 in one of its popular Sunday TV programs. The same TV network will feature the 57th Foundation Day celebrations of UERM Hospital in January 2017.

Upcoming Programs

Please watch out for the details of our forthcoming programs and join us in the celebrations:

- 57th Foundation Day of UERM Hospital - January 9 to 13, 2017
- Alumni Homecoming of Medicine and Nursing Classes - February 2017
- Fun Run - February 2017
- Basic Life Saving Course for the Lay - March 2017
- International Women’s Month Forum - March 2017
- Diorama Unveil for 60-Year Milestones of UERM - April 2017
- Movie Premier: Guardian of the Galaxy * - May 2017
- Launch of Coffee Table Book: UERM 60-Year Journeys - June 2017
- 60th Diamond Celebration of UERMMMCI - June 15, 2017

* Proceeds will go to Educational Resource Development Fund of the UERM (formerly Medical Indigency Fund)