

FOURTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session)

9 MAR 19 72:19

SENATE

S. No. **3135**

RECEIVED



Introduced by Senator **FRANCIS G. ESCUDERO**

EXPLANATORY NOTE

This bill seeks to change the name of the Davao Medical Center in J.P. Laurel Avenue in Davao City to the Southern Philippines Medical Center, increase its authorized bed capacity from six hundred (600) to one thousand two hundred (1200) beds and upgrade its service-facilities and professional health care and for other related purposes.

Rationale for the Change of Name

Judging by its name, the Davao Medical Center may be perceived as a hospital in the South, which caters only to the needs of "Davaoños". But the name does not speak for itself. Section 4 of Republic Act No. 1859 provides:

"Once this Center is in full operation, all patients requiring hospitalization and other special medical services in the Mindanao and Sulu areas and who cannot be given such services in their local hospitals shall be referred to the Davao Regional Medical and Training Center."

Thus, the Davao Medical Center, which is based in Davao City, does not only service the needs of the people of the Davao Provinces and Cities but also of all the people of Mindanao and Sulu. In fact, hospital statistics would show that approximately twenty-one to twenty-two percent (21-22%) of the patients admitted or treated in the Davao Medical Center come from the provinces outside of Davao City and some came from as far as Maguindanao, Cotabato, Surigao, Cagayan, Lanao and Misamis.

The Department of Health has declared the Davao Medical Center as the flagship or lead government hospital for the entire Mindanao area, and as such, the DMC has assumed the leadership in the service, training and research roles of government hospitals.

Additionally as a "Training and Teaching Hospital" and as an accredited tertiary medical center, the Davao Medical Center has assumed the lead role in undertaking continuing professional education programs for physicians and allied medical staff in Mindanao and in providing the highest quality of specialized hospital services to the residents of Mindanao and Sulu.

Moreover, with the significant role it is playing in the attainment of health programs in Mindanao, and the expertise its medical staff has acquired through years of constant training, the Davao Medical Center has virtually become the primary "Referral Center" of other hospitals in Mindanao both public and private.

In order, therefore, to erase the typical impression that the Davao Medical Center is only for the people of the Davao provinces, there is cogent reason to change its name to the Southern Philippines Medical Center.

The advent of the Brunei-Indonesia-Malaysia-Philippines East Asean Growth Area (BIMP-EAGA) regional economic initiative is another reason, which justifies the change of the name of the Davao Medical Center to the Southern Philippines Medical Center. In this initiative, it is envisioned that medical technology and information are shared or transferred with relative ease among the participating countries with the end in view of upgrading and improving their respective medical and health care service delivery.

Considering that the Davao Medical Center is the biggest tertiary hospital in Southern Philippines and is located in Davao City where the International Airport in the South that connects to the other participating cities or regions of the EAGA polygon is situated, it is highly desirable that it banners Southern Philippines in its name, and be designated as the lead hospital in Mindanao in all medical or health related endeavors or undertakings of the BIMP-EAGA.

Rationale for Increase in Authorized Bed Capacity and Medical Personnel and for Upgrading of Service Facilities

At the present time, the Davao Medical Center has two main components: a 400-bed General Hospital in Bajada and a 200-bed Mental Hospital in the downtown area, both in Davao City (RA 7210, March 6, 1992).

The Davao Medical Center's authorized bed capacity for its general hospital is extremely inadequate to accommodate the ever-increasing number of patients coming to the hospital daily. Records show that on the combined average the Davao Medical Center attends to 1,088 in-patients and 1,400 out-patients daily. With this number of patients in mind, it is not difficult to imagine that a considerable number of patients is not accommodated at once and many have to wait for their turn due to lack of available space in the hospital.

There are a lot of reasons given why patients always swamp the Davao Medical Center, the number of whom far exceeds the hospital's bed limitation.

Firstly, critically-ill patients from far-flung areas, knowing fully well that their community or district hospitals are handicapped by age and isolation of physicians and are suffering from lack of dependable gadgetry for diagnosis and treatment, would normally prefer confinement in the Davao Medical Center to enjoy the safety and comfort that the said hospital can offer. The accessibility of the Davao Medical Center due to massive improvement of road networks connecting Davao City to any point in Mindanao is also another reason.

Secondly, as the flagship of the Department of Health in Mindanao, DMC has developed several specialty centers designed for Mindanao clients.

- a) One is the Mindanao Burn Center, a special facility within the Davao Medical Center. Since its inception in the late 80's, the Mindanao Burn Center has been catering to burn patients throughout Mindanao. There is no other existing operational burn unit dedicated to treat such focused emergent care. Hence, most cases referred to the unit are not only acute burn cases but also those patients with neglected burn wounds and those disfigured patients who need burn wound reconstruction. Currently, however, the unit needs to expand its services through training and public health education on the treatment and prevention for burn injuries.
- b) Another unit is the Mindanao Heart, Lung and Kidney Center which shall caters to special and difficult cases affecting the heart, lungs and kidneys that will require specialized and critical care so that such patients will no longer have to be referred to Manila.
- c) Also, very recently DMC has been declared by the DOH as the Sub-National SARS Referral Center for Mindanao and will cater to highly communicable diseases in this part of the country.
- d) There are many other specialty centers to be developed as part of the developmental programs for DMC like the Oncology Center, Orthopedic Center, Eye Center, Hematology Center, etc.

Thirdly, the rapid growth of Davao City in recent years resulting from industrialization, the hefty increase of its population and the continuing exodus of people from the provinces to the city are also some of the reasons advanced which give rise to a lot of diseases or medical problems closely associated with urbanization and industrialization, and which, naturally cause the continuing increase in the number of patients needing medical treatment in Davao Medical Center.

Lastly, despite its 600-hospital bed component, the Davao Medical Center remains inadequate to fully serve the public, particularly the poor. In the last three years, the bed capacity of the main hospital has averaged more than 129.79 per cent. The DMC's main hospital, on the other hand, has now reached an alarmingly high hospital occupancy rate of 184 per cent or more. The growing future demand is expected to further strain the hospital and would probably result in the non-accommodation of more patients, both in-patient and out-patient.

Because of the continuing increase of the number of patients they need to attend to daily, while their number virtually remain constant, the present medical staff has been repeatedly complaining about overstretched working environment, incommensurate compensation, and more overtime work with no overtime pay. Recently, the resident doctors at the DMC have launched a non-violent protest (by wearing black armbands) to express their dissatisfaction or objection over the working conditions at the DMC.

Apparently because of the overstretched working conditions at the DMC, the number of doctors enrolled in the DMC's residency program has significantly

declined over the years. If nothing is done to immediately arrest this problem, it is not remote that within the period of five (5) years, the residency program of the DMC would be phased out for lack of enrollees. If this happens, the hospital service would be adversely affected to the detriment of the people of Southern Philippines.

Necessarily, the working force of the hospital will have to be increased in all levels. It is estimated that by the time the bed capacity reaches to one thousand (1000), the hospital personnel must be twice that number, in order to ensure an efficient and effective organization.

Viewed against the above-stated situation obtaining in Davao City, and given its limited bed capacity and resources, the Davao Medical Center finds it extremely difficult to achieve the high standard of service and efficiency of administration as expected of it as the lead and premiere hospital in Mindanao.

Therefore, it behooves upon the Senate to respond and legislate the increase of the authorized bed capacity of the Davao Medical Center from the existing six hundred (600) to one thousand two hundred (1200) beds, broken down as follows: nine hundred (900) beds for the main hospital, and three hundred (300) beds for the annexed Davao Mental Hospital. Consequently, its existing service facilities and professional health care services also need to be upgraded to conform with and be commensurate to its increased bed capacity. The number of personnel need to be increased as well to address the growing restlessness among the existing medical personnel.

The role that the Davao Medical Center or the Southern Philippines Medical Center is envisioned to play in the EAGA region and its status as the primary Referral Hospital in Mindanao are added reasons which necessitate the upgrading of its existing service facilities making them comparable to, if not better than those of its counterparts in the EAGA region.

All told, early approval of this measure is earnestly recommended.



FRANCIS G. ESCUDERO

SOUTHERN PHILIPPINES MEDICAL CENTERPROPOSED BED ALLOCATIONS BY DEPARTMENT

					(Existing)	(Proposed)
1) SURGERY	-	-	-	-	(75)	165
		(Existing)	(Proposed)			
General Surgery	-	(50)	75			
Urology	-	(10)	30			
Neurosurgery	-	(15)	40			
Burn Center	-	<u>(0)</u>	<u>20</u>			
		(75)	165			
2) OBSTETRICS-GYNECOLOGY	-	-	-		(80)	120
Obstetrics	-	(60)	150			
Gynecology	-	<u>(20)</u>	<u>80</u>			
		(80)	230			
3) PEDIATRICS	-	-	-		(80)	140
4) ORTHOPEDICS	-	-	-		(55)	70
5) MEDICINE	-	-	-		(78)	140
6) HEART, LUNG & KIDNEY CENTER	-	-	-		(0)	60
7) COMMUNICABLE DISEASES CENTER	-	-	-		(0)	50
8) ENT-HNS	-	-	-		(10)	10
9) OPHTHALMOLOGY	-	-	-		(10)	10
10) FAMILY MEDICINE	-	-	-		(10)	15
11) DERMATOLOGY	-	-	-		<u>(2)</u>	<u>2</u>
		SUB-TOTAL (DMC MAIN)			(400)	900 BEDS
12) DAVAO MENTAL HOSPITAL (PSYCHIATRY)					<u>(200)</u>	<u>300 BEDS</u>
		GRAND TOTAL				1,200 BEDS

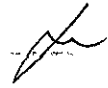
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OFFICE OF THE SECRETARY

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Introduced by Senator FRANCIS G. ESCUDERO

AN ACT
CHANGING THE NAME OF THE DAVAO MEDICAL CENTER IN DAVAO CITY TO THE SOUTHERN PHILIPPINES MEDICAL CENTER, INCREASING ITS BED CAPACITY FROM SIX HUNDRED (600) TO ONE THOUSAND TWO HUNDRED (1200), UPGRADING ITS SERVICE FACILITIES AND PROFESSIONAL HEALTH CARE, AUTHORIZING THE INCREASE OF ITS MEDICAL PERSONNEL, AND APPROPRIATING FUNDS THEREFOR.

Be it enacted by the Senate and the House of Representatives of the Republic of the Philippines in Congress assembled:

- 1 SECTION 1. The name of the Davao Medical in Davao City is hereby
2 changed to the **SOUTHERN PHILIPPINES MEDICAL**
3 **CENTER.**
- 4 SECTION 2. The authorized bed capacity of the Southern Philippines
5 Medical Center is hereby increased from six hundred (600) to
6 one thousand two hundred (1200) beds.
- 7 SECTION 3. The existing service facilities and professional health care
8 services of the Southern Philippines Medical Center are hereby
9 upgraded to conform with and be commensurate to the bed
10 capacity increase as provided for in SECTION 2 hereof.
- 11 SECTION 4. The existing workforce shall also be correspondingly increased
12 to thrice the present number. The Department of Health, in
13 coordination with the Department of Budget and Management

1 and Civil Service Commission, shall determine the additional
2 plantilla positions to be created and filled up upon prior
3 consultation with the Davao Medical Center.

4 SECTION 5. The amount necessary to carry out the provisions of this Act
5 shall be included in the General Appropriations Act of the year
6 following its enactment into law and thereafter.

7 SECTION 6. This Act shall take effect after its complete publication in the
8 Official Gazette or in any two (2) newspapers of general
9 circulation.

Approved,