

## Transforming health care services

Leopoldo J Vega<sup>1</sup>

Entering Southern Philippines Medical Center (SPMC), which was then named the Davao Medical Center (DMC), as its new chief-of-hospital in 2008 was decidedly a challenge for me. One thing was clear, though. The hospital was ready for change. I am going to discuss how the transformation from Davao Medical Center to the Southern Philippines Medical Center that you are seeing today (Figure 1) unfolded in a span of 7 years.

I have always believed that the transformation was made possible because, when we started, I asked everyone to begin with the end in mind. I am grateful that, with the combined support of my executive committee members and the entire SPMC family, we were able to craft a shared vision. We all

wanted for this hospital to become a “world-class, service-oriented medical center.”

But reaching this end is a daunting mission, one that requires thorough planning and continuous hard work. We are aware that this endeavor is not something that can be accomplished instantly. We began with a relative disadvantage. Compared to Luzon and Visayas, Mindanao has fewer excellent roads and means of efficient transportation. We were lagging in terms of infrastructure and technology that would help us deliver certain specialized care. We could barely compete with private

hospitals in terms of availability of medical care supplies.

Given that Southern Philippines Medical Center is a government hospital, the crucial challenge has been to ensure that our services are equitable and accessible to all. We should be able to provide quality services to all who need them, whatever their socioeconomic backgrounds. This was where the passion to transform was coming from. In order to work towards our vision, we focused on four pillars of transformation, namely, health care facility improvement, adequate and competent human resources, sound information technology and sustainable finance mechanisms.

### Health care facility improvement

One of the common causes for complaints from our patients when I started was the unavailability of newer

<sup>1</sup>Office of the Medical Center Chief, Southern Philippines Medical Center, JP Laurel Ave, Davao City, Philippines

### Correspondence

Leopoldo J Vega  
coh.spmc@gmail.com

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Figure 1 Southern Philippines Medical Center inpatient complex facade before (A) and after 2009 (B).



**Figure 2** Southern Philippines Medical Center Emergency Room facade before (A) and after 2014 (B).

diagnostic and therapeutic technologies. Our goal then was to be able to provide accessible, affordable and state-of-the-art health care facilities that would meet, or even surpass, our patients' needs.

We focused our efforts to slowly achieve this goal. We started with the improvement of our existing specialty services, including equipping the SPMC Heart Institute with a 128-slice CT scan, an advanced cardiac catheterization laboratory, and a fully equipped operating room to help our surgeons perform specialized surgeries like valve replacements, angioplasties, stenting, bypass, and repairs of congenital heart deformities.

We then improved of our dialysis facilities to accommodate the ever increasing number of patients in the Renal Dialysis Unit. From 35 dialysis machines in 2008, we now have 60. To provide better inpatient facilities, we have expanded our wards by adding the PHIC Annex, which accommodates patients from the ENT, Obstetrics, Internal Medicine, and Pediatrics departments. We also improved the Pay Ward to cater to the growing demands of paying patients who entrust their health care to a government facility.

We also did a major remodeling of the Emergency Room (Figure 2), as this is one of the windows by which patients get a glimpse of our services. The facility, now named the Emergency Room and Trauma Complex, boasts of a well-appointed minor operating room, its own emergency laboratory and radiology facility, and a pediatric and adult intensive care unit for patients waiting for intensive care unit admissions in the main department complexes.

We have also improved our operating room complex with the introduction of our minimally invasive surgery unit, which is at par with national standards. Recently, we are also able to do extracorporeal shock wave lithotripsy after we received a lithotripsy machine from the Department of Health.

Before our centennial in 2017, we are expecting the completion of the centralized intensive care unit building, maternal and child health building, isolation ward for emerging infectious diseases, and oncology center. Beyond this, we continue to maintain, improve, and add on to our existing health care facilities to address the changing health care needs of those who come to us.

#### Adequate and competent human resources

Since healthcare is primarily anchored on human-to-human interaction, facility improvement will be for naught if this is not coupled with an adequate staffing complement. The lack of personnel was SPMC's critical weak spot even before my succession as chief-of-hospital. We had to come up with a substantial 5-year staffing pattern quota. In 2010, we only had 702 employees with regular position items and 603 employees with contractual position items. We still had to wait for the approval and implementation of the standard staffing pattern for our 1200-bed capacity hospital. In the interim, we needed to open a good number of job order contracts to augment the staff of several short-handed departments. This was necessary for the improvement of our services.

We had a breakthrough in 2014 when the government, through the Department of Health and the Department of

Budget and Management, increased our regular position items from 702 to 959. This is only half of what we need for a 1,200-bed facility, but the increase of over 200 staff was a welcome relief. Our contractual workers still number around 1,178, but they help fill in the gaps in staffing and contribute in making our services better. The ease in workload afforded by the improvement in staff-to-patient ratio boosted the morale of our staff and helped them to continue working towards our vision.

We go on with our efforts to reach the ideal staffing complement for a 1,200-bed hospital in the years to come. We also continue to expect the best from our staff by providing venues for training and development, and by implementing sound evaluation systems, such as the strategic performance management system model espoused by the Civil Service Commission.

#### Sound information technology

Linking systems and services is also vital to work efficiency. We can never underestimate the power of comprehensive information technology in synchronizing systems and processes in this institution. We used to have a software system called HOMIS, which functions as a one-size-fits-all database program. Yet we learned later on that this unilateral setup is inapplicable to a vast and highly diverse array of processes in a complex institution such as ours.

We really needed to customize our information technology to fit our unique needs, and we had to look for outsourced providers to work along with our in-house staff to improve our network and database. We presently

have a working medical records system, a laboratory information system and a digital imaging system. Our current information technology has also greatly improved our internal security. We now have an efficient CCTV system, and our surveillance capability can be used as a benchmark for other similar facilities.

Looking ahead, we are now working on implementing Android-based applications that will enable us to use our own mobile devices to connect with our institution's information hub. The current progress in our information technology is paving the way for our dream of reaching far-flung health centers and giving them assistance through telemedicine to finally come true in the near future.

### Sustainable finance mechanisms

As you can see, all of the transformations mentioned above would not have been possible without proper financing. Government budget, through the General Appropriations Act, has helped support our operations, but this has not been enough to sustain our growing financial needs. We had to think of ways to generate income. A considerable portion of our income comes from PhilHealth reimbursements. From year 2010 to 2014, our gross income has swelled from PHP 626 million to PHP 1.39 billion. In the same four-year bracket, our PhilHealth revenue soared from PHP 278 million to PHP 714 million.

The means by which we achieved

this included assigning dedicated staff to focus on improving revenue collection from PhilHealth. We also formed teams to focus on the Z Benefit Packages of PhilHealth. We were also one of the first institutions in the country to implement the Point of Care Enrolment Scheme of PhilHealth, which enrolls patients without health insurance to PhilHealth upon hospital admission and, hence, allows the hospital to claim reimbursements from PhilHealth.

We have also embarked on different schemes to procure diagnostic and therapeutic equipment, including installment payment schemes, as well as lease-to-own projects that do not require huge capital outlay.

Another boost to our funds come from the support of various partners and donors, from both government and non-government sectors, who give funds directly to patients, donate various equipment and supplies, or – like the city government of Davao – help to augment our human resources. This happened because, by working to improve our institution in terms of the pillars of transformation that I mentioned, we have gained the trust of our partners and donors.

A sound and well-planned financing system, and strong partnerships with stakeholders continue to be effective schemes that lead to sustainable programs.

### Continuing transformation

Transformation may not be easy, but it is

possible. We have upgraded our infrastructures and acquired high-standard equipment. We have bolstered our human resources for health. We have enhanced our financial machinery. And we have paved the way for the age of telemedicine through our updated information technology. Because of our shared vision, we managed to pull off great improvements in the health care services that we deliver. Despite how far we have come, we have only just begun. Change is one thing that is constant, and we at SPMC shall continue to transform in ways that will benefit the people we serve.

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