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The COVID-19 Pandemic ICP TEAM at the Philippine Heart Center: A Fitting Response to the Difficult 23 weeks (and More) Challenge

By Jhuliet Balderas, MD, MSPH
Glorilyn Joy C. Lacey, MA Psy

The COVID-19 scare started in December 31, 2019 when the World Health Organization (WHO) reported around 44 cases of pneumonia of unknown etiology which was detected in Wuhan, Hubei Province of the People's Republic of China. On January 20, 2020, around 282 confirmed cases of then so-called 2019-novel Coronavirus (nCoV) were reported from four countries including China (278), Thailand (2), Japan (1), and Korea. During the first week of February, the death toll in China was already at 722, while the number of infected cases rose to 34,000. This led the Department of Health (DOH) together with the Department of Foreign Affairs to form a repatriation team to be sent to Wuhan, China on February 9, 2020. The Philippine Heart Center sent 2 PHC Volunteers to join the first repatriation team. Mr. Elmer Collong,



Division Chief of the Corporate Planning Division, and Mr. Rowell Divinagracia, nursing staff, were part of the initial 10 men recognized by the House of Representatives through House Resolution 711, for their heroism, courage, and great compassion.

By February 13, the Philippines then had 3 confirmed cases (all Chinese nationals) with one mortality.



By the end of February, the WHO declared the outbreak an international emergency with the warning that the corona virus posed a "grave threat".

The Philippine Heart Center was not spared. On March 6, 2020, the first person under investigation (PUI) was admitted and was subsequently swabbed. This patient unfortunately tested positive (DOH PH37) on March 10, 2020 and she eventually succumbed. By the time that the initial patient's test result obtained positive, about 3 of our own healthcare

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Blessing of the New Emergency Room and Molecular Laboratory

By Charisse G. Enrique, MHA

For 45 years, the Philippine Heart Center remains committed to its mandate of bringing excellent cardiovascular care that is accessible to all. As the COVID-19 pandemic remains a challenge for the Health systems around the world, PHC has been resilient and evolving as it positively responded to the increasing demand for care of people with COVID-19 while trying to maintain the delivery of routine cardiovascular health services.

Our respected Guests of Honor, **HON. MARIA JOSEFINA TANYA "JOY" BELMONTE, Mayor, Quezon City**, **HON. ANGELINA "HELEN" DL. TAN, Representative, 4th District Quezon**, **USEC. ROGER P. TONG-AN, Department of Health**; joined the PHC Execom in the ribbon-cutting.

The blessing and inauguration of the New Emergency Room and Molecular Laboratory is another PHC milestone. These new facilities are anchored on the main objective of the Universal Healthcare Act, wide access and quality healthcare.

EMERGENCY ROOM



Our endeavor to bring the best healthcare service and world class facilities continues amidst the pandemic because the service to the Filipinos has kept our passion to do our best, excellent healthcare service. This is not a new normal for us but has been our normal for 45 years.

Puso! PHC has the heart to serve... this is why we exist.

Incident Command Post COVID-19 Insights

It's more than 200 days now from the March 15, 2020 Lockdown.. the day Philippine government realized that Covid-19 pandemic has reached us seriously. NOBODY was really prepared for this. PHC had activated meetings before this with then Hospital Infection Control Office headed by Dr. Paul Salandanan and his team. Meetings focused on DOH required protocols- wearing facemasks and temperature screening, with posters warning to the public. Until one afternoon, we received a text saying the OR has been "invaded" – an anaesthesiologist is sick at the ER with fever and myalgia at 3:50 pm March 11, 2020. The apt response from Dr. Gerardo S. Manzo, Incident Commander then was "Don't Panic, HICO and Safety Committee are already working on rapid escalation." Soon thereafter, the OR was limited for emergencies only and the OPD was closed. Truly, it pays to be prepared when the "enemy" strikes.

Work at the Incident Command Post since then was based on evidence, policies cascaded from the Department of Health and strong faith – weighing anxiety to risk Covid scare with strength to brave "all"- take care of staff who get sick one at a time, (losing some frontliner heroes), and ensuring that "employee" ICP volunteers

who are brave enough to report daily amidst risks (to keep things "in control" (for 6 months now) are more safe. There were daily challenges - to which ICP hurdles in enlightened discussions: accepting referrals while keeping things in control; Providing health worker shelter at the MAB on tents or in Service ward annex rooms, providing free meals to almost 1,000 employees, admitting family members when a quarantine facility at home is not provided, gene expert tests to anxious health workers with probable patient exposure; But sometimes we give strong NO answers: for Covid non-cardiac transfer requests, or Covid positive pulmonary valvotomy in a 3 month old, or NO visitors allowed at the threat of community exposure last August. In the end, we like to see PHC through the pandemic towards a "recovery" phase of restoring our mandate to take care of heart patients, the critical and those who need tertiary care – intervention and surgery. July saw a 1:1.58 Covid: Non-covid ratio as the second surge – with health workers getting sick. Healthcare worker admission was highest in August. A total of 112 HCW, 74 (66.1 %) admitted, and rest on home quarantine.

By September we have restored 1:3.5 Covid: Non-covid ratio with 49.3% occupancy of our Covid-19 designated wards (4A, 4B, 4D) and MICU 1 for critical Covid cases.

PHC, as an advocate of Excellence, keep our ISO and ACI journey in mind. ICP policies to establish and define "return to normal" were done since

May 2020: the return of OPD services and MAB Clinics since June 1, 2020, return of elective admissions for procedures from 30-50%, while maintaining a "safe" environment. To prevent and control PHC health worker transmission, Management Information Systems Division (MISD) developed an electronic Health Declaration Form updated every 14 days and monitored by the now Infection Prevention and Control Office (IPCO). A Safety Officer was designated per unit as a best practice initiative – in charge to Coordinate, Communicate, Counsel, monitor Compliance to the safety protocols and guidelines drafted by ICP. This has been graphically complied in a Safety Officers Handbook and embodied in a Safety Officer Vest. The officer summarizes daily health and temperature monitoring and health declaration of staff.



Gerardo S. Manzo, MD
Incident Commander

Is Covid 19 over?... but we look back to the 200 days (until September 30, 2020) with gratitude, and move forward with hope. Having reached this far safe is a blessing. We thank those who have donated to PHC so we can continue our mandate to treat more patients with heart disease- the Department of Health for PPE support, Okada, Globe Rewards, National Grid Corporation, and other private companies and kind-hearted individuals.

name of the Lord. "For there is none other name under heaven given among men, whereby we must be saved" (Acts 4:12) "whosoever shall call on the name of the Lord shall be saved" (Acts 2:21).

"For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life." —John 3:16

May we always remember our Heavenly Father, our powerful creator who is always in control. He is our protector and preserver of life. He is our Savior. It is only by His "mercies that we are not consumed," because "your compassions fail not. They are new every morning: great is thy faithfulness" (Lamentations 3:22,23).

I am thankful for practical health tips that I read and that are forwarded to me. Reading through the articles dealing with COVID as a health care provider and especially as a patient that recovered from COVID we cannot help but agree that, in this daily battle against this virus, ultimately "safety is of the LORD" (Proverbs 21:31).

As we read through the articles in this Special Edition Newsletter we will be reminded that Philippine Heart Center IS A FAMILY. For our beloved mentor and colleagues we lost – we grieve as family. For every staff that fought the virus and recovered – we ached and rejoiced. For every tired bones and weary hearts – we feel it as one. And we are not alone. GOD IS WITH US.

EDITOR'S NOTE:

SAFETY as we COME and GO
Reassuring Scripture Meditations

Let all who take refuge in you rejoice;
let them ever sing for joy,
& spread your protection over them,
that those who love your name
may exult in you.
Psalm 5:11



Maria Ina de la Paz
Bunyi, MD

One cannot be too careful nowadays. To come and go from one's house to report to the hospital or buy essential items from the pharmacy or local stores, can be a scary thing. We do not want to get (or give) any infection.

Just going out and back into our homes can be a major production and yet no matter how careful one is, we still hear of cases of community acquired infection. A little crack in best practice application can still lead to viral (or any form of) contamination and subsequent illness.

"Saang nga ba manggagaling ang kaligtasan natin?" Where will our salvation come from? May we find assurance and comfort from these timely reminders from God's Word.

Even before I do anything each day, I am to look up to God.

GOD our POWERFUL CREATOR, is our HELP. "I will lift up mine eyes unto the hills, from whence cometh my help. My help cometh from the LORD, which made heaven and earth" (Psalm 121:1,2).

GOD is always in CONTROL of our circumstances and 'never sleeps on the job.' "He will not suffer thy foot to be moved: he that keepeth thee will not slumber. Behold, he that keepeth Israel shall neither slumber nor sleep" (Psalm 121:3,4).

GOD is our PROTECTOR. "The LORD is thy keeper: the LORD is thy shade upon thy right hand. The sun shall not smite thee by day, nor the moon by night" (Psalm 121:5,6).

GOD is the PRESERVER of LIFE. "The LORD shall preserve thee from all evil: he shall preserve thy soul. The LORD shall preserve thy going out and thy coming in from this time forth, and even for evermore" (Psalm 121:7,8).

Saan man ako pupunta. Wherever I am heading. God will be with me. He is with me wherever I go (Joshua 1:9; Hebrews 13:5). Even at death's door and into eternity, "though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me" (Psalm 23:4), "God will redeem my soul from the power of the grave: for he shall receive me" (Psalm 49:15).

It is a promise that can be relied on by anyone who believes and calls on the



INCIDENT COMMAND POST

COVID-19 PANDEMIC MANAGEMENT DASHBOARD

March-September 30, 2020

**TOTAL PATIENT
ADMISSIONS**
3,086

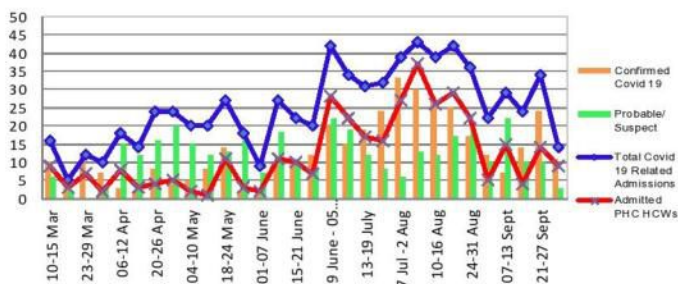
**TOTAL NON COVID -19
ADMISSIONS**
2,339 (75.8%)

**TOTAL COVID-19
RELATED ADMISSIONS**
747 (24.2%)

**TOTAL PHC HCWs COVID-
19 RELATED
ADMISSIONS**
359 (48.1%)

Total COVID 19 Related Admissions

(n=747)



TOP 5 MEDICAL DIAGNOSIS

1. Other Ischemic Heart Diseases- 16.8%
2. Acute Myocardial Infarction - 6.1%
3. Congenital Malformations of Circulatory system - 5.6%
4. Other Heart Diseases - 3.3%
5. Conduction Disorders & Cardiac Arrhythmias- 2.6%
- Unclassified 61.4%
- Others 4.3%

TOP 5 SURGICAL PROCEDURES

1. Thoracic, Arrhythmia, CV Miscellaneous 22.0%
2. CABG Surgery 20.4%
3. Congenital 18.2%
4. Vascular 14.8%
5. Valvular 10.3%
- Others 14.2%

TOTAL SURGICAL PROCEDURES

609

TOP INVASIVE/ CATH PROCEDURES

PCI 333 **ANGIOGRAM 748**

TOTAL NUMBER OF OPD PATIENTS

(June 1-September 30, 2020)

6,019

TOTAL NUMBER OF MAB CLINIC PATIENTS

(June 3-September 30, 2020)

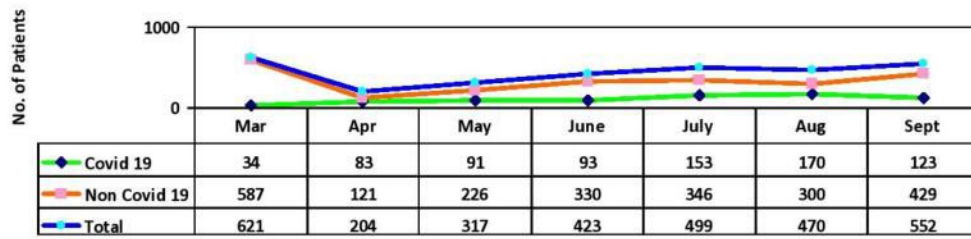
11,757

TOTAL MDs who resumed Clinic

241/299

(80.6%)

Covid 19 : Non Covid 19 Ratio (March - September 2020)



AVERAGE MONTHLY BED OCCUPANCY RATE

Mar	Apr	May	June	July	Aug	Sept	Ave
54.61%	23.17%	27.93%	28.47%	36.99%	40.52%	42.95%	36.38%

NUMBER OF RT-PCR

(As of September 30, 2020)

Confirmed	586
Negative	2,380
Total Tested	2,966

CASES TESTED (GENEXPERT) (July 16- September 30, 2020)

Confirmed	106
Negative	657
Total Tested	763

COVID-19 CASE STATISTICS

(As of September 30, 2020)

	CONFIRMED CASES	SUSPECT & PROBABLE CASES	TOTAL	WHO CLASSIFICATION OF SEVERITY FOR CONFIRMED CASES	Patient Count	Average Length of Stay	Case Fatality Rate
Total since March 10	465	357	822	Asymptomatic (no O2 support)	30 (7.7%)	9.3 days	0.0% (0/30)
Currently admitted	25	28	53	Mild (symptomatic, no O2 support)	249 (63.8%)	16.9 days	0.8% (2/249)
Total Discharged (Recovered)	324	266	590	Severe (pneumonia with O2 support)	72 (18.5%)	16.4 days	16.7% (12/72)
Home Quarantine	75	0	75	Critical (ARDS/Sepsis, intubated)	39 (10%)	12.1 days	69.2% (27/39)
Total Expired	41	63	104	Total/Average	390	13 days	10.5% (41/390)

PHC HEALTHCARE WORKERS

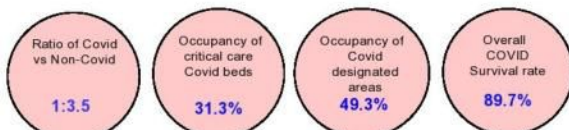
(As of September 30, 2020)

TOTAL SINCE MARCH		CURRENTLY ADMITTED	CONFIRMED	EXPIRED
Medical	52	1	35	2
Nursing	185	7	111	0
Allied	122	12	66	0
TOTAL	359	20	212	2

SUMMARY OF PHC HCWs CONFIRMED CASES

	MAR	APR	MAY	JUN	JUL	AUG	SEPT	TOTAL
Admitted	16	9	13	27	52	74	21	212
Home Quarantine/ Other Institutions	0	4	0	2	17	38	12	73
Total	16	13	13	29	69	112	33	285

As of September 30, 2020



COVID-19 ER CENSUS

(As of September, 2020)

EMERGENCY ROOM	
Total cases screened/triaged at Covid ER from March 10- September 30, 2020	3,724
Total Cases Seen at Covid ER (Sept. 1-30)	638
Covid-Related Admission (Sept. 1-30)	145 (22.7%)
Total Discharged from Covid ER (Sept. 1-30)	493 (68.8%)

The COVID-19 Pandemic ICP TEAM at the Philippine Heart Center: A Fitting Response to the Difficult 23 weeks (and More) Challenge

Continued from page 1

workers have admitted due to either high risk exposure or due to development of symptoms. With the admission of an anesthesiologist in our hospital and a cardiovascular surgeon in another hospital, the operating room limited their procedures only for emergency cases. There were a total of 17 healthcare workers admitted in the first week after the first confirmed case. Subsequently, a Luzon-wide lockdown was called by President Rodrigo Duterte on March 16, 2020.

With the FIRST confirmed case at PHC on March 10, 2020, a command conference was held the next day and the **Incident Command Post (ICP)** was born. Dr. Gerardo S. Manzo, Deputy Executive Director for Medical Services, then PHC Officer in Charge, as the ICP Commander. With Dr. Paul Salandanan, Chief of the Hospital Infection Control Office (HICO), the Management Services Department Planning Division Disaster and Preparedness Team, the Medical teams of the Department of Adult Cardiology, Department of Ambulatory, Emergency, and Critical Care, Department of Allied medical Services- Pulmonary Division, Nursing Service, and the Hospital Support Services. Twice daily Meetings and updates were given, and precautions for transmission prevention protocols were developed with the Executive Committee.

The COVID Medical COVID Team was then formed. It was led by Dr. Rhandy Pangiban and Dr. Antonio Pascual, with Dr. Luis Habana of the Department of Ambulatory, Emergency and Critical Care collaborated with the Critical Care Division, the Pulmonary Division and other the Allied Specialties, and the Pharmacy and Therapeutics Committee Chair Dr. Magdalena J. Lagamayo on the protocols for the diagnosis and treatment of our admitted COVID patients.

Within the next 3 days, another 2-3 hospital staff were admitted, and some Hospital staff went into volunteer home quarantine due to possible high-risk exposure. The Outpatient Clinic, as well as Operating Room were limited to emergency cases and elective procedures and diagnostics also closed subsequently. The ICP was then opened for 24 hours every day to address all the emerging and pressing needs that arose because of the pandemic. The team met daily to discuss the cases and to designate the COVID and non-COVID hospital areas to prevent cross-contamination of patient and healthcare worker populations. The new ER was opened



up earlier than planned and the two ERs were identified into a non-COVID ER and a COVID ER. Initially, the Short Stay Unit (SSU) and the Cardiac Care Unit (CCU) were designated to be the intensive care unit (ICU) for critical COVID cases; 3A and 3B for what was then termed Persons Under Investigation (PUI); and 3C was for non-critical confirmed COVID cases. Due to the long waiting period for the Reverse Transcription- Polymerase Chain Reaction (RT-PCR) results, stable confirmed patients who no longer needed close monitoring were admitted in 5C while awaiting for their negative results. Over 22 weeks, PHC had a total of 511 Covid related admissions (35.4% were confirmed cases, with an average Covid vs noncovid ratio of 1:3. Covid).

Fatality rate was 12.8% with highest risk among the critical Covid. 56.2% among the Covid related cases were mild. Towards the end of July, similar to other hospitals that pushed the 2nd MECQ recommendation, PHC had 70% increase in Covid admissions. Overall, there were 178 PHC Healthcare workers admitted, 72% confirmed COVID with 2 mortality in March (the late Dr. Raul Jara and Dr. Israel Bactol - adult cardiology fellow PHC Covid Pandemic Dashboard of the Incident Command Post (ICP) shows updated data March-August 2020 (OSM).

There was full support from the Department of Health most especially for personal protective equipment (PPE) and other supplies. With the number of patients coming in for COVID symptoms, PHC consumption for PPEs rose to 1,500 per week. Donations also came in from various private and public institutions and were properly accounted. Amongst the donations were medical sanitation supplies (alcohol, medical masks and N95, disinfectants, aerosol boxes and PPE), multivitamins and food products. Partition tents were supplied by Quezon City Disaster Risk Reduction and Management Office. Some of the monetary donations from companies were from Okada, Globe Rewards, HSEi Inc., and additional funding from the Department of Health together with daily donations from private individuals and companies for medical supplies and meals for about 300 hospital staff on duty daily. The ICP, in coordination with the medical team identified the medical equipment to better address the needs brought about by the pandemic: 2 portable X-ray machines, 2 portable echo machines, and HEPA filters for

For the past 23 weeks (and more) we have seen the reality of the Covid 19 pandemic scare: (1) one colleague getting sick at a time with 2 of our dear frontline-doctors - Dr Raul Jara and his mentee adult cardiology fellow Dr Israel Bactol as our early heroes who led us to learn and curb the disease inflammatory surge, out of the 12.7% who have died, (2) one healthcare worker admitted at a time from community transmission or those with presumed patient contact (81.7 % increase in July); (3) the rise of clustered health worker admissions in the last 2 weeks (54% nurses, 17% Non-medical allied personnel). We have also seen by now how critical patients and colleagues get well, and that around 64% are mild and asymptomatic. But it has not ended ... and we are still counting.

By June, on General Community Quarantine (GCQ), hospital services have been slowly shifted from Phase I to Phase II. Each of the respective departments prepared their return-to-work policies aligned to the hospital staff and patient safety protocols to prevent COVID transmission. Outpatient clinics both for service and private patients were opened once again with adherence to newly outlined safety protocols. Outpatient diagnostic services as well were opened to initially cater to a limited number of patients per day to allow adequate disinfection in between patients.

The 2020 World Economic Forum (WEF) claims that Covid 19 is "The Great Re-set." It may be wrong to presume that we will ever go back to "normal." This may be the test for resiliency to achieve our New Normal breakthroughs: (1) Increase in the number of patients served with better outcomes at par with global standard amidst the Covid Pandemic; (2) Increase in Patient and Employee Safety as a Covid 19 response. Robert Mortiz of 2020 WEF describes the 5-points-of-action of the Great Reset of Covid 19: (1) Repair-because we need to be around tomorrow we need to fix the problems of tomorrow; (2) Rethink - we can try but we may not return to the way things were; (3) Reconfigure: the biggest challenge is making things happen; (4) Restart-just start things anew; (5) last but not least - Report. We can very well adapt to this and survive as action, monitoring and reporting has always been the PHC culture to governance excellence.

Hindi Natutulog ang Diyos, "Miracles Do Happen"

Dr. Fernando Ayuyao on his COVID19 "4 to 6 hours"

and 46 days experience

by Dr. Maria Ina de la Paz-Bunyi

*"I called upon thy name, O Lord,
out of the low dungeon.
Thou hast heard my voice:
hide not thine ear at my breathing,
at my cry."*

Lamentations 4:55,56

At the back of his mind was a nagging thought that the patient referred to him may have COVID19 yet unwilling to offend his patient, Dr. Ding (as Dr. Ayuyao is fondly called) made rounds without the safety precaution of wearing a mask. The patient did not reveal all her symptoms nor her travel history. Covid19 info was still meager and knowledge about the disease and its treatment was just coming out.

A few days before her death, Dr. Ayuyao already noted a progression of the patient's cough and easy fatigability, yet a full history was only declared on the day that the patient's condition deteriorated. On the 11th day of March, her 6th hospital day, the test results came out. The day turned out to be her last and the first of the longest 46 days Dr. Ayuyao ever had.

On the patient's fifth hospital day, Dr. Ayuyao was already having episodes of clearing of the throat. He was having clinic when he received confirmation that the patient indeed was SARS-CoV2 positive. Immediately, he excused himself from his patients and placed himself on home quarantine.

Twenty-four hours (7th day from the time of exposure) after self-monitoring, Dr. Ayuyao noticed that his Oximeter reading was 90-92% and that (though afebrile) his heart rate was unusually high. On maintenance medications for diabetes and hypertension, Drs. Maricar Limpin and Aileen Guzman-Banzon, concerned friends from the Pulmonary Section encouraged him to have himself checked and admitted. This he did on March 13, 2020, when he developed fever, eight days post exposure.

His first few days in the hospital were almost boring, too uneventful that he felt like he was going to die from the feeling of isolation rather than Covid19. Initial test

was negative which was a false alarm, when in fact there was no false alarm result on the swab tests for SARS-CoV2.

He was already requesting that he be discharged when on the 8th hospital day, he went from wanting to go home to saying goodbye to his wife as his condition rapidly and unbelievably worsened. He recounted the most horrifying "4 to 6 hours of life" when he felt the weakest and death seemed imminent. Distressed breathing, increased coughing and hemoptysis (coughing out blood) with decreasing oxygen sats alarmed the COVID team and signaled the need for intensive care. Swabs came out positive. "I might die," he thought upon hearing of his elevated serum ferritin and D-dimer results and saw his Covid19 Pneumonia like chest x-ray film. He was feeling very weak, unable to stand, very short of breath and there was a sense of an impending doom.

His very perceptive and attentive COVID team expertly managed his condition. Being a pulmonologist, he knew where progressive respiratory distress can end and the sight of the ventilator on stand-by was a constant reminder. He did his best to help himself (and his attending team) by doing deep breathing exercises and by proning. When lying on his tummy became unbearable, he scheduled himself to alternately lie on his left or right side. These maneuvers helped his oxygenation improve. He also made sure to have sufficient nutrient despite his lack of appetite. He was very cooperative and trusted his managing team. It was a gradual but steady improvement after the crucial "4 to 6 hours," and a week's stay at the ICU. Discharge was very welcome and exhilarating after being confined for 46 days.

Having blessedly survived, I asked him some thought provoking questions. What greatly helped you during your confinement? How does one help a Covid19 patient or any chronically ill, frequently hospitalized patients? The thought of wanting to see his family again made him fight. He also relayed being encouraged by countless messages. More importantly was the consistent string of prayers offered globally.



He was able to handle the required quarantine by keeping himself fit and through communication.

Having survived this dreaded illness Dr. Ayuyao surmised that God must have some more task for him to do. One can sense the resoluteness of a man who knows and is determined to continue pursuing his great passion – practicing and teaching medicine.

What advice would you give to those who stubbornly refuse to wear masks or practice social distancing? Dr.

Ayuyao emphasized that there is no specific COVID19 medication for now hence wearing a mask, paying attention to safe distancing and hand washing are really essential to control the spread of SARS-CoV2. It is protective for oneself and others. *"If hindi mo mahal ang sarili mo, mahalin mo ang iba. Mayroon ka din pamilya gaya ng iba. Spare them. Huwag ka sana mang damay."*

Aside from his very supportive family who called on prayer warriors (none of whom developed Covid19), friends, colleagues, patients, students and even people he did not know; he would like to extend his heartfelt gratitude for the attentive, knowledgeable, informative, compassionate PHC COVID Team that managed his case. From his bedside nurses to the doctors, laboratory and dietary personnel and the procedure areas - he is thankful for their care, numerous advice sought and given, and the treatment modalities instituted.

Above all these medical expertise or breakthroughs, is the unfailing presence of our all-knowing and all-powerful merciful God. "With all prayers uttered... miracles happen. Hindi natutulog ang Diyos. Kapag marami ang nangungulit – nakikinig ang Diyos."

How has COVID-19 pandemic affected my life?



Maria Teresa B. Abola, MD
Department Manager,
Clinical Research

I used to try to cover for all eventualities and find solutions for every possible problem I try to foresee. Comes with years of micro-managing. :(

On the day I was admitted for COVID-19 pneumonia, I was still trying to do admin work, managing department concerns, trying to cover for possible problems in my absence... And then, it hit me and I realized what could happen, that I was alone and I could go without seeing my family again. I was so frightened, broke into tears and felt only the worst could happen. But I never asked why God let this happen to me. I knew this was a real fear and possibility the moment I decided to come to work at PHC daily for the COVID Command Post. I prayed and prayed, and talked to Him...then I realized I had to let go... and let God! There, I found in Him, in His words, courage to accept His will...then, inner peace. Appreciating every breath and every heartbeat... appreciating life and forever thanking Him.

**MESSAGE TO
THE GRADUATES**
2019-2020



ROMEO D. SAAVEDRA, M. D.
(PHC Batch 1978)
KEYNOTE SPEAKER

The year 2020 will forever be remembered as the year when the world stood still and mankind was forced to seriously contemplate what the future holds for him. We are faced with an unseen and dangerous adversary and we can hardly grasp the destruction and agony it has brought into our lives. Not in the last 100 years did humanity face a formidable threat to its existence. The Covid-19 pandemic ushered in a time of soul searching. It is also an opportune time to demonstrate the strength of one's conviction and the values that shaped one's character.

It is a time of danger. And nowhere is this more palpable than in the medical profession whose practitioners are called upon to plunge headlong into harm's way. Indeed, many of our colleagues have laid down their lives as an ultimate sacrifice to the dignity of their profession and devotion to duty. But we also do not forget the living... whose compassionate care, expertise, and untiring efforts have saved countless lives, earning for them the respect and gratitude of their patients, the families, and the whole nation.

Congratulations my dear graduates. It is not every year that one is given a chance to prove that he can rise up to the seemingly insurmountable challenge before him. And true enough, you have admirably demonstrated the "true measure of a man".

More than just a certificate of graduation, you have truly earned a permanent badge of honor, an indelible mark that you are truly a symbol of man's humanity to man.

I salute all of you, my dear graduates. You are, indeed, your brother's keeper.

Mabuhay kayong lahat!

**43rd House Staff Graduation:
The Pandemic Edition**
By Florido F. Atibagos, Jr. MD

Preparation for the house staff graduation started way back in December 2019. Having been with the ETRS for the past 15 years or so, preparing for such an event was never a herculean task. But every year we try to make it unique and special. No graduating batches are alike, so we always need to come up with ideas to make each graduation unique and special. Preparation started with the appointment of the over-all chairperson and different committee memberships. This year's chairperson was Dr. Maria Theresa Claudio-Rosqueta.

The first meeting was set last January 2020. The members of the committee on graduation had to brainstorm as to the theme, as to who would be the keynote speaker as well as the design for the invitation, backdrop for the stage and for the "Bantayog" – the yearbook for the graduates of the PHC.

Each meeting was highly anticipated because of the sumptuous merienda care of Dr. Maribeth De Los Santos. It is also in one of these meetings that we had chosen one of PHC's illustrious alumnus, Dr. Romeo Saavedra as this year's commencement speaker.

March 10, 2020 was the last time we were able to hold a face to face meeting. We were well underway with the preparations when the WHO declared the COVID 19 pandemic on March 11, 2020. Subsequently, a national health emergency was declared over the country 2 days after the WHO declaration and eventually an enhanced community quarantine was in effect all over the country on March 15, 2020. Since then, life was at a standstill.

Preparations for the graduation were never an easy task and the pandemic even made our job more challenging. We were faced without a choice but to cancel the actual graduation which was originally scheduled last April 3, 2020. It would have been a very memorable occasion seeing all the PHC doctors in their Filipiniana finery.

The graduation committee had to meet via Zoom to come up with ways to innovate the graduation given the present situation. It is at this point that we came up with the idea of putting up a virtual graduation -- the "Bantayog" (On-line edition). This was painstakingly made into completion by the Documentation Committee headed by Dr. Francoise Sarmiento under the supervision of Dra Rosqueta and the ETRS bosses (Dr. De Los Santos, Dr. Gilbert Vilela and Dr. Maria Belen Carisma) We saw it fit to pay tribute to Batch 2020. It is our expression of gratitude to this batch who bravely faced the unseen enemy by being at the frontlines risking life and limb with some of them getting infected along the way.

You might have chanced upon the virtual "Bantayog" on display at the LED wall at the MAB lobby or the on-line edition uploaded in our PHC website. It has showcased the journey of Batch 2019 – 2020 in the Philippine Heart Center. It has shown their PHC experience from the good, the bad and the funny. By showing the virtual "Bantayog," it is our hope that we can usher even a glimpse of life's silver lining amid the chaos and turmoil around us.

