

MULA KAY

Tsanselor...

MABILIS nakalipas ang mahigit anim na linggo mula ng puspusang harapin ng UP Manila ang hamon ng COVID-19. Lahat ay humarap sa salot na ito na may kintal na pagnanais makatulong ang kanyang kolehiyo, departamento, pribadong grupo, o di kaya bilang indibidwal. Kitang-kita sa mga nailathalang malalaki at maliliit na proyekto ang sama-samang pagkilos ng ating komunidad.

Balakid sa pagsugpo ng COVID-19 ang kakulangan ng kaalaman dito. Sa pamamagitan ng *webinars* ng UP at PhilHealth, naibabahagi ang mga pinakahuling kaisipan at karanasan na nalikom ng ating mga dalubhasa. Isang masalimuot na usaping dulot ng sakit na ito ay ang talakayang etikal. Muli, natutuwako at mayroon ng mga pang-unang patnubay dito. Kailangan ito ng mga nag-aalaga sa mga pasyenteng may COVID-19.

Sa isyung ito, ipinahayag ng *NTTCHP* ang kanilang pagbibigay ng suporta sa mga guro at estudyante sa pamamagitan ng lingguhang *Zoom* kumustahan kung saan lalo silang napalapit sa isa't isa. Ang *College of Pharmacy* naman ay patuloy sa paghahanap ng donasyon para sa PGH *frontliners, security guards, at janitors* na naninirahan na sa UP Manila.

Bilang *Health Sciences Center* ng bansa, dapat na nating pagtuunan ng masusing paghahanda ang bagong kalakaran o *New Normal* na siyang tinutukoy ng isang proyekto ng PGH kasama ng PhilHealth.

Pag-ibayuhin pa natin ang pagsisikap upang talunin ang COVID-19. Kahit matagal at mahirap ang daan, pagkakataon natin ito upang ipakita ang ating pamumuno. Magkaisa tayo, at sa tulong ng Panginoon, dalhin natin ang komunidad at tumulong sa bansa patungo sa *New Normal*.

UP-PHIC WEBINAR SERIES: State-of-the-art Clinical Management of COVID-19 cases through eLearning

THE COVID-19 pandemic has spurred sector-wide changes in managing disease. Changes in its classification and the issuance of interim guidelines on testing and treatment in the past couple of months have impacted the medical approaches to treating COVID-19 cases. As the medical community continues to closely study this disease, knowledge and expertise in the various clinical specialties have grown immensely.

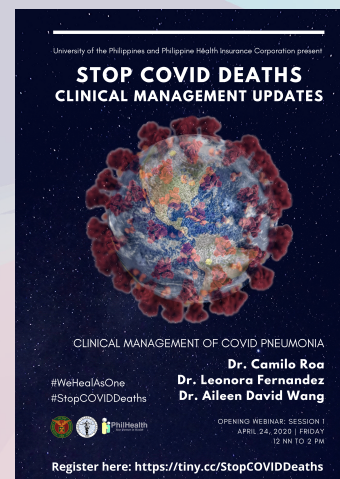
To share the latest experiences and current practices of clinicians, scientists, researchers, and hospital administrators in the fight against COVID-19, the University of the Philippines System partnered with the Philippine Health Insurance Corporation to capacitate attendees through eLearning using a series of webinars.

Led by the UP Manila National Institutes of Health National Telehealth Center, the goals of this webinar series are as follows:

- 1) To bridge the gaps in knowledge regarding clinical management by quickly and widely disseminating the latest information and state of the art practices that may be used in the treatment of COVID-19 in the country
- 2) To create a learning support network among all hospitals of the country to attain a high standard quality of care; and
- 3) To inform clinicians, scientists, researchers, and hospital administrators about policy, research, and action on the clinical management of COVID19.

The inaugural webinar of the series, which was launched last 24 April 2020, featured pulmonary medicine experts. **Dr. Camilo Roa**, UPCM professor and past president of the Philippine College of Chest Physicians, delivered talk entitled, "[Clinical Management of COVID-19 Pneumonia](#)." This was followed by **Dr. Aileen Wang**, UPCM and PGH professor, on "Conducting Research During the COVID-19 Pandemic". The last talk was by **Dr. Leonora Fernandez**, head of the PGH Division of Pulmonary Medicine, on "New Approaches of Ventilatory Therapy for COVID-19."

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THE UP College of Pharmacy's efforts during the COVID-19 crisis include monitoring of students, volunteer work, donation drive, and information dissemination.

The constituents, through the Student Relations Officer (SRO) and UPPHA Student Council, College Executive Committee, and program advisers jointly communicate and continuously monitor the welfare and overall wellness of the students. The SRO then seeks advice from the Office of Student Affairs for student concerns.

Several faculty members became part of the UP-PGH Bayanihan Na! Operations Center (BNOC). Some of them joined the Volunteer Management Team tasked with creating and implementing the online database to manage the schedule

of shifts, accommodation, and transportation of the BNOC volunteers. Other faculty members, together with some alumni and students, volunteered as call center agents for patient and donation queries.

Some alumni also extended assistance by volunteering in **Ask Your Pharmacist!**, an online pharmacist consultation for healthcare professionals and patients initiated by the Philippine Pharmacists Association (PPHA).



College of Pharmacy's Services in the Pandemic

The faculty and admin staff initiated a fund drive for the janitors and guards in the college to sustain them for the duration of the community quarantine. PPEs were donated to PGH and NIH. The UP College of Pharmacy Alumni Association, Inc. and the UP Pharmacy Alumni Foundation, Inc. launched a donation drive for the BNOC to purchase PPEs and other supplies needed by PGH. In addition, the alumni also donated refrigerator thermometers to UP-NIH for monitoring the temperature conditions of the samples for COVID-19 testing.

Student organizations also took part by providing COVID-19-related infographics shared through their respective social networking sites.

by Czarina Dominique Rodriguez

SIBOL STUDY on N95 RESPIRATOR DISINFECTION

THE SIBOL-COVID Task Force of UP College of Medicine is undertaking an experimental project of fabricating two disinfection devices for N95 filtering facepiece respirator (FFR) or masks in the hope of extending their use and address the shortage in supply. Aside from the disinfection process, the project would like to make sure that the filtering capacity of the N95 masks is maintained thereby ensuring the safety of our healthcare workers. The project hopes to provide our healthcare centers a more affordable and practical way of disinfecting N95 respirators.

N95 respirators or masks are probably the most used personal protective equipment in this Covid pandemic. Normally, they are intended for one-time use only but the US Centers for Disease Control and Prevention (CDC) and National Institute for Occupational Safety and Health (NIOSH) acknowledge that in times of shortage, options are available to extend their use. A proper USER SEAL CHECK is MANDATORY for every use of the N95 masks.

The CDC and NIOSH do not approve of routine decontamination and reuse of FFRs as standard of care. However, decontamination and reuse may be needed as a crisis capacity strategy to ensure continued availability. This option may be considered if shortages exist.

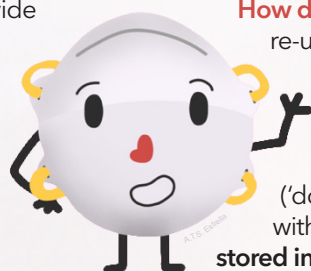
Here are a few important FAQs:

How long can I wear my N95 respirator? At present there is **no available research data** on how long a disposable N95 respirator can be used. According to CDC, **as long as fit and function are maintained**, an N95 mask can be worn safely **up to 8 hours**.

How do I re-use my N95 respirator? Limited re-use is the practice of using the same N95 respirator for multiple encounters with patients but **removing it ('doffing') after each encounter, storing it in between encounters for 72 hours**; and putting it on ('donning') again prior to the next encounter with a patient. The mask can be **hung to dry or stored individually** in a breathable container (e.g. paper bag) in between uses. Storage containers should be **disposed of or cleaned regularly**.

What if I rotate my N95 respirator? If mask rotation is to be done, CDC recommends at least **5 masks to rotate each day**, allowing them to dry long enough that the virus is no longer viable. When the respirator is dry in 3-4 days, the virus will not have survived; and limited re-use of the masks would be a viable option.

by Dr. Emmanuel Estrella & Dr. Paola Veronica SJ Reyes



USUALLY a volunteer is ready for tasks and risks involved; but the COVID-19 crisis creates new challenges. The risks may escalate depending on many factors starting with the basic issue of personal protective equipment. Despite these uncertainties, brave souls still choose to dedicate their precious talent, time, and effort to help in whatever way they can to fight this menace.

Volunteers to UP-PGH *Bayanihan Na!* Operations Center (BNOC) come in different ages, shapes, and sizes. Some are willing to help physically in ensuring that enough supplies and equipment are available for smooth operations of the call center. Some, because of physical limitations, extend their support remotely and help in addressing patient queries and improving education. Even with these limitations, their willingness significantly boosts the morale of everyone and contributes to the collective effort.



“Volunteers do not necessarily have the time; they just have the heart.”

Elizabeth Andrew

Voluntarism amid the COVID Crisis

In Filipino, there is a word that is used to express the community spirit aimed at helping neighbors in need: *BAYANIHAN*. This is what the COVID-19 crisis has brought out among the UP Manila constituents, a trait that is inherent in us and is just waiting for the perfect opportunity to manifest itself in more palpable ways. Voluntarism has extended and “infected” even those outside this well-knit academic community.

Setting up a volunteer group is fraught with difficulty in getting financial and logistical support, but the BNOC has been met with overwhelming excitement from all sectors and contributions continue to pour in. Indeed, the COVID-19 pandemic has sparked the flame of voluntarism. UP Manila’s brand of voluntarism shines brightly and continues to spread. *BAYANIHAN NA!* by Dr. Leilani Apostol-Nicodemus

Teachers’ (of NTTCHP) Acts

TEACHERS are expected to carry out what Fred Greene referred to as the acts of teaching namely: **logical acts, strategic acts, and institutional acts.**

The National Teacher Training Center for the Health Professions (NTTCHP) faculty were doing exactly these. We were busy with our classes, preparing for PAASCU accreditation, and had received university approval for a visiting professor. Six articles were up for peer review for a special Health Professions Education issue of the *Philippine Journal of Health Research and Development*. Educational workshops have been set months in advance.

Then crisis struck, the world ground to a halt. The good news was, while on lock-down, two articles of Prof. Erlyn Sana were published.

The faculty were quick to shift gears from blended learning to pure

online learning with zoom classes and online thesis defense. When online classes were suspended, our students continued to access the course sites and worked on individual outputs. Hence, **logical** and **strategic acts** of teaching continued. A number of our students, alumni, and faculty have been doing their share by going on duty, serving as part of the management team in Philippine General Hospital and other hospitals, and doing volunteer services at UP or elsewhere.

We realized our own vulnerability. No one was immune to this “Goliath that we cannot see.” Of the 16 NTTCHP faculty and staff, 14 were considered high-risk individuals. Students, alumni, and family members have become ill and few even became critical. Sadly, loved ones and respected mentors died. Grief and guilt gripped our hearts while terror crept into our minds.

It was during this period of social

distance and isolation that we grew closer and found support and comfort in each other. The NTTCHP family found itself fulfilling the third and **most essential act.**

Together with the NTTCHP Student Council, we set up a weekly zoom meeting with students called, “*Kumustahan at Kulitan ang Kasiyahan ng NTTCHP Family.*” Quite a mouthful but extremely uplifting, our students admitted. Our website now has a special page for COVID-19 information and psychosocial support hotline. The faculty and staff came up with a short video, “NTTCHP booster.” This was intended to give our students and alumni hope and instill faith as we claimed that the God who gave David victory over Goliath is the same God who will see us through this.

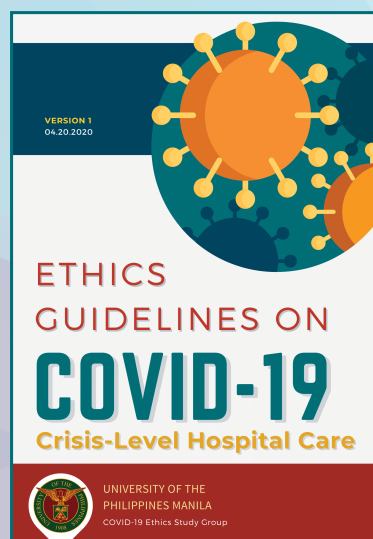
At this time of pandemic, NTTCHP, more than ever, needs to fulfill the teacher’s acts it committed itself to do. by Dr. Melflor Atienza

Ethics Guidelines on COVID-19 Crisis-Level Hospital Care released

THE UP Manila COVID-19 Ethics Study Group has released Version 1 of the **Ethics Guidelines on COVID-19 Crisis-Level Hospital Care** last March 20. The multidisciplinary Group composed of **Drs. Alvin Caballes, Lenora Fernandez, Ma. Bella Siasoco, and Prof. Peter Sy** (team leader) seeks to provide guidance on resource-allocation and other ethical issues in the care of COVID-19 patients amidst the unprecedented pandemic crisis, acute scarcity of medical resources, and threats to healthcare workers.

The document has been endorsed by various medical and patient groups, as it gives “handles on how to provide appropriate and compassionate patient care in times of crisis” (Philippine Alliance of Patient Organizations). The Philippine College of Physicians maintains that the Guidelines “can serve as a template for hospitals to pattern their management set-up to address ethical issues concerning the entire healthcare system and the patients under its care. It is very comprehensive and the discussions are detailed but simple and easy to follow.”

The document covers diverse issues and concerns: the ethical **Principles** of fairness and duty to dare to justify the rest of the guidelines; an **Admission Triage** that safely and systematically assigns patients to appropriate care, beyond the potentially narrow concerns of individual hospitals and care givers; **Communication of Care**, especially given the delicate, time-sensitive, complex nature of COVID-19 hospitalization that may involve the effective use of advance directive and informed consent; holistic **Therapeutic Interventions** covering a range of patient-centric, evidence-based approaches; **ICU Care** with an acute shortage of ventilators, among others; **Care for Non-COVID-19 Patients** that ensures that care facilities do not discriminate against certain groups or individuals, COVID-19 crisis notwithstanding; health **Information Management** that supports the autonomy and data privacy of patients in the face of practical imperatives of public health and contact tracing; **Research** involving non-standard interventions or medication; **Healthcare Workers’ Rights and Obligations** that balances the value of their safety and well-



being and their duty to care; **Working Committees** that tackle head-on a myriad of seemingly intractable ethical issues in the care of COVID-19 patients; and, **Post-mortem Care** that takes into account personal and religious preferences. The full document is available [here](#).

The development of the Guidelines is part of a project funded by the Philippine Council of Health Research and Development. Additional funding support is being considered by the Commission of Higher Education. The document is evolving, and further changes may be proposed via upsilab.org/covid-19-ethics where an open collaboration on the Guidelines is encouraged.

ERRATA

1. In the article **CPH efforts in the Covid 19 Situation** in Issue 3, the 1st sentence should read: “In the spirit of public service, the College of Public Health (CPH) has participated in various initiatives responding to the COVID-19 situation in the Philippines by collaborating with other units in the University, the Department of Health (DOH), Commission on Higher Education (CHED) and other national agencies, World Health Organization (WHO), and local government units (LGUs).”

2. In the article **OstreaVent Upgrade for the Adult Population** in Issue 2, the name in paragraph 2 line 16 should read **Eng. Alexander Paran** not **Pangan**.



Fundacion MAPFRE and Spanish Embassy Donate to BNOC

MAFRE Insurance President & CEO Tirso C. Abad, Honorable Ambassador to the Philippines Jorge Moragas Sanchez, and Consejero Comercial Pedro Pascual handed over to UPM Vice-Chancellor Michael Tee, PGH Director Gerardo Legaspi, and heads of the UP-PGH COVID-19 *Bayanihan Na!* Operations Center their donations of much needed equipment consisting of ventilators, KN95 face masks, Personal Protective Gowns, and other supplies. *Many thanks to Dr. Patricia Cielo for the translation from Spanish.*

Psychosocial Care for COVID Patients and their Families

There is a need to address the psychological responses of people in this pandemic. In particular, we are focusing on care for the patients and health workers and their families who are at risk of COVID-19 themselves. The following principles were used in the formulation of this program and were based on an understanding of the Filipino way of thinking, feeling, and responding to crisis:

1 That helplessness and powerlessness are normal reactions and by making people feel the normalcy of such emotional reactions, it brings some sense of control over their life situation.

2 People utilize varied ways of coping despite the uncontrollable situation that the pandemic has brought.

3 The nature of remaining connected to family and friends and peers is essential.

4 The importance of the family as a source of support and in sharing the same grief is paramount.

5 Spirituality, or being connected to a Higher Being, is the single most important way through which

people, especially Filipinos, will survive this experience.

6 In this communal grief, we go beyond being depressed, anxious, angry, overwhelmed, and acceptance; and reach a higher level of finding meaning and purpose.

7 Putting a structure, predictability, and regularity to the things that we can still do will facilitate some sense of equilibrium.

8 Immediacy of psychosocial response and its interconnection with well-being.

9 Prompt and accurate updates regarding the pandemic should be disseminated to reach the greatest number to prevent unnecessary panic.

For health care workers, projects include a **Resiliency Wall**, a closed **Facebook group page** for frontliners for information dissemination and discussion of COVID 19-related issues; **psychosocial care posters** with infographics; a **psychosocial support hotline** for those needing individual counseling/psychosocial support to be manned by consultants of the **Department of Psychiatry**;



The Department of Psychiatry and Behavioral Medicine is offering the following services:

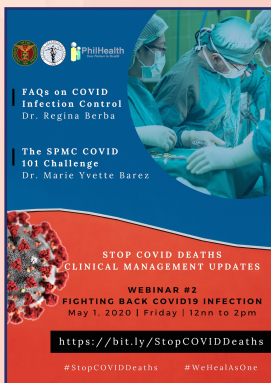
**PSYCHOSOCIAL CARE
HOTLINE FOR PGH
FRONTLINERS**

Emergency:
09564720646

Non-emergency (8AM-5PM):
09776912115

psychosocial processing sessions to be conducted for groups of PGH frontline/health care workers, patients, and families online e.g. via zoom; and a **Heroes' Heroes Program** to be undertaken by the **Section of Child and Adolescent Psychiatry**.

For patients and their families, a **DIY (do-it-yourself) e-module** will be provided to address their mental health needs by imparting knowledge and skills that will enhance their coping mechanisms during their hospital stay and after discharge. Mechanisms will be provided through which the patients, families, and healthcare workers can tell their stories. **by Karina Perez**



FAQs on COVID Infection Control
Dr. Regina Berba

The SPMC COVID 101 Challenge
Dr. Marie Yvette Barez

**STOP COVID DEATHS
CLINICAL MANAGEMENT UPDATES**

**WEBINAR #2
FIGHTING BACK COVID19 INFECTION**
May 1, 2020 | Friday | 12nn to 2pm

<https://bit.ly/StopCOVIDDeaths>

#StopCOVIDDeaths #WeHealAsOne

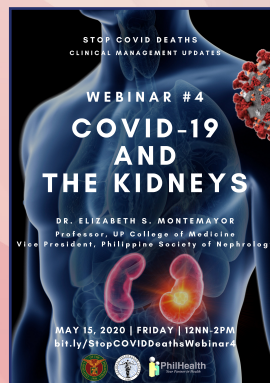


**STOP COVID DEATHS
CLINICAL MANAGEMENT UPDATES**

**WEBINAR #3
THE TREATMENT
LANDSCAPE OF COVID-19**

Dr. Marissa Alejandria
Director, Institute of Clinical Epidemiology, UPM
Professor, UP College of Medicine
President, Philippine Society for Microbiology & Infectious Diseases

MAY 8, 2020 • FRIDAY • 12NN
bit.ly/StopCOVIDDeathsWebinar3



**STOP COVID DEATHS
CLINICAL MANAGEMENT UPDATES**

**WEBINAR #4
COVID-19
AND
THE KIDNEYS**

DR. ELIZABETH S. MONTEMAYOR
Professor, UP College of Medicine
Vice President, Philippine Society of Nephrology

MAY 15, 2020 | FRIDAY | 12NN-2PM
bit.ly/StopCOVIDDeathsWebinar4

for COVID-19 treatment. Speaker for this third webinar was **Dr. Marissa Alejandria**, Director of the UPM-NIH Institute of Clinical Epidemiology and Lead of the Philippine team for the Solidarity trial.

The webinar series live streams every Friday 12:00 -2:00 pm through Facebook Live using the official accounts of UP. The recordings are uploaded to the official YouTube channel of TVUP immediately after the webinar.

UP-PHIC WEBINAR SERIES...

Held last 01 May 2020, the second webinar focused on managing COVID-19 cases from an infectious diseases perspective. PGH Hospital Infection Control Unit head **Dr. Regina Berba** and Chairperson of the Infection Prevention and Control Unit at Southern Philippines Medical Center **Dr. Marie Yvette Barez** talked about "Infection Control for

COVID-19" and "The SPMC COVID 101 Challenge", respectively.

The most recent webinar held on 08 May 2020 highlighted the [Philippines' involvement in the Solidarity Trial](#), the multi-country study organized by the World Health Organization where 100 countries test the safety and effectiveness of four investigational drug regimens

In the coming weeks, we will be having experts of the renal system (Dr. Elizabeth Montemayor, Vice President of the Philippine Society of Nephrology), cardiovascular system (Dr. Chito Permejo from the Philippine Heart Center), and approach to surgical procedures (Dr. Nelson Cabaluna from the PGH Department of Surgery). **by Dr. Raymond Sarmiento**

PGH, Forward March!

ON April 23, 2020, Philippine General Hospital (PGH) was identified as demonstration site for the implementation of universal health care (UHC) during the COVID-19 pandemic by the Philippine Health Insurance Corporation (PhilHealth). The directive aims “to link up major tertiary hospitals to satellite clinics in order to lessen foot traffic and to ensure patients’ access to quality health services and continuity of care”.

COVID-19-related health services such as pre-hospital health concerns like disease prevention and early diagnosis; and post-discharge concerns like follow up care and detecting reinfection, stand to gain from accessible **satellite clinics**.

It is for all other health conditions that networked services will be game-changing. Non-COVID-19 services have largely ceased at PGH as a result of the quarantine; hence, non-COVID-19 cases are overdue for health care.

The pandemic also interrupted the UHC agenda. Like this law, the Bayanihan to Heal as One Act channeled resources to health systems, but only to prop them up for the crisis. The UHC Act aimed to rectify deeper and more chronic problems, now compounded with an ever-present danger and cost multiplier that is COVID-19.

A program proposal for **networked health services** is now being developed by PGH. It envisions a network of PGH satellite clinics and partnered health providers linked to the main hospital. This can help restore access to health care for PGH patients in the National Capital Region. The goal is to resume as wide a range of health services as possible for as many patients as possible without compromising COVID-19 containment.

Networked health financing is also being discussed to ensure financial accessibility for patients. It may also attract and sustain health provider



partners. In the ideal scenario, a patient is prescribed medications at a PGH satellite clinic, gets the drugs at participating pharmacies, and pays only minimal to no out-of-pocket fees.

If enough patients were to enrol under the new network, PhilHealth funding could be correspondingly large under the UHC law. The network would then pay its own health providers. Until the networks are formed however, the health outcomes of PGH patients who are not being seen will deteriorate. Program proponents have therefore raised the idea of setting aside a stimulus package to ensure that the network’s initial providers and services will be covered.

Telemedicine is foreseen to be both a program enabler and an integral part of the new normal. Aided by the UP Manila National Telehealth Center and with experience gained from the Bayanihan Na! Operations Center, PGH hopes to position telehealth services not only to minimize physical contact between patients and health professionals, but also to drive efficiency. Long-distance algorithmically guided services can direct patients to the appropriate level of care while optimizing the use of human resources.

PGH satellite clinics and telemedicine will rely heavily

on **computerized information systems**. Related efforts in these areas predating the pandemic have therefore been accelerated with a view towards integration. The Computerized Registry of Admissions and Discharges (RADISH), a homegrown platform started in 2018 was quickly expanded to accommodate outpatient record-keeping. Its younger sibling, the Computerized Audited Records Retrieval and Online Tracking (CARROT) will bridge PGH’s extensive paper-based charts to the era of e-charting.

For clinical encounters, the Department of Medicine has resumed piloting the latest version of a UP-designed electronic health record (EHR) system and connected this with plans for telemedicine. Earlier versions of this EHR have served the Diliman UP Health Service since 2017. This EHR was originally designed in 2016 for networked outpatient care by Philippine Primary Care Studies (PPCS), a UP-, DOH-, and PhilHealth-funded research program. The UP Manila National Telehealth Center provided initial software programming. DBP-Data Center Inc. provides ongoing software development and technical support.

The Department of Family and Community Medicine has signified interest and will bring its expertise to outside rotations, local government partnerships, and networked tele-enabled health professional education and practice; and to include areas where PGH patients reside.

Public health crises often expose and exacerbate issues that have plagued health systems for decades. The COVID-19 crisis is no different. It has intensified, not eliminated, the need to pursue **UHC** through **networked health care**. In becoming a COVID-19 Referral Center, PGH moved to secure the so-called third line of defense. It now marches on to more advanced frontiers in order to protect the health of all its patients.

by Dr. Jose Rafael Marfori