Healthscape
SPECIAL COVID-19 ISSUE
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MULA KAY Tsanselor...

May mga limang buwan na ang nakakalipas mula ng maging COVID-19 Referral Hospital ang PGH. Maraming pinagdaanang hirap ngunit mas marami ang nakamtang tagumpay ng ating ospital. Ngayon, ibabahagi ng UPPGH COVID-19 Crisis Management Team na itinatag at namamahala sa pagpapatakbo ng ospital ang mga aral na natutunan upang maiwasan ang pagkalat ng COVID-19. Ibinabahagi ang mga ito, una, upang pasalamatan ang mga health care workers at mga sumusuporta sa ospital; pangalawa, upang maintindihan ang siyensya na batayan ng mga patakarang ipinapatupad sa ospital; pangatlo, upang bigyang diin ang mga tama at epektibong pamamaraan para maiwasan ang COVID-19; at panghuli, ulitin ang panawagan na upang talunin ang COVID-19, lahat ng sektor sa komunidad ay kailangang magkaisa.

Mayroon ding panawagan ang mga guro ng College of Public Health kung saan nakadetalye ang tatlong prinsipyong gagabay kung papano haharapin ang COVID-19. Kailangan ng *Collaboration*, *Consensus*, at *Capacity Building* ng pamahalaan, pribadong sektor, pang-akademyang sektor, at *development partners*.

Malapit na ang pasukan. Malaking hamon sa mga guro at mag-aaral ang *online learning*, isang malawakang pamamaraan para matuloy ang edukasyon sa gitna ng COVID-19 pandemic. Mapalad ang UP Manila sapagkat noong 2019 ay napag-aralan na ang pagkuha ng isa pang Learning Management System 'Canvas' para mapalawak ang *blended learning*, edukasyon na magkahalong traditional *face-to-face* at *online learning*. Matindi ang paghahandang ginagawa ng unibersidad upang maibahagi ang mataas na antas ng edukasyon na tatak UP.

Hindi man mawala ang COVID-19 bukas, makalawa; mas handa tayo dito sa UP Manila upang talunin ang kalaban. Mayroon tayong siyensya, sipag, tibay ng loob, pagkakaisa; at pinakamahalaga sa lahat, pananalig sa Maykapal na gumagabay sa atin. Lahat ng mga ito, magdadala sa atin sa *"better normal"*!

PGH Shares Lessons Learned to Prevent COVID-19 Transmission

This narrative is about the FIVE LESSONS we LEARNED to reduce the spread of COVID-19. The PGH community continues to weather the storm and come out better and stronger through the diligence, hard work, and dedication of our health care workers (HCWs) as well as the outpouring of support from the greater community around us in the form of donations, supplies, prayers, and assistance. This is our way of giving hope to the tired frontliners, policy makers, and the rest of our countrymen during this difficult pandemic.

NOTHING SHOULD BE LEFT TO CHANCE

LESSON 1: Our COVID-19 operations were based on science, implemented with calculated precision, and evaluated objectively.

With a Crisis Command Center orchestrating the movement of manpower, equipment, and processes to mobilize what needed to be done; we were able to create, innovate, and implement systems based on what was known *(science)*, what we think we know *(expertise)*, and what we felt was needed by our patients and our staff *(compassion)*.

After 8 weeks, to know whether HCWs were protected enough; a hospital-wide surveillance using nasopharyngeal swab RT-PCR was done:

1) The response was phenomenal! 4871 out of an estimated 5000 personnel (97.42%) signed up; and it took from June 1-23, 2020 to complete testing.

2) Key Result: Ninety-nine (99) out of 4871 tested positive or an overall positive rate of **only 2%**, which is comparable to COVID hospitals in other countries. Even the COVID Crisis Committee was pleasantly surprised!

3) But what was baffling was among the 1794 who were the most exposed and directly handled COVID patients, only 26 tested POSITIVE or **1.4%**!

4) Of 863 HCWs support staff (Dietary, Pharmacy, Janitorial, etc), only 27 tested POSITIVE or **3.12%**.

5) Of 893 HCWs who manned the non-COVID wards, only 16 were POSITIVE or **1.8%**!

6) Of 858 HCWs with no direct patient interaction, an unbelievably low number of 10 or **1.16%** were POSITIVE!

7) The Hospital Clinic remained open; and out of 439 consultations by HCWs, 21 or **4.7%** were confirmed positive.

8) Cancer Instikdtute (114 HCWs) and Department of Surgery (130 HCWs) had **extraordinary ZERO** infection rates!

Thus, we were able to affirm our COVID Operations!

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Recalibrating the COVID-19 Response Amid the MECQ

We, the faculty members of the University of the Philippines College of Public Health (UP CPH), the SEAMEO TROPMED Regional Centre for Public Health, are in solidarity with our frontline medical practitioners, a number of them our own students, alumni, and colleagues who have borne the brunt of the rise in COVID-19 cases, in their recent call for a "time-out." Our previous statement (June 24, 2020) emphasized the need to enhance public health, surveillance and response amid this pandemic situation through collaboration, consensus, and capacity building. Since the release of the said statement, and amid efforts to strengthen testing, treating, tracing and isolation/quarantine while in the general community quarantine, the reported number of new cases per day has increased from 538 in mid-June, to as high as 5,032 in early August. We view this as an indication of further need to enhance the country's strategies and approaches against COVID-19.

Now that the National Capital Region and nearby provinces have been placed under a modified enhanced community quarantine (MECQ), we consider this an opportune time to recalibrate the COVID-19 response in the country. We also support the MECQ as a means to slow the spread of the pandemic and stem the increased demand on our health system. Moving forward, we recognize that the COVID-19 response will require stronger collaboration, consensus and capacity building.

COLLABORATION is necessary in reviewing and evaluating policies and efforts that may have succeeded or not, and recalibrate these interventions as necessary. Importantly, there is a need to ensure the representation of key sectors that have the necessary expertise required to help address this major public health challenge.

CONSENSUS is necessary in ensuring that reliable data and evidence are processed and analyzed with scientific expert guidance, thereby providing support for policy decisions and coordinated action. This expert guidance is also crucial in developing appropriate and actionable key messages. Communicating these key messages effectively for the benefit of policy

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Getting Ready for Remote Learning

UPM Initiatives on Remote Learning

Amid the COVID-19 pandemic and other challenges confronting the academic community and the nation such as the passage of Anti-Terrorism Act and threats to press freedom, the *Lingkod-Bayan* of UP Manila particularly the faculty, have demonstrated resilience and commitment to serve the people by taking on various tasks and responsibilities in preparation for the opening of AY 2020-2021 under the "new normal." While learning and adjusting to different ways of meeting daily needs like doing work from home, communicating with others online, and assisting students in need; the faculty became students themselves in learning the fundamentals and skills in the shift to remote learning.

Canvas Learning System

With the acquisition of the Canvas Learning Management System (LMS) by UPM, a Project Management Team led by Dean Marilie Aguila of CAMP was immediately constituted by the Chancellor to develop a plan and strategy on how the new LMS will be rolled out to the faculty, students, and staff. The identification of Canvas Champions was likewise done at the level of the department/unit of every college. Simultaneously, the faculty of the different departments/ academic units embarked on the task of program and course redesign by reviewing and adjusting the curriculum of their various courses. Consistent with the OVPAA Memo Nos. 2020-68 and 2020-68A which provided the academic plans and guidelines in the preparations for remote learning in AY 2020-2021, course redesign entailed determining the sequencing of course offerings, i.e. what courses can be offered during the first semester via remote learning and those which can be postponed for the second semester; and decoupling of lecture and laboratory courses, or offering the lecture in the first semester and the laboratory in the second semester with students receiving a "Deferred" grade in the first semester.

The course redesign also entailed deciding on the mode of delivery of courses, i.e. remote, face-to-face, blended, etc., and identifying the staff requirements in teaching the courses particularly the hiring of Teaching Assistants/Teaching Fellows, if necessary.

To familiarize the faculty on the basic features of the Canvas platform, four 3-hour sessions each of the Fundamentals Training Course were conducted in June and participated in by 734 faculty. Follow-up sessions were held to assist the faculty on their assignments and provide further guidance, this time with the Canvas Champions of the department playing an important role.

Remote Learning Basic Principles

To assist the faculty in redesigning courses, *Course Redesign 101* was

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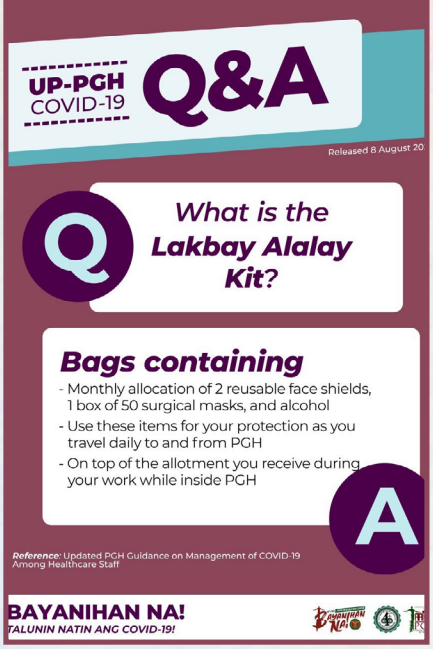
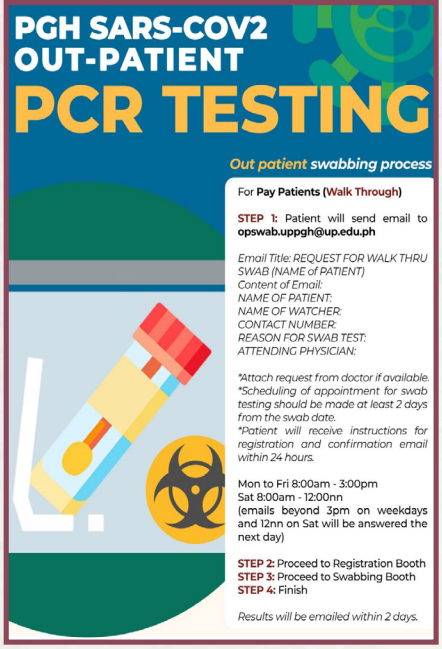
RECALIBRATING COVID RESPONSE... makers, practitioners and the general public will hopefully help in building public trust and inspiring unity.

CAPACITY BUILDING is necessary in ensuring that control and prevention efforts against COVID-19 are in place in communities, workplaces, and schools. Empowering local government units in all levels, especially in their frontline roles, will be key to strengthening surveillance and response as part of overall public health efforts. Enhancement of knowledge and skills of frontline public health workers in the communities may be directed towards intensifying contact tracing, isolation/quarantine, as well as managing complex situations such as those of locally stranded individuals, confirming cases through polymerase chain reaction (RT-PCR) testing, carrying out other equally important public health programs and the roll-out of Universal Health Care, and implementing risk communication strategies, among others.

We in the UP CPH continue to commit to supporting capacity development so that the government, private sector, development partners, and other stakeholders will be able to carry out these recommendations and work towards a recalibrated, coordinated, unified, and stronger approach against COVID-19.

Kayang-kaya natin ito kung tayo ay sama-sama at tulong-tulong sa paglaban sa pagsubok na ito!





GETTING READY FOR REMOTE... developed and made available by the OVPAA Committee on Remote Learning. *Course Redesign 101*, which can be accessed through the UPM VLE account of the faculty, discusses remote learning and its basic concepts and principles. The course presents the 6 steps in course redesign which include: 1) know the learners and the learning context, 2) organize the course content, 3) select and curate learning resources, 4) design learning activities, 5) determine ways of assessing students, and 6) write the course guide (course syllabus). These components are in the course packs that will be uploaded in the respective LMS account of the faculty and/or sent to students with problematic internet connectivity in print or USB.

Faculty and Student Dialogues

Still part of the preparations for the opening of classes, UPM faculty participated in the webinar-workshop organized by the OVPAA on *Taking Stock and Gearing UP for AY 2020-2021* last June with the Vice President for Academic Affairs, Dr. Cynthia B. Bautista, serving as resource speaker. UPM faculty and student dialogues were also held on June 25 and June 30, respectively. Sponsored by the OVPAA, in coordination with the UPM representatives to the Committee on Remote Learning and the OSA, the two online activities presented to the two major stakeholders the academic plans for AY 2020-2021. The dialogues also provided an opportunity for the faculty and students to raise questions, clarify plans of the administration for AY 2020-2021, and share their views.

Among the issues raised during the dialogues were plans for those without or with problematic internet access, ensuring security and confidentiality and avoiding cheating during online written and oral examinations, changes in the up or out and tenure or out policies and deadlines for faculty, mechanism of delivery and who will shoulder expenses for the course packs to students, ensuring that engineering and administrative controls are in place and adequate before clinics are opened, and whether UP Manila will pay for the additional PPE needed if laboratory classes/clinics push through.

Capacity Enhancement Projects

The faculty and students of the colleges formulated and carried out their capacity-enhancement projects and activities as preparations for the opening of classes this first semester, a major aspect of which was the redesign of courses and active participation in the Canvas training.

Confronted by a world characterized as volatile, uncertain, complex, and ambiguous or VUCA for short (a term coined by students of the U.S. Army War College after the Second World War); university constituents, while upholding the principles of honor, excellence, and service are expected to strengthen their resilience, openness to change, and creativity. The numerous challenges aggravated by the onslaught of the COVID-19 pandemic on lives, communities, institutions, and societies dictate that the University, particularly the faculty, remain steadfast in their roles as facilitators of learning, producers of knowledge, and catalysts of social change.

NYMIA PIMENTEL-SIMBULAN

PGH LESSONS LEARNED FROM PAGE 1...

THESE ARE OUR BEST PRACTICES:

- CRISIS COMMAND CENTER IN THE HEART OF COVID OPERATIONS
- UNIFIED CALL CENTER FOR PATIENT QUERIES and DONATIONS
- COHORT SET-UP OF COVID CONFIRMED PATIENTS
- ZONING OF ENTIRE HOSPITAL: Green, Orange, Red
- CONTROLLED VENTILATION SYSTEM
- FIVE RISK-BASED LEVELS OF PERSONAL PROTECTIVE EQUIPMENT (PPE)
  - ✓ SPECIAL ARRANGEMENT TO ENSURE PPEs FOR ALL STAFF from LEVEL 1 to 4
  - ✓ MANDATORY USE of LEVELS 1, 2, and eventually 2.5 EVEN IN NON COVID AREAS. This is critical. *(See a more lengthy discussion in UP Manila website)*
  - ✓ FIT TESTING OF N95 AND KN95 MASKS
  - ✓ UNIFIED DONNING and DOFFING AREAS WITH SAFETY OFFICERS
- ON-SITE ACCESS TO RT-PCR TESTING with 24hour TURN AROUND TIME
- WORKPLACE UNIVERSITY CLINIC FOR HCW CONSULTATIONS and TESTING
- TIMELY PRODUCTION AND DISSEMINATION OF INFORMATION EDUCATION AND COMMUNICATION (IEC)MATERIALS
- HOUSING and TRANSPORT ARRANGED FOR FRONTLINERS and other staff
- AIR PURIFYING EQUIPMENT, UV LIGHT, and AUTOMATED HAND HYGIENE DISPENSERS INSTALLED in ENTIRE HOSPITAL

THE PCR TEST IS ONLY A POINT-IN-TIME TEST

LESSON 2: The assurance that PCR test provides is brief and lasts only up to the point when one is tested. COVID-19 is so efficiently contagious that the only true guarantee that any institution is safe is when the entire community works together to get infection rates as low as possible. We in PGH and everybody else need to move as ONE with the rest of society.

The surveillance was a feel-good evaluation activity!

After months of staying in quarantine, our HCWs started to go home. We should have explained to our staff that a negative test means negative only at the time of testing. There is no guarantee it will remain negative the following day or days. Vigilance must continue. Precautions and all the difficult rules need to stay in place.

The infectiousness of the virus was indeed very high and more of our HCWs got infected inside and outside the hospital. As the COVID patients in the community ballooned, our hospital rates reached alarming levels; and more HCWs who were never exposed to COVID areas were the ones getting infected.

PGH is not an island. We know our COVID Crisis Response System works, but our hospital system is not isolated from the rest of the community. Our efforts need to extend beyond our hospital systems and we must work with the community. Our messages should be the same, our strategies supplement each other, and our targets identical— all towards reducing COVID transmission and protecting all.

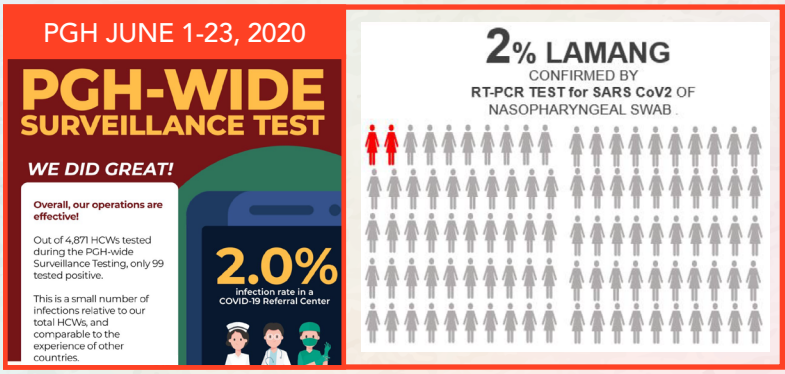
SHUN RAPID ANTIBODY TESTS (RATs) AND ROUTINE MASS TESTING

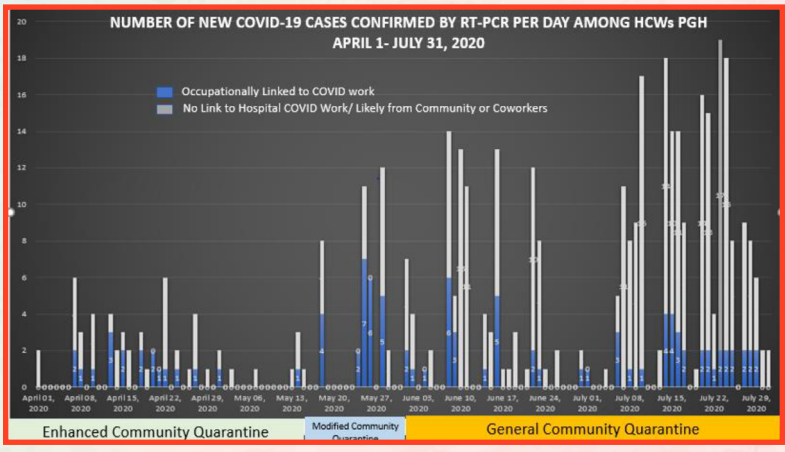
LESSON 3: RATs and the routine mass testing of HCWs were attractive ideas which we did not find helpful and have been removed from our routine COVID Operations.

1) RATs cannot be used to screen for or detect active infectious COVID-19.

During the June surveillance activity, we used the donated RATs (7 different brands) and the results of 3033 RATs with concurrent RT PCR tests showed:

- In this PGH series, the sensitivity of RAT is only 20%
- Among 60 who tested positive by swab test, only 12 were detected by RAT (20%); which means, if we rely only on RAT, we would have missed 48 out of 60 (80%) or 4 out of every 5 positive COVID cases!
- **Sensitivity of 20% for PGH is TOO LOW** to be of any value. The 80% potentially missed cases is DANGEROUSLY VERY HIGH to even consider RAT as a screening tool.
- Let us STOP USING RATs as SCREENING TOOLS TO FIND COVID-19.
- Let us STOP USING RATs TO DIAGNOSE whether a person may have active infectious COVID or no COVID.
- We ask LGUs and workplaces NOT TO USE RAT to clear workers to work or not to work.





2) Routine Mass Testing of the 5000 HCW of PGH every two weeks is NOT FEASIBLE. It took us over 4 weeks to complete the testing in the first cycle!

Given the cost (test kits were donated but would have cost P18,509,800), operational, and logistical limitations of testing HCW every few weeks; mass testing of all HCWs is not sustainable in our institution at this time. These huge resources can be channeled to proven and cost-efficient preventive measures instead.

We recommend low-threshold targeted testing:

> Maintain a well-fueled, adequately staffed Hospital Clinic; supported by up-to-date digital technology and applications to be the hub of year-round consultations and testing related to COVID among HCWs.

> Instill INITIATIVE (or "kusang-loob") among the staff to go and get tested if they start to feel sick. Strengthen the use of the symptom checklist.

> We have a lower threshold for testing as well as prioritized testing for any HCW with any symptom in our COVID checklist, with high-risk exposure, and who is unduly concerned for one's status (e.g., after weeks of working in the COVID ICU).

> SIMPLIFY the testing process and shorten turn-around time to get results in 24 hours (or even 3 hours in emergency cases).

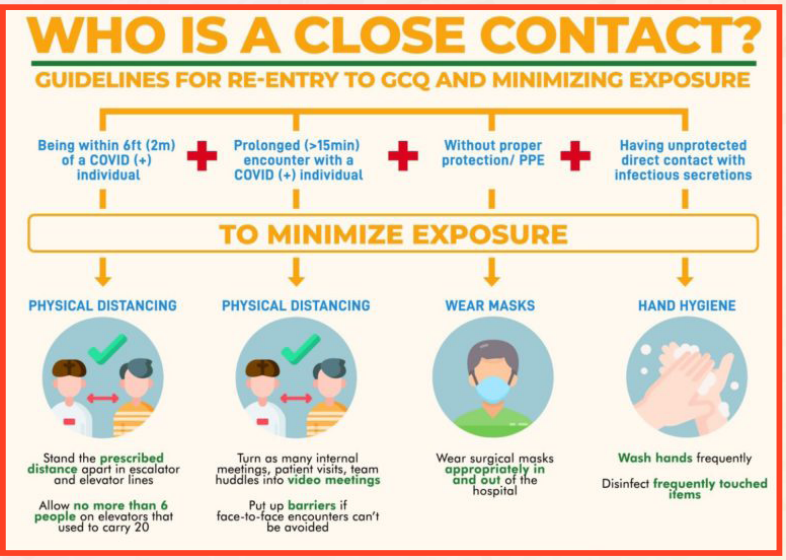
> The processes of the UPHS and the PGH Molecular Laboratory have evolved immensely and both are now among our best practices!

> Make the testing procedure also an OPPORTUNITY FOR COUNSELLING and EDUCATION.

CONTACT TRACING IS VERY IMPORTANT

LESSON 4: Contact tracing is also time-sensitive; thus, every COVID suspect and confirmed case demands that contact tracing be initiated at once!

Contact tracing loses its impact if initiated even one day later after the case is identified. Quarantine must start upon identification of a high-risk exposure. Waiting for the COVID test result is too late, as many persons may have already been exposed.



SOME KEY POINTS IN CONTACT TRACING WHICH NEED TO BE CASCADED TO OUR COMMUNITIES:

- For COVID-19, the window of BEST OPPORTUNITY to intervene and make a difference is VERY NARROW! The time ONE IS EXPOSED TO THE TIME ONE STARTS BECOMING SYMPTOMATIC occurs mostly from days 1 to 7 and up to 14 days. This is called incubation period and this is the reason behind the 14-day quarantine period.
- To cut the transmission, persons with High Risk Exposure need to be identified, alerted, and voluntarily go for strict isolation as soon as with symptoms.
- COVID-19 patients are most infectious from one day before and up to three days from the start of symptoms.
- The only way our number of infections will go down is to do:
  - Immediate quarantine as soon as exposed;
  - Immediate test and isolate once with symptoms.
- All of society MUST know that when they get High Risk Exposures they need to start quarantine, not a few days later, but right away!
- Just like our staff in PGH who needs to be constantly reminded of the symptoms, the general public needs to be constantly reminded also especially by their local officials.

Contact Tracing Definitions

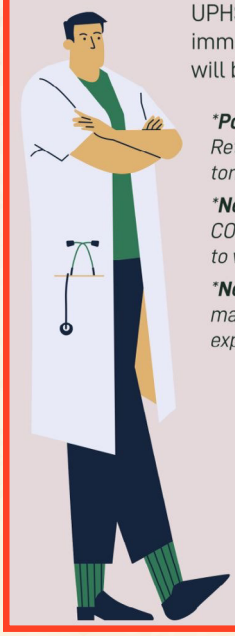
based on the PGH Memorandum No.2020-126 dated August 7, 2020

LOW RISK EXPOSURE

No need for quarantine. Return to usual work. Self monitor 2x a day for 14 days. If symptoms develop, test and quarantine.

HIGH RISK EXPOSURE

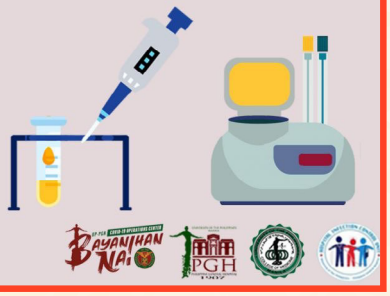
Pull out of work immediately. Quarantine for 14 days. The SO will monitor symptoms 2x a day. HICU to submit names of high risk individuals to UPHS. If symptoms develop, HCW must be tested immediately. If HCW remains asymptomatic, test will be done on Day 5.



**__Positive__ result- labeled as COVID-19 confirmed. Return to work after 14 days isolation from symptoms/or test.*

**__Negative__ result, __symptomatic__ HCW- labeled as COVID-19 probable and managed accordigly. Return to work after 14 days from onset of symptoms.*

**__Negative__ result, __asymptomatic__ HCW until day 10- may return to work after 11th day from last high risk exposure.*



HCWs ARE OUR MOST VALUABLE RESOURCE

LESSON 5: We MUST listen to what they are really saying, what they are not saying, and what they are trying to say.

With this COVID pandemic, the HCWs who care for the COVID patients, in effect are also safeguarding the rest of the population from becoming infected.

The Crisis Command team recognizes the PGH HCWs and is grateful for their resilience and cooperation. The many stories of heroism and kindness as well as expressions of despair, fatigue, and frustration are heard and extensively discussed in meetings and form the bases for improvements.

Here are the continuing efforts of PGH to make it better for our HCWs:

a. KNOWLEDGE FACTOR: Below are examples of lingering misconceptions of our own staff:

"Akala ko ay normal lang ang may lagnat at nanginginig."	HINDI TAMA
"Hindi naman ako siguro nakakahawa kaya pumasok ako."	HINDI TAMA
"Uminom na ako ng Biogesic kaya hindi na ako nakakahawa."	HINDI TAMA
"Akala ko ay trangkaso lang ito"	HINDI TAMA
"Kailangan ko pong pumasok dahil wala nang ibang pwedeng gumawa ng ginagawa ko, kaya nandito ako kahit ako ay maysakit."	HINDI TAMA
"Hindi ko po alam na sintomas pala ng COVID ang lagnat at ubo."	HINDI TAMA *Dapat ay alam na alam na natin ito*

- Not all HCWs have the same level of COVID-related knowledge. To succeed, all levels of hospital HCWs must be reached by a continuing information campaign.
- We should tirelessly correct misinformation.
- As of July 31,2020, over 700 creative IEC materials under the "Bayanihan Na!" have been produced by our IEC COVID Committee.
- We have reached out to our staff via: personal phone interviews and counselling, videos shown in PGH TVs, infographics printed in tarpaulins, Viber, FB, Twitter, Telegram, YouTube, website, personal emails, and COVIDiyalogo by FB Live.

b. ACCESS FACTORS: In crisis situations, enablers may spell the difference between success and failure. HCWs are innately "passionate" and committed. Their seeming difficulty to comply with or fully support a new or changing process may be due to their inability to access certain needs. They are telling us, "please make it feasible for us so we can support PGH".

- The *Lakbay Alalay* is to supplement basic supplies of protective gear for use inside as well as while travelling to and from PGH.
- Help with accommodation as well as transportation during the periods of quarantine are enablers to make it feasible for the HCWs to come to work.

c. ECONOMIC FACTORS: The difficulty in asking staff to stay home even if they are sick may be due to the loss of income because of the 'no work, no pay' policy. Our HCWs' complaints of unfair compensation, salary adjustments, and unpaid hazard pay are all justified and need urgent answers. Administration should reassure staff that these are being addressed.

d. FEAR FACTOR: The constant fear and anxiety which the pandemic imposes on all bring about new dimensions of coping. Furthermore, there are now the PPE fatigue, the Quarantine fatigue, and the Caution fatigue; these are forms of mental and physical fatigue from the prolonged restrictions, repeated reminders, coupled with the sense of "no clear light at the end of this very long tunnel". The processes in the "new normal" should address these developing needs and find ways to best respond to them.

Conclusion: The COVID-19 pandemic is here to stay for a few more months. Let us gather our best practices and continue to learn from each other. We are one with the World Health Organization when it states that what we need to get through this pandemic are: *SCIENCE, SOLUTIONS,* **and** *SOLIDARITY.* **Most of all, there is one thing we learned from the hard work of the PGH community and from the support of the greater community around us: there is HOPE. We can do this! We are one with the rest of the Filipino people as we call out as ONE VOICE: Together, we shall fight this fight. Together, we will HEAL as one if we WORK as one! Together, our mantra should be: I am only okay if everybody else is okay!**

(Regina Berba, Eric Berberabe, Bill Veloso, Rodney Dofitas, Lilibeth Genuino, and Gap Legaspi for UP PGH Crisis Management Team)

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