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“I do not subscribe to ruling by the rod; rather to approach the task with respect for every person's worth and contribution, may it be big or small.”

- Dr. Joel M. Abanilla



by Sonia S. Arellano

Family Background

Dr. Abanilla is the eldest of a brood of 11 children born to Ricardo V. Abanilla and Leonor A. Melocoton. He has a doctor brother and the other siblings are into business. Both parents are successful entrepreneurs. The family's flourishing businesses include woodcrafts, Panaderia de Iloilo and Punta Villa Hotel and Resort in Iloilo City.

DR. JOEL MELOCOTON ABANILLA is the fifth Executive Director of the Philippine Heart Center. Simple, quiet, unassuming and approachable, this cardiologist with the endearing Ilonggo accent did not have big dreams as a young man from Arevalo, Iloilo.

He recalls a normal happy childhood growing up with 10 siblings and several cousins in a huge compound with plenty of fruit-bearing trees. The ancestral stone house is now a heritage home known as the Camiña Balay Nga Bato, open to the public and showcases old elegance and the family's treasured collections.

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PHC BAGS TOP 30 SPOT IN THE 5TH INTERNATIONAL BEST PRACTICE COMPETITION

by Glorilyn Joy C. Carolino, MA Psy



The Philippine Heart Center once again demonstrated its commitment to excellence as it successfully qualified to present its entry entitled "Ensuring Organizational Alignment of Strategic Initiatives for Institutional Improvement" in the 5th

International Best Practice Competition and 1st Organizational-wide Innovation Award held in SVKM's NMIMS University, Mumbai, India on April 25-26, 2017.

The International Best Practice Competition serves as an avenue for various organizations to share their best operational and managerial practices, processes, systems, and initiatives and learn from the experience of others. It provides an opportunity to celebrate the achievements of individuals and teams that have been responsible for creating and/or managing the introduction and deployment of best practices.

Of the 65 best practices assessed, 42 were in

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PHC Pursues Competency-Based Certification Program for Nursing Service

By Dolly Dianne D. Miraña, R.N.

Filipino nurses from across the world are known to excel in their chosen field. However, despite the recognition, competency issues on various fields of nursing among our Filipino nurses still arise.

In September 24, 2013, the Department of Health launched its certification program for nurses, including the Philippine Heart Center, which provides certification on Cardiovascular Nursing, Operating Room Nursing and Anesthesia Care Nursing. Additionally, the Philippine Heart Center is also one of the institutions that conduct Training for Assessors. The program aims to develop and certify nurses based on a set of standard competencies. It adopts a career level progression from General Nursing (Level 1-2) to Specialty Nursing (Level 3-5).

The Nursing Service, in pursuit of professional development and commitment to excellent cardiovascular care, widened its certification program to cover all nursing staff. Currently, it holds certification programs for Basic Clinical Skills for Nurses, Basic ICU Skills for Nurses, and Basic Skills and CSS Certification for Nursing Attendants.

Furthermore, nurse managers engage in Association of Nursing Service Administrators of the Philippines, Inc. (ANSAP)'s Certification Program to enrich their leadership and management roles.

Based on a research study conducted by the PHC Nursing Service in 2013 entitled: "Perceived Value of Certification Program and Its Impact on Skills Performance of PHC Nurses," nurses viewed certification as something that is valuable to them, personally and professionally. The emerging global competition inspired the PHC Nursing Service to continuously validate the competence of its staff through certification, in order to position the staff not only for career development but also for appropriate recognition and sense of confidence and achievement. Certification provides clients with evidence that the nursing staff caring for them has mastery of skills, knowledge and attitude. The Certification Program also benefits the hospital. According to the American Association of Critical Care Nurses, certification is also a vehicle for hospitals to differentiate themselves from competitors and demonstrate to consumers that they have attract-

-ted the most skilled and experienced nursing professional. Truly, with the increasing number of certified nurses we can ensure that quality care is given to each of our client.

As of April 2017, the Nursing Service has the following certification status: 33% DOH certified nurses from Level 3-5, (Level 3: 20.16%, Level 4: 23% and Level 5: 75%), 92% Basic Clinical Skills for Nurses, 79% Basic ICU Skills for Nurses and 44% for Nursing Attendants. Concurrently, Nurse Managers are completing the ANSAP's Nurse Manager's Certification Program where out of 22 applicants, 12 Managers are now certified.

Certification, being the trademark of excellence is an advantage to everyone in the healthcare equation: the patient, employers and nurses.



PHILIPPINE HEART CENTER WELLNESS PROGRAM:

A dream conceptualized during an elevator ride

By Maria Ina de la Paz-Bunyi, MD

It was while I was taking one of my (not so usual) ride years ago in the PHC elevator with Dr. Lourdes Casas (past chairman of the PHC Department of Pediatric Cardiology) that we thought of how one misses out on exercise just by doing so. The elevator stopped at a floor where a group of individuals joined in, took a “one floor ride,” and came out on the next level. We both looked at each other and remarked “Sayang ang exercise.”

For patients with health issues or employees who do a lot of walking, picking up and carrying of supplies and transporting of patients – an elevator is a life (and tired legs) saver! However it does hold a promising avenue of weight loss (through more energy expenditure) to those who withhold its use and match it with other healthy lifestyle practice such as indulging in a healthy plate during meals.

Thus in June 2009, armed with a desire to encourage a PHC community of wellness, we did a survey of the top ten employee consultations at the Infirmary. We were alarmed that among the top five conditions treated (for our heart hospital employee) were Hyperlipidemia, Hypertension and Diabetes Mellitus, all of which can be partially addressed through Lifestyle Modification.

Armed with this data, and having been approved by then Director Ludgerio Torres and Asst. Director Gerry Manzo, we set up a meeting with the Preventive Cardiology (Dr. Marcelito Durante, Dr. Ranulfo Javelosa and Dr. Leandro Bongosia), Dietetics (Mrs. Pearl

Esguerra and Ms. Vilma Amil), and Physical Rehabilitation Departments (Drs. Ricardo Agbayani and Consuelo Suarez) so that we can jointly set up a Philippine Heart Center Wellness program.

Eventually, the Team leaders of each wellness groups (Aerobics, Badminton, Bowling, Basketball, Ballroom Dancing, Table Tennis, etc.) were invited to the subsequent meetings. Mr. Renato Doctor (an avid wellness and sports advocate) became the head of the vibrant Sports Committee.

On February 2010 the following year, PHC officially launched its Wellness Program as the highlight of the Hospital’s Anniversary celebration and the Core Group who initiated the program officially became the PHC Wellness Committee.

The event was covered by “Unang Hirit” TV program showcasing the PHC Aero Group that subsequently came out with an exercise video (that is still available).

It was during this event that the existing Wellness Tarps that lines up the MAB Stairwell (a joint project I could not accomplish without our Architects Dondi Europa and Marlon Reyes as well as our Adult Cardio, Nutri and Rehab team) was set up.

Other pioneering Core Group members were Ms. Emilia Olbes and Jean Wong (from the HRD ensured greater employee participation), Ms. Cleo Palencia, Teresita Quan, Nery Remojo, and Christabel Robles.

Ms. Chinky Briones kept (us and) our records in order and Mr. Don Batingan documented our events.

Since then, the Wellness Program has been happily incorporated into the

Center’s Preventive Cardiology Program. This is in response to the heightened Employee Wellness Awareness initiated by the Department of Health. It is now under Dr. Ranulfo Javelosa and the new chairmanship of our Infirmarian Dr. Art Ferrolino. The PHC Wellness Program regularly hosts Wellness Seminars and Lectures (ranging from Spiritual, Nutritional, Mind Wellness, Cardiopulmonary and Physical Wellness), Sports events and the like (such as the Amazing Race “11-11-11” and “12-12-12 Vertical Run Events of 2011 and 2012 and the Biggest Loser Contest).

What is remarkable is the Wellness Cascade we have conducted to other government institutions.

It still thrills me to see hospital guests taking photos of our (already needing revising) Wellness Tarps, hear of employees participating in weekly Aero exercises and sports events; as well as regular HRD Staff development seminars. The Dietary and Cafeteria Sections are not to be outdone as they continue to innovate in serving healthy plates to patients, hospital staff and guests. I confess that my family and I often eat at our cafeteria after Sunday morning Church services.

“Malusog na Empleyado, Serbisyo Ganado, PHC Panalo” our winning slogan aptly communicates the spirit of the program because wellness of the heart preserves our health and promotes a hearty service of each one of us PHC staff to every patient that we serve.





Father Seo Jung Ju Mi blesses the graduates.



The guest speaker, PHC officials, as well as the audience enjoying the performances.



Groupies while waiting in line to march in.

40th Graduation Exercises of the House Staff

The 40th annual Residents' and Fellows' graduation ceremonies were held on April 7, 2017 at the Children's Heart Foundation Grand Auditorium, with Ariel I. Valencia, MD, MPH, CESO III, Regional Director for NCR of the Department of Health as guest speaker. The day started off with a Thanksgiving Mass, followed by the processional, and opening remarks by Executive Director Dr Joel Abanilla and DETR Manager Dr Gilbert Vilela. After diplomas were distributed, ADMS Dr Gerardo Manzo gave his Pagsusugo. Cleopatra Palencia, Chair of the 40th graduation exercises committee, gave the closing remarks. Induction to the PHC Medical Alumni Society followed immediately, with PHCMAS President Dr Ma Lourdes Badion. A sumptuous lunch followed.



More groupies from Pediatrics.



Dr. Ramoncito Habaluyas presents the special awards.



Drs Anna Cristina M. Adora and Aleano L. Dayag with ear-to-ear grins before the march.



Drs Kris Laura Manuel and Nestor Subong serenade the graduates.



Dr Maysol Maderazo-Morales preparing the leis for her graduating seniors.



Dr Paul Delos Reyes recites a poem (Awit ng Pagsasablay by Cleopatra Palencia), while Dr Joseph Michael Ramirez plays accompaniment with the violin.



Drs Myra Tan-Delos Reyes and Bridget Donato-Fernandez ably emcee the event.



Dr. Maribeth De Los Santos, Chief of the Division of Training, presents the graduates to Executive Director Joel Abanilla, ADMS Gerardo Manzo, and DETR Chief Gilbert Vilela.



Dr Rey Gamponia and Dr James Ho approve of the ceremonies.



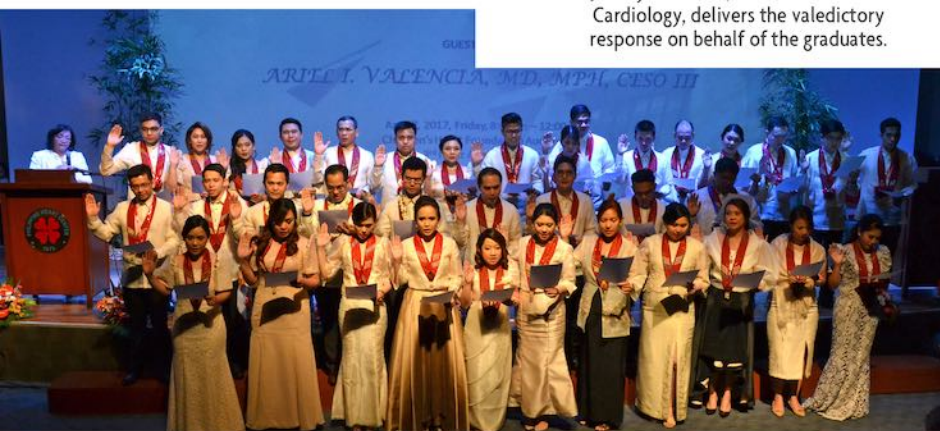
The graduates receive the PHCMAS pin on their sablay.



Dr Jeffrey Mendoza, Chief Fellow of Adult Cardiology, delivers the valedictory response on behalf of the graduates.



The Chief Fellows and Chief Residents were also commended for their extra work and contributions.



Dr Ma Lourdes Badion (extreme left) presiding over the oath-taking ceremonies for the new alumni members.



Dr. Bernard Benjamin Albano was awarded the Most Outstanding Fellow in Research, while Dr Edward Nino Gacrama was the Most Outstanding Housestaff member for 2017.



Pulmonary graduates and their mentors take a groupie.



Graduations have always been family affairs. Dr Ellaine Abad-Vencio with husband Dr Rey, and future Dr Vencios.



Graduation committee celebrate a job well done.

10 THINGS YOU NEED TO KNOW ABOUT BONE DENSITOMETRY

by Romuald Tiangco, RRT

1 What is it for?

Bone densitometry is an X-ray procedure, using a Dual-Energy X-ray Absorptiometry machine (or simply DXA), used to visualize the lumbar spine, hips, forearm, and tissue composition of the body. This can also be used to see if there is any fracture in the spine. It is also a useful tool in determining the risks of fracture in the future.

2 Who should have the test?

This procedure is for:

- A person who has/suspected to have osteoporosis;
- Women more than 65 years old or men more than 70 years old;
- A person who take drugs that potentially cause osteoporosis (steroids, anticonvulsants, growth hormones, chemotherapy drugs);
- A thin and light person;
- Post-menopausal women with risk factors;
- Women who had early menopause (before the age of 45).

3 What are the preparations for the test?

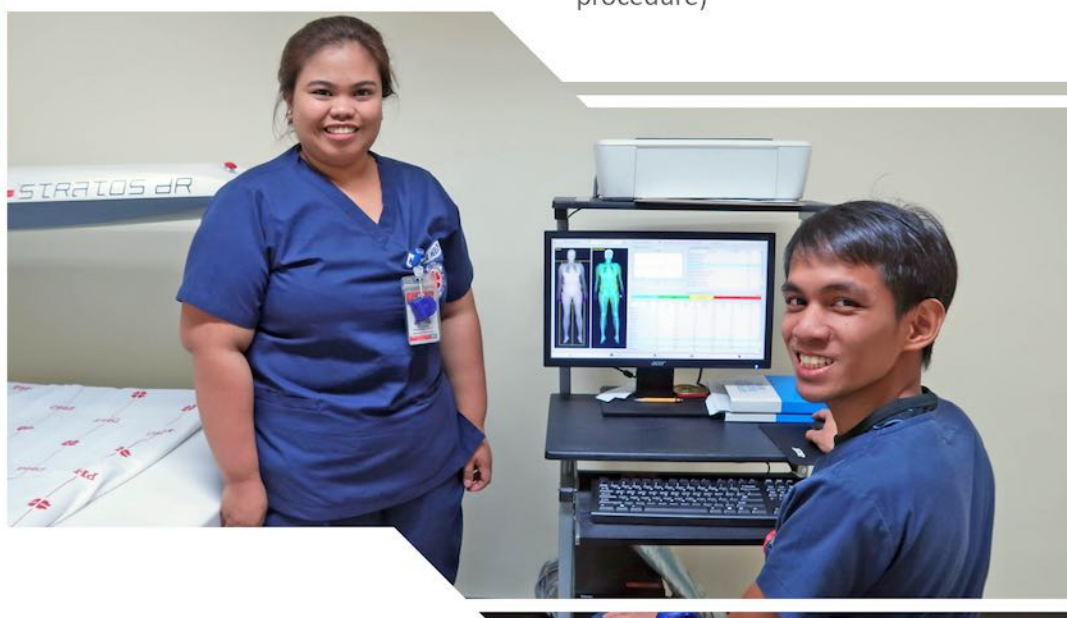
The patient will be asked to stop taking calcium supplements 24 hours before the test. The patient will also be asked to remove metallic accessories and any clothing with metals on it, which may obscure body parts to be examined and may affect the numerical values gathered by the machine.

5 How long will the test take?

It ranges from 20 up to 45 minutes.

6 What are the contraindications for this test?

- pregnancy
- patients who recently underwent GI contrast studies (wait for at least 3 days before having the test)
- patients who recently underwent Nuclear Medicine studies (wait a number of days depending on the procedure)



4 How is it done?

The patient will be asked to lie comfortably on the DXA bed. The patient will also be asked not to move while the scan is on-going. Measurements of the lumbar spine and both hips, usual sites of osteoporosis, are most commonly requested by physicians. Other sites are the non-dominant forearm, the whole body, and the spine. Special pads are used to aid in doing certain body positions. Numerical values, such as Bone Mineral Density (BMD), T-score and Z-score, are computed by the machine and these values will be used to determine if the patient has a healthy bone or Osteoporotic.

7 Does it hurt?

No it does not. A minimal amount of ionizing radiation isn't harmful.

8 How much does it cost?

It's very affordable!

- Routine Lumbar Spine & Hips: P3000.00
- Routine Lumbar Spine, Hips + Forearm: P3400.00
- Routine Lumbar Spine, Hips + Forearm & Whole Body: P3700.00

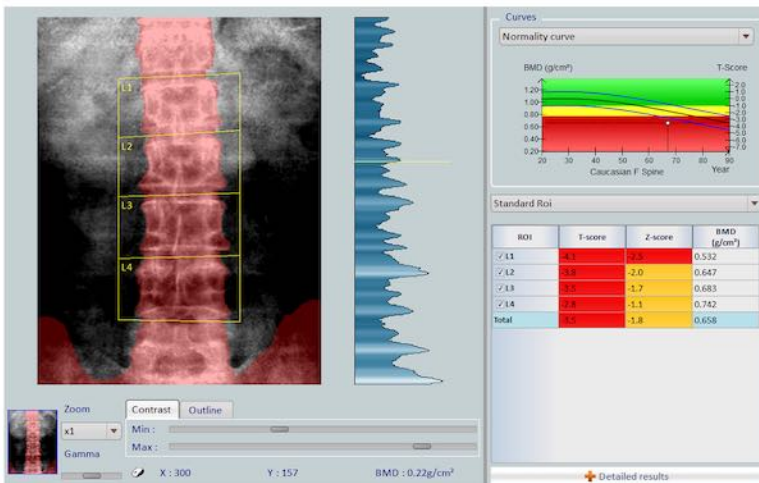
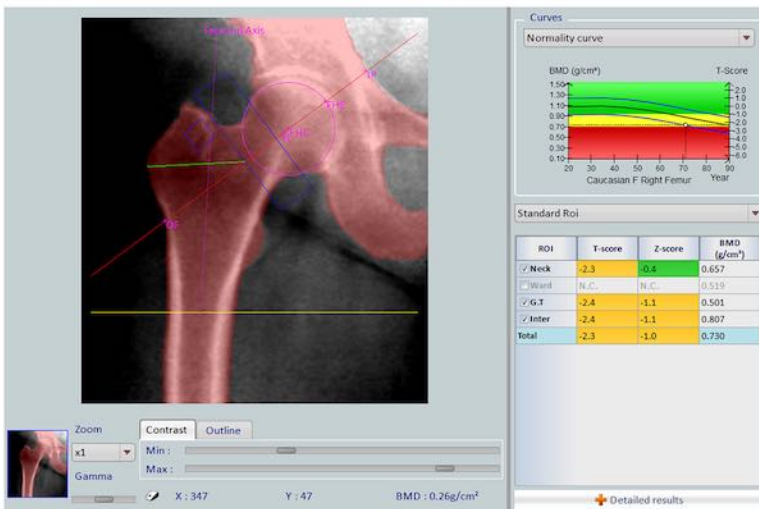
WHAT IS OSTEOPOROSIS?

9 Who does the test?

The test is performed by a Registered Radiologic Technologist or Registered Medical Technologist who have received clinical training in Bone Densitometry. The test is interpreted by a physician who is a Certified Clinical Densitometrist.

10 What do the images look like?

Routine DXA includes the lumbar spine and hips. The BMD values, T-scores, and Z-scores, are provided with the images.



Osteoporosis is a medical condition where the bones become fragile and become more likely to fracture. These fractures occur mainly in the wrist, hips and spine, but most bones in the body may potentially break or collapse. Millions of Filipinos are suffering from osteoporosis, and millions more are at risk for developing it in the future.

Risk factors for developing osteoporosis include menopause, a family history of osteoporosis, slim body frame, low weight, lack of exercise, inadequate calcium and vitamin D intake, smoking, and excessive alcohol intake. Some diseases like arthritis and renal disorders, and medications such as steroids, result in an increase in bone mineral loss and likelihood for osteoporosis.

Like hypertension, osteoporosis is called a silent disease, as there are typically no symptoms until one fractures. Bones weakened by osteoporosis may cause a loss of height, or the characteristic stooped posture or "dowager hump." A collapsed vertebra results in back pain. Because of a lack of symptoms, diagnosis of osteoporosis is by bone densitometry. The gold standard test for bone densitometry is Dual-energy X-ray Absorptiometry or DXA.

Osteoporosis patients are prone to fracture easily. Fractures are very serious complications of osteoporosis, with high medical costs and high mortality rates in the succeeding years. Patients may help prevent osteoporosis by engaging in exercise, a diet rich in calcium and vitamin D, and avoiding smoking and alcohol. Drugs that increase bone density are used to treat osteoporosis.

RESEARCH Highlights

Nuclear Med Researchers Find Higher Doses of RAI More Effective for Treatment of Thyroid Cancer



Thyroid cancer is by far the most common endocrine malignancy, and the rate of new cases is said to be increasing. Treatment is primarily surgical but additional radioactive iodine (RAI) therapy is usually done after thyroidectomy in order to remove remaining thyroid tissues. There is some controversy as to how much RAI should be given, particularly in low risk patients. Some authors advocate a lower dose of 30 milliCuries (mCi), citing advantages such as lesser radiation, fewer side effects, and lower hospitalization costs, while having a similar effectivity. Other researchers prefer to give 100 mCi, as this has a higher success rate for eradicating the remnants, in their experience. These contradicting data prompted a group of nuclear medicine physicians, led by Dr Henry Canizares, to perform a study to determine the most suitable dose of RAI.

One reason why there is no consensus on RAI treatment dose is because it is difficult to enroll enough patients from any single center. Answering this clinical dilemma required a randomized controlled trial with hundreds of patients, the most exacting form of research. Dr Canizares got around this limitation by performing a so-called meta-analysis, where patient data from several studies are pooled together to determine the general trend of the studies. Using this method, 1,287 patients were included in the study. Patients given the lower dose of RAI were placed in one group, while those who received the higher dose were pooled into another group. The success rate for treatment, as well as side effects, were calculated and compared between the two groups.

Results of the meta-analysis showed that higher doses of RAI were

significantly more effective than the lower dose regimen. The incidence of tear duct dysfunction was similar in both groups of patients. Relatively minor side effects to the salivary glands were more commonly seen however in the patients given the higher dose. According to Dr Canizares, Filipinos tend to have more aggressive thyroid cancers, so a higher dose of RAI is probably more appropriate in our patients.

The paper, co-authored by Dr. Nicole Patricia Hui, won the first prize in the annual Philippine Society of Nuclear Medicine research presentation contest held in February 2017. Dr Canizares also presented the paper during the annual Asian Nuclear Medicine Academic Forum in Shanghai, China, in May 2017. (JMO)

Ominous post-surgical blood gas parameters confirmed by local critical care specialists

In a research study by PHC cardiologists of blood gas parameters obtained after cardiac surgery, the amount of oxygen left in the red blood cells going back to the heart, as well as accumulation of carbon dioxide in the blood, were found to be predictive of subsequent organ dysfunction and mortality. The two tests are measures of tissue perfusion and have been shown in studies done abroad to be associated with poor post-surgical course. Lead author, Dr Jeremiah Butch T. Gemarino said there is a lack of local experience in the use of the parameters particularly after adult cardiac surgery, which is why he and other critical care specialists Drs Chito C. Permejo and Luis Martin I. Habana undertook the project. The study was awarded the first prize in the PHC Research Paper Presentation Contest held on February 21, 2017.

While the two parameters had low sensitivity for predicting which patients will not do well, specificity was quite high. This means that the parameters may not be abnormal in most patients, but when they are, morbidity and mortality after

surgery were higher. Specificity increased even more when the two parameters were combined. Dr Gemarino recommended that standardized treatment protocols after surgery, as well as serial blood gas parameter measurements, be adopted as these could improve outcome in the sort of patients studied. (JMO)



Dr. Jeremiah Butch T. Gemarino

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Meet the Director

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With a bloodline that relates him to the Avanceña family, and further integrated into the Laurel and Quezon families, Dr. Abanilla could have chosen a career in politics, especially with a Sobresaliente lawyer grandfather who became a three-term mayor in their hometown. For Dr. Abanilla, it was a choice between Law or Medicine as a profession but actually his heart is inclined towards the performing arts. That was probably an influence from his grandmother who would sing and play the piano.

Dr. Abanilla was a young achiever, a consistent honor student in grade school and graduated Salutatorian at the Ateneo de Iloilo. As a college student at the University of the Philippines in the Visayas, he was Associate Editor of the UP Student Council publication, a winner in the Debating Team, and excelled in Extemporaneous Speaking and Painting competitions.

Blessed with a magnificent voice, Dr. Abanilla gave vent to his passion for music and the performing arts as a member of the UP Iloilo Drama Guild and the UP Chorus. This secret he kept from his father (in connivance with his mother). Eventually, he admitted this to his father after he started coming home late because of rehearsals.

Medical Education

Dr. Abanilla obtained his degree in Medicine from the University of the East Ramon Magsaysay Memorial Medical Center in 1978. There he was also a member of the UERMMMCC Concert Chorus.

His Post-Graduate Internship was at the Iloilo Doctor's Hospital where he was recognized as "Most Outstanding Post-Graduate Intern".

During his Internal Medicine Residency at the Iloilo Doctor's Hospital

from 1980-1985, he was invited to join the Faculty Staff (also at the West Visayas State University School of Medicine) to teach Physiology. He was awarded as "Most Outstanding Resident". It was during his Residency and teaching stint that Dr. Abanilla became excited about Cardiology.



Dr. Abanilla again left Iloilo to pursue his dream as a specialist and finished his Fellowship in Cardiology at the Philippine Heart Center from 1985-1988. In 1988, he was awarded "Most Outstanding Cardiology Fellow in Training" by the Philippine Heart Association and "Outstanding Resident" by the Quezon City Medical Society.

After his Fellowship, he got a scholarship to train in Echocardiography at the Loma Linda University Medical Center in California, USA.

Going Up the Ladder of Success

Utilizing his writing skills, Dr. Abanilla became a member of the Editorial

Staff of publications of the Philippine Heart Association, Philippine Society of Echocardiography, Cardiac Rehabilitation Society of the Philippines, and the Philippine Journal of Cardiology. He became Division Chief of the Office of Education and Research at the Philippine Heart Center and Board Director of the Philippine Heart Association.

Destined to be a topnotch leader, Dr. Abanilla was elected as President of the PHC Medical Alumni Society (2009), Cardiac Rehabilitation Society of the Philippines (2011) and the Philippine Heart Association (2014). In February 2017, he was sworn in as Executive Director of the Philippine Heart Center.

Arduous Journey

Being a President of the PHA and now, PHC Executive Director, Dr. Abanilla finds fulfillment in reaching the highest positions in the premier Institutions of Cardiology in the Philippines. He said the journey to these top positions has been an "arduous one, fraught with bits and pieces of struggles, humbling encounters and moments of doubt of my own capacity."

Dr. Abanilla acknowledges with gratitude the lessons he learned from his mentors and predecessors which he hopes to put to good use. Most of all, he appreciates his family (especially his beloved "Mama") who may never have understood his advocacies and aspirations in life yet lovingly and generously lend him their unwavering support.

New Directions

As the new Executive Director, Dr. Abanilla will continue the good programs of the Center, such as the Decentralization of services through the Regional Heart Centers. He will continue to support all strategic plans to keep the

PHC Bags Top 30...

(continued from p.1)



PHC as the premier cardiovascular institution not only in the country but possibly in the Southeast Asian Region.

He would like to redirect research efforts to Clinical and Primary Research, focusing more on Preventive Cardiology.

The welfare of employees (salaries and benefits) will be of utmost consideration and that is the reason that he wants to pursue the PHC Housing Project.

Dr. Abanilla said on his first day at work that there is nothing to fear, "I am not here to chop off heads nor cut off fingers." At the recent PHC Alumni Homecoming, he described his leadership style as thus: "I resolve to hold the reins with fairness but with firmness. Never having a combative and pressuring style, I will continue to encourage community, cooperation and synergy towards excellence, even among the rank and file. I do not subscribe to ruling by the rod; rather to approach the task with respect for every person's worth and contribution, may it be big or small."

A new administration always raises hopes for the pursuit of dreams and realization of plans.....Dr. Joel M. Abanilla deserves the much-needed support to achieve these goals.

Strategic Planning and Deployment category, and the Philippine Health Insurance Corporation, with two entries on Customer and Market Focus and Education, Training, Development and Learning categories were the only representatives from the Philippines in the competition.

Dr. Juliet J. Balderas the Officer-in-Charge of Office of Strategy Management, expertly shared the best practice of PHC on Strategy and Deployment. The best practice showcased the marrying of the Government Excellence Class Action Plans in a Strategic Initiative Matrix with the Balanced Scorecard. This innovation initiative rooted from the premise that many hospital management and quality improvement methods have been introduced but when taken independently and separately can lead to confusion and less chance of attaining targets and expected outcomes. Thus, PHC has developed a Strategy map where 7 Strategic initiatives were planned to attain set objectives and plotted against 26 Balanced Scorecard measures in a Strategic Initiative Matrix for 2012-2016.

It is an innovation that ensures correlation of the planned initiatives to certain targets and assures transformation of the organization. An effective strategic initiative is strongly associated with at least 50% of the measures. It is then prioritized for project

initiation, funding, and completion. PHC Balanced Scorecard overall performance had more than 130% accomplishment with more than 10% increase in the 4 areas of organizational growth, social impact, people empowerment, internal process and fund management. Nine Government Excellence Class Action Plans were drafted for 2017-2022 and were plotted in a Strategic Matrix which showed strong correlation to BSC measures.

At the end of the two-day competition, Bharat Petroleum Corporation Limited (Mumbai Refinery) with the best practice entry entitled "Employee Health Management System" was declared the 2017 International Best Practice Competition Winner, and the Singapore National Library Board won the 1st Organization-Wide Innovation Award.

Effective people and efficient processes are essential factors in achieving organizational excellence. It is a continuing process improvement and innovation of best practices which aim to achieve better results for the organization and its stakeholders. Best practices may vary from one organization to another but the guiding principles are applicable across industries and cultures. The bottom line is we are to make a difference in the world and we should decide what kind of difference and impact we want to make and share.



Café 1475

For the past decades, the PHC has had the reputation of having one of the best hospital-run cafeterias in the country. Aside from serving the tastiest meals, the cafeteria underwent a major renovation a few years back, by celebrity designers no less, that made it one of the most sophisticated-looking hospital eateries anywhere. It's easy to imagine that you're eating in a modern and chic restaurant rather than the basement cafeteria, because Café 1475 looks absolutely modern and chic.

Currently overseeing the Café is Francis Cyril De Guzman, RND. He was

tapped to head the Food Service Division, the unit running Café 1475, earlier this year. Sir Francis plans to innovate and serve quality, healthy meals that are accessible to all.

The Café shared some of their healthy heart recipes – standard Pinoy food but with a twist, which elevates them to fine dining levels. And beautifully plated exclusively for the PHC Newsletter taste test. We will be featuring these recipes in the coming issues. But for now let's start with Chicken Binakol. For those not familiar with the dish, binakol is similar to tinola (one of our favorites), but cooked with coconut (another one of our favorites).



How could something this delicious be possibly healthy? Quoting from All About Nutrition, 2017. "Despite the name, the coconut is a fruit rather than a nut. It may be a great beverage for keeping blood pressure under control. It contains an impressive 600 mg of potassium in 8 oz (240 ml). Potassium has been shown to lower blood pressure in people with high or normal blood pressure." So there you go.

Chicken Binakol

5 Servings
Serving Size: 2 Slices Chicken + 1 Cup Vegetables

Ingredients:

- 3 Tbsp Cooking Oil
- 1 Medium Onion, sliced
- 2 Cloves Garlic, minced
- 1 Knob Ginger, julienne (about 1 Tbsp)
- 3 Stalks Lemongrass
- 750 g Chicken, cut into 10 slices
- 1 tsp Salt
- ¼ tsp Ground Black Pepper
- 3 Cups Rice Washing
- 2 Cups Young Coconut Water
- 250 g Green Papaya
- 1 Whole Young Coconut Meat
- 100 g Sili Leaves



Procedures:

1. Heat cooking oil the sauté onion, garlic and ginger until done.
2. Add lemongrass and cook for 1 minute.
3. Add chicken, salt and ground pepper then cook until the juice of chicken comes out. (About 4-6 minutes)
4. Put in the rice washing and young coconut water then allow to boil. Simmer for 20-25 minutes.
5. Add green papaya and cook for 3 minutes.
6. Put in the young coconut meat then simmer for 2 minutes.
7. Put in the sili leaves and cook for a minute more.
8. Turn the heat off, and then transfer to a serving bowl. Serve with steamed rice. Share and enjoy!

Calorie Count Per Serving >

Carbohydrates
9 gms

Protein
21 gms

Fat
13 gms

KCAL
237 Kcal