NATIONAL KIDNEY AND TRANSPLANT INSTITUTE



ANNUAL REPORT 08

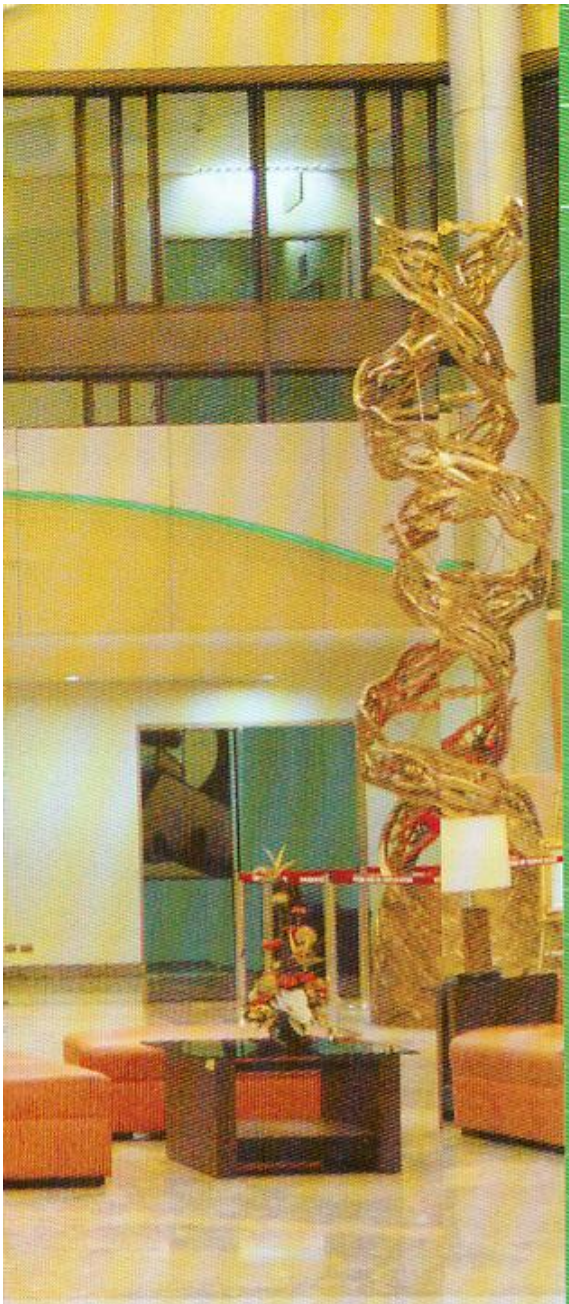
Celebrating 25 Years of Excellence in Healthcare

TÜV SÜD



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Message from the President



Warmest Greetings to the National Kidney and Transplant Institute (NKTI) as you publish your 2008 Annual Report in commemoration of your 25th Anniversary.

As a government-owned and controlled tertiary specialty center attached to the Department of Health, I laud you for continuing to provide exceptional healthcare in the prevention, diagnosis, rehabilitation and treatment of kidney disorders and allied diseases. Truly, you have led the way among our hospitals in the service, training and research in the field of renal diseases and organ transplantation.

With your state-of-the-art equipment and medical facilities and more than 300 medical specialists and 1,000 support staff, I am confident that you can continue to provide quality healthcare to our people, especially in complicated cases in surgery, urology, nephrology and other fields of medicine.

As the first government hospital to obtain the ISO 9001:2000 certification in comprehensive specialty health services, you have indeed come a long way from your humble beginning in 1983 to become a world-class medical institution and the country's premier kidney transplant center.

More power and Mabuhay!

Gloria Arroyo

GLORIA MACAPAGAL ARROYO

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THE NATIONAL KIDNEY AND TRANSPLANT INSTITUTE:

25 Years of Growth

History

On January 16, 1981 under then President Ferdinand E. Marcos, Presidential Decree 1832 created the National Kidney Foundation of the Philippines (NKFP) to provide specialized medical care to patients suffering from kidney and related diseases. Preceded by the Philippine Heart Center for Asia (1975), the Philippine Children's Medical Center (1979) and the Lung Center of the Philippines (1982), the NKFP (1983) formed part of a more ambitious vision spearheaded by then First Lady Imelda R. Marcos to create specialty hospitals clustered in the nation's premier city, Quezon City.

The noble vision notwithstanding, the urgency with which the NKFP was operationalized and the then rumors of President Ferdinand Marcos' kidney failure shrouded its early years with controversy.

On January 6, 1983, with no hospital constructed for the purpose, Wings A3 and A4 of the newly constructed Lung Center of the Philippines were appropriated for the NKFP's use. On February 9, 1983, under the leadership of **Dr. Claver P. Ramos**, also the President's personal nephrologist, the Foundation opened its doors to serve the public. It was not until February 23 that the cornerstone for the NKFP's own hospital building was laid. Construction work did not begin until April 26 of the same year.

On the same day of the cornerstone laying, guest surgeon, Dr. Baird Helfrich from Georgetown University of Washington D.C., performed the first kidney transplant by the Foundation at the operating room complex of the Lung Center of the Philippines.

Barely three months into its construction, the Foundation had completed a functional operating

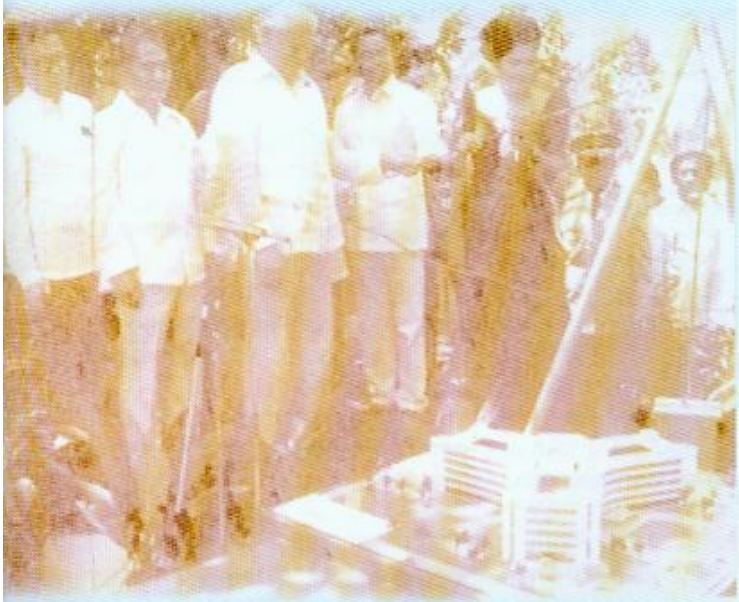


Dr. Claver P. Ramos

room complex in record time. On August 5, 1983, after a dry run on an actual transplant operation, the Foundation was closed to the public. About a week before the assassination of Senator Benigno Aquino, the transplant operation on President Marcos was performed secretly by a surgical transplant team from Washington D.C. The exact date could not be verified with certainty. This graft was acutely rejected requiring a second kidney transplant performed by a team from Houston, Texas. This 1984 transplant was successful.

In spite of the apparent haste with which the Foundation was erected, one outstanding attribute characterized the construction – a meticulous attention to details.

The operating room had laminar flow ventilation, the first of its kind in the Philippines. Cooled fresh air from its massive air conditioning unit passed through a high efficiency particulate filter into the operating rooms and vented out back into the atmosphere. Ordinary



Cornerstone laying ceremony of the National Kidney Foundation of the Philippines in February 23, 1983 with Former First Lady Imelda Romualdez Marcos as the guest of honor

air-conditioning re-circulates cold and potentially contaminated air.

Specially constructed rooms at Wing A3 had double emergency support systems, each operating independently like having two fully equipped ICU set-ups in a single unit. The same double set-up also characterized the operating suites.

The hospital was fed by three of four of Metro Manila's electric supply grids. Three-fourths of the metropolis had to suffer a blackout before power goes out at the Foundation. On top of this were two serially triggered back-up power generators automatically providing power within seven seconds of an outage.

The kidney disease and transplant-related medical equipment of the Foundation were state-of-the-art. Personnel had to be trained abroad to familiarize with diagnostic and therapeutic instruments available only in a few centers around the world. The capabilities of the hospital was unparalleled locally. If an exotic test needed to be performed on a patient, doctors would first ask the Foundation if it can be done before sending out samples for testing abroad. In many instances, the Foundation could.

As if serendipitously, such fine attention to detail would characterize the hospital's continuing quest for excellence.

The Hospital's Evolution

On December 5, 1983, the hospital performed its first cadaver donor retrieval and on the next day successfully transplanted the kidneys into two patients. This marked the birth of the Human Organ Preservation Effort (HOPE) then known as the Cadaveric Organ Retrieval Effort (CORE). This was the first such project in all of Southeast Asia.

Ahead of the United States of America, the Philippines in 1983 was the first country in Asia to approve the use of ciclosporin, the breakthrough immunosuppressive agent for transplantation.

Cognizant of the importance of research, by 1986 the foundation had published internationally a series of research papers on kidney transplantation and the use of ciclosporin.

Staff training and development began early. Peritoneal dialysis, hemodialysis and kidney transplantation were not common procedures at that time. The evolving subspecialty fields in immunology, radiology, surgery and nephrology among others required new training for its medical, nursing and paramedical staff. Local training programs evolved making the hospital today the leading training center for renal specialties in the disciplines of nursing, medicine and surgery.

The hospital quickly became the mecca for young doctors aspiring to become specialists in the fields of Nephrology and Urology. The Foundation has produced many of today's leading kidney practitioners.



The house staff in the early years of the Foundation. Standing from left to right - Dr. Nelson Patron, Dr. Uriel Baclayon, Dr. Oscar Naidas, Dr. Ariel Tempongko, Dr. Eduardo Rivera, Dr. Allan Simporios, and Dr. Florencio Pine; seated from left to right - Dr. Raceme Erasmo, Dr. Delia Bayog, Dr. Erlinda Yao and Dr. Remedios Caballero

People Power Revolution

A page was turned in the nation's history on the days of February 22 to 26, 1986. After 20 years of virtual dictatorship, President Marcos was sent on exile to Hawaii, ousted by a bloodless revolution.

A page was turned likewise in the hospital's history.



Dr. Filoteo A. Alano

Dr. Filoteo A. Alano took over the helm of the foundation. Soon, the hospital was renamed the National Kidney Institute. With the change in name came many other changes.

The hospital used to be directly under the Office of the President, not the Department of Health (DOH). This changed.

From 1982 to 1986, the Office of the President appropriated more than PhP430,000,000 to the hospital's infrastructure development (PhP 316,000,000), acquisition of equipment (Php 22,000,000), maintenance and other operating expenses (PhP95,000,000). Funding of the hospital came from the operations of the Philippine Amusement and Gaming Corporation or PAGCOR which also was under the Office of the President.

The hospital's operating budget was used mainly for the full subsidy of a few and very lucky indigent patients needing dialysis treatment or kidney transplant operations. Early on, these indigent patients were needed to feed the hospital's hunger for experience, familiarity and expertise in handling the dreaded disease.

Come the change, the hospital was suddenly orphaned. With no President to run to for funding, the initial PhP10,000,000 appropriated by PAGCOR for 1986 was all it got for the whole year. In 1987, PhP 15,000,000 was appropriated on the first year of then President Corazon C. Aquino.

Dr. Alano had to run the hospital on its own. And run it did.

Construction of the hospital's main building was completed in spite of the new government's reluctant support. The stigma of the Marcos regime left a palpable scar in the hospital's image.

With all the patient services operationalized and available to the general public, there was a huge increase in patient admissions. With a mere 87 transplants performed during the Marcos years (29 per year average), the transplant operations in the next ten years bulged to more than 120 per year. From six hemodialysis stations, the new administration expanded the unit to sixteen stations.

With the activation of private clinics, expansion of its diagnostic capabilities and increased availability of private patient beds, the hospital started to generate new income not seen in its earlier years of operations.

And with more funds available than the subsidy the government provided, services for indigent patients also grew. The Medical Social Service Department hired additional social workers to address the growing volume of patients requiring medical assistance.

Under Dr. Alano's leadership, Republic Act 7170, otherwise known as the "Organ Donation Act of 1991" was signed into law by Pres. Corazon C. Aquino on January 7, 1992. On May 31, 1993, Pres. Fidel V. Ramos signed the following Presidential Decrees: PD184 declaring the month of June of every year as National Kidney Month; PD185 declaring the last week of June of every year as Organ and Blood Donation Awareness Week.

On May 25, 1995, Republic Act No. 8020, renamed the National Kidney Institute to the National Kidney and Transplant Institute (NKTI) and designated the Institute as the lead center for organ transplantation.

The Institute's sense of social responsibility extended beyond its borders with three very commendable projects. The first was to select geographically strategic government hospitals and to empower them with dialysis capabilities through money from the Philippine Charity Sweepstakes Office (PCSO). A Memorandum of Agreement to the effect was signed by the PCSO, DOH, and NKTI on July 29,1993.

The second was to undertake a country-wide Voluntary Blood Donation Program to minimize if not totally eliminate dependence on commercial blood banks. Then Philippine President Fidel Ramos was its staunch proponent providing not only financial assistance but even his own blood.

The third contribution of Dr. Alano's administration thrives today and is its well-deserved legacy, the "Preventive Nephrology Program" (now renamed as the Renal Disease Control Program or ReDCoP). Adhering to the adage that an ounce of prevention exceeds a pound of cure, the concept gained popular acceptance and naturally government funding.

The DOH Preventive Nephrology Program with NKTI as the implementing agency was launched in Malacañang on June 29, 1994. Initially conducting a nationwide urine testing of school children, the organization has grown to what it is today, a grassroots-entrenched group of renal health advocates imparting health tips, delivering health services, educating both the public and health workers, conducting researches and gathering renal health data all over the country through its Renal Disease Registry Program. It is today a powerful basis for determining appropriate renal health policies and the Institute's people-oriented and service-based directions.

Then another page in the hospital's history was turned. The untimely resignation and migration of Dr. Alano to the United States left the hospital with no leader.



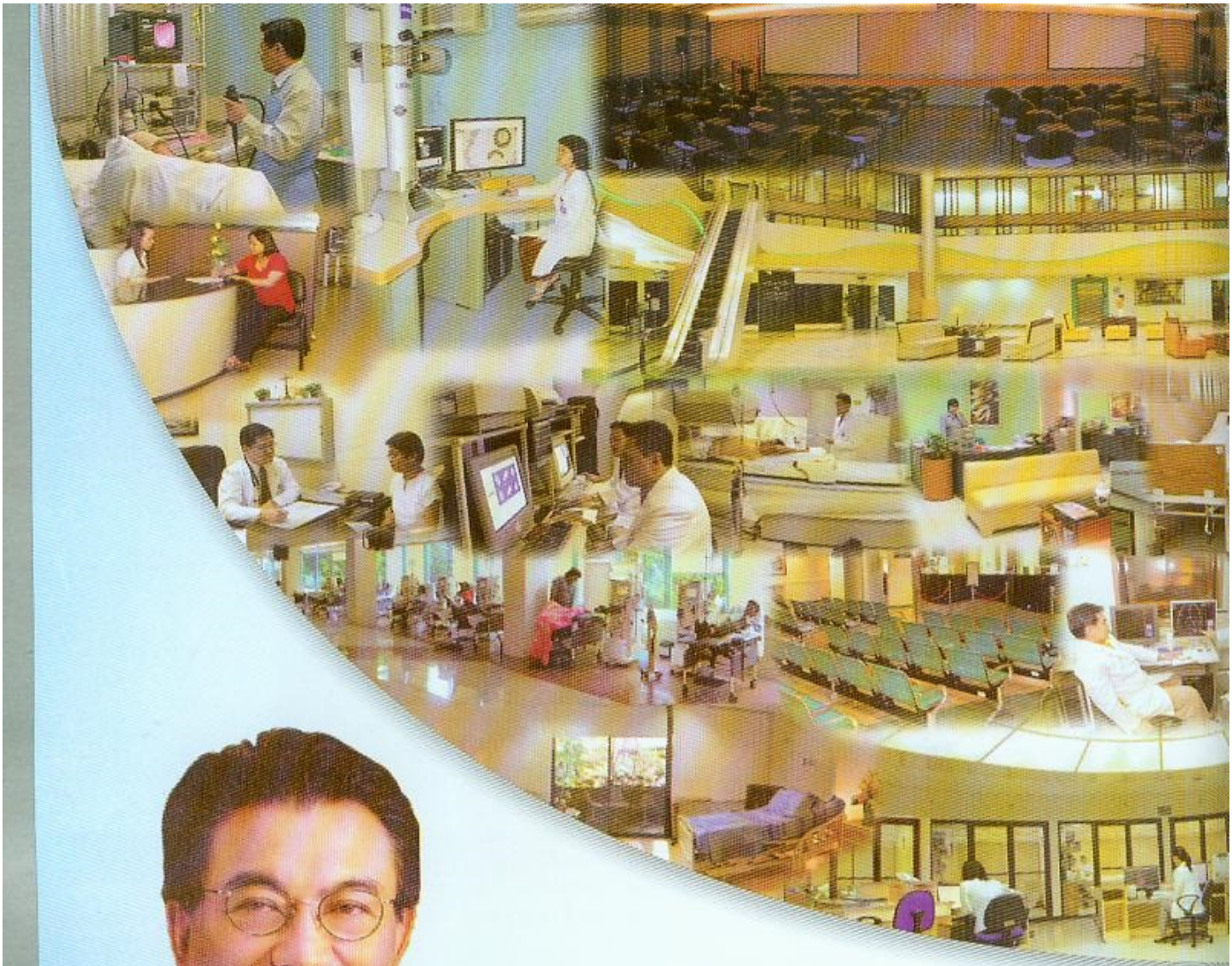
Dr. Juanito B. Billote

Dr. Juanito B. Billote took over as officer-in-charge (February to November 1998) ably holding on to the gains of the past and preparing for the Institute's greater future. On June 22,1998, during the DOH's Star Awards, the hospital gained two stars for Quality Assurance in Hospital Services and four stars for Quality Assurance in X-ray Services. The Immunology Division of the laboratory services made available the Tacrolimus assay, expanded antigen testing for Stevens-Johnson Syndrome and ankylosing spondylitis and upgraded the DNA typing unit.

Paradigm Shift

On November 9, 1998, **Dr. Enrique T. Ona** was appointed Executive Director of the Institute. A period of unprecedented growth followed and continues on to date.

The 1999 government subsidy for the Institute was PhP100,360,000 while the hospital's audited total expenditures was PhP401,367,000. The gap is credited to internally generated income. Also for that year, the quantified free services delivered to patients in need of medical assistance was PhP48,000,000.





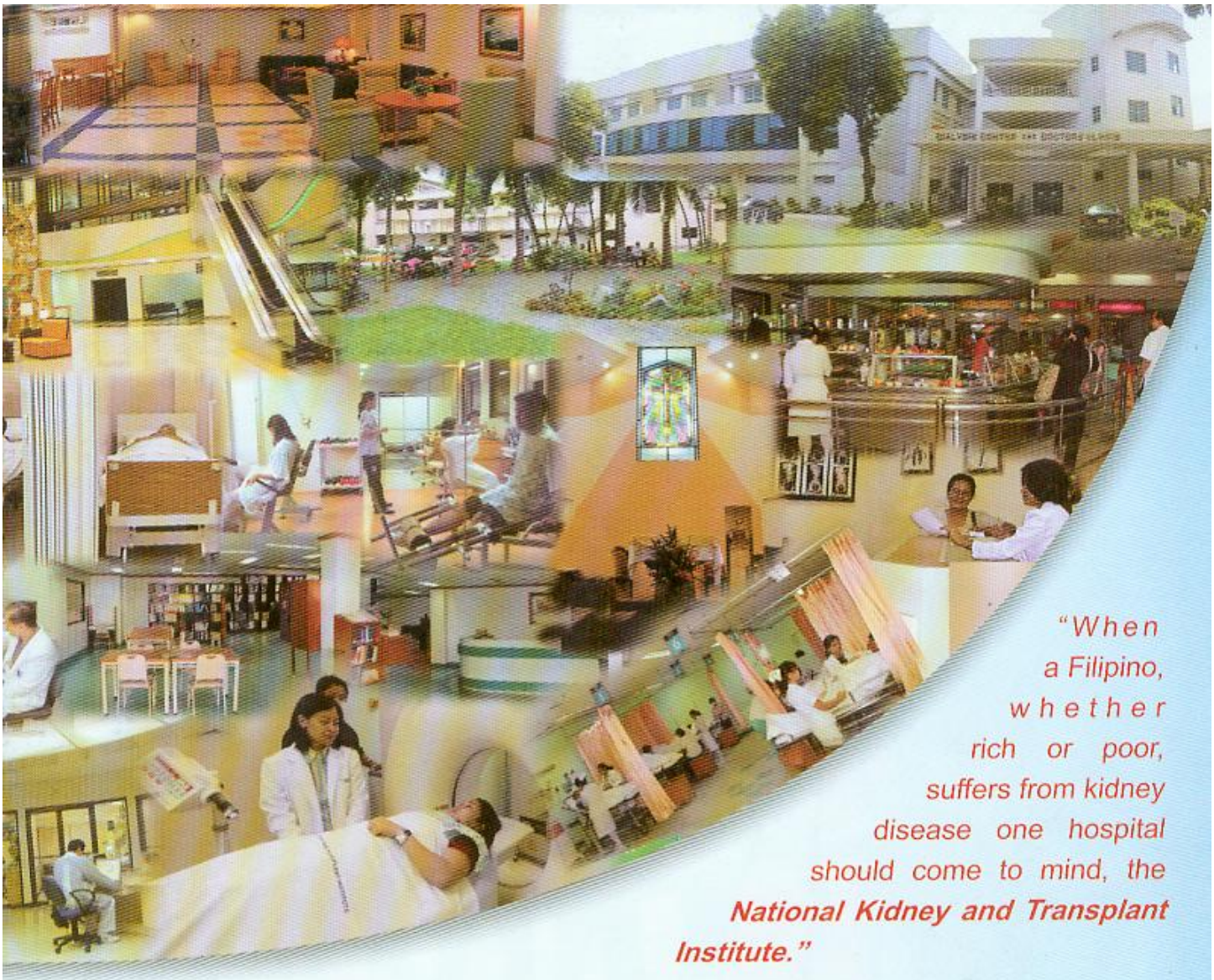
Dr. Enrique T. Ona

By 2008, the hospital's subsidy had increased to PhP185 M (unchanged since 2005). On the same year, the hospital's total expenditure hit PhP1.28 B revealing a huge increase in revenues. Quantified free services alone of over PhP300M far exceeded government subsidy.

With no additional subsidy for infrastructure and acquisition of new equipment, the National Kidney and Transplant Institute's landscape had become, both literally and figuratively, greener.

All these were made possible by a paradigm shift. Unknown to many, the four specialty hospitals, Heart, Children's, Lung and Kidney created during the Marcos regime were government-owned corporations. Unlike non-corporate government entities, the government-provided budget was all these entities could spend. All income generated by their operations reverted back to the national government. There is no room for growth unless the government mandates a bigger budget.

Under Dr. Ona, the Institute used all the advantages of its corporate nature to the hilt.



"When a Filipino, whether rich or poor, suffers from kidney disease one hospital should come to mind, the ***National Kidney and Transplant Institute."***

The Institute did not have to re-invent the wheel in its corporate path to competitiveness. Professional facilitators were employed to conduct strategic planning sessions that involved the hospital's key personnel. Employees were introduced to concepts in strategic planning: Strategic intent (Mission-vision statement); SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis; environmental analysis; and drivers of strategy – competition, competency and customers. Employees were encouraged to participate in their formulations. And they did. This empowered the work force and gave them a sense of ownership not only of the corporate strategy but of the Institution itself.

Then came its value proposition and market development. In Dr. Ona's own words: "When a Filipino, whether rich or poor, suffers from kidney disease, one hospital should come to mind, the National Kidney and Transplant Institute."

To attain this, infrastructure developments, equipment acquisitions and organizational upgrades took place.

On June 4, 2001 the ISO 9001:2000 certification project was launched. Eight months later, on February 28, 2002, the NKTI was proclaimed the first government hospital to be ISO certified by the Technical Universal Verifiable (TUV) Product Service.

Before the end of 2003, 73 patient beds were added, a new auditorium was constructed, and select administrative offices were re-located at the third floor of the main hospital building. A new annex building housed the outpatient services, records section, doctors' clinics and the most modern dialysis center in the Philippines. The improvements in infrastructure continue today.

More importantly, diagnostic and therapeutic tools needed to keep the Institute at the forefront of its core competencies, i.e., care of patients with kidney diseases and of patients requiring transplantation, are abreast with competitive global standards. The laboratory now boasts of the Philippines' first fully robotic blood analyzer (only the second in the Far East but with the latest systems program upgrade exceeding the performance of its predecessors).

As a fitting tribute to its current leadership, the Jaycees International in collaboration with the Senate of the Philippines, the Department of Health and the Philippine Health Insurance Corporation awarded Dr. Enrique T. Ona as one of the "Outstanding Filipino Physicians" on October 18, 2007.



At the inauguration of the Philippine Heart Center, the first of four specialty centers erected during the Marcos Regime, then First Lady Imelda R. Marcos said, "For as long as there is one Filipino sick and uncared for, our job is not done." Today, with 25 years of adhering to its mandate, the National Kidney and Transplant Institute continues to uphold this dream and contributes its share in the care of the Filipino with kidney disease.

"For as long as there is one Filipino sick and uncared for, our job is not done."



"A journey of a thousand miles must begin with a single step." - Lao-Tzu

The NKTI Journey to Excellence

Implementing an ISO 9001 Quality Management System

Hospitals are complex systems. Many services, such as rendering emergency care and providing meals, not only must be kept in operation over several shifts 24/7, but also must be implemented across departments. Thus, providing quality health care within this setting and within the constraints of available resources, is a challenging undertaking.

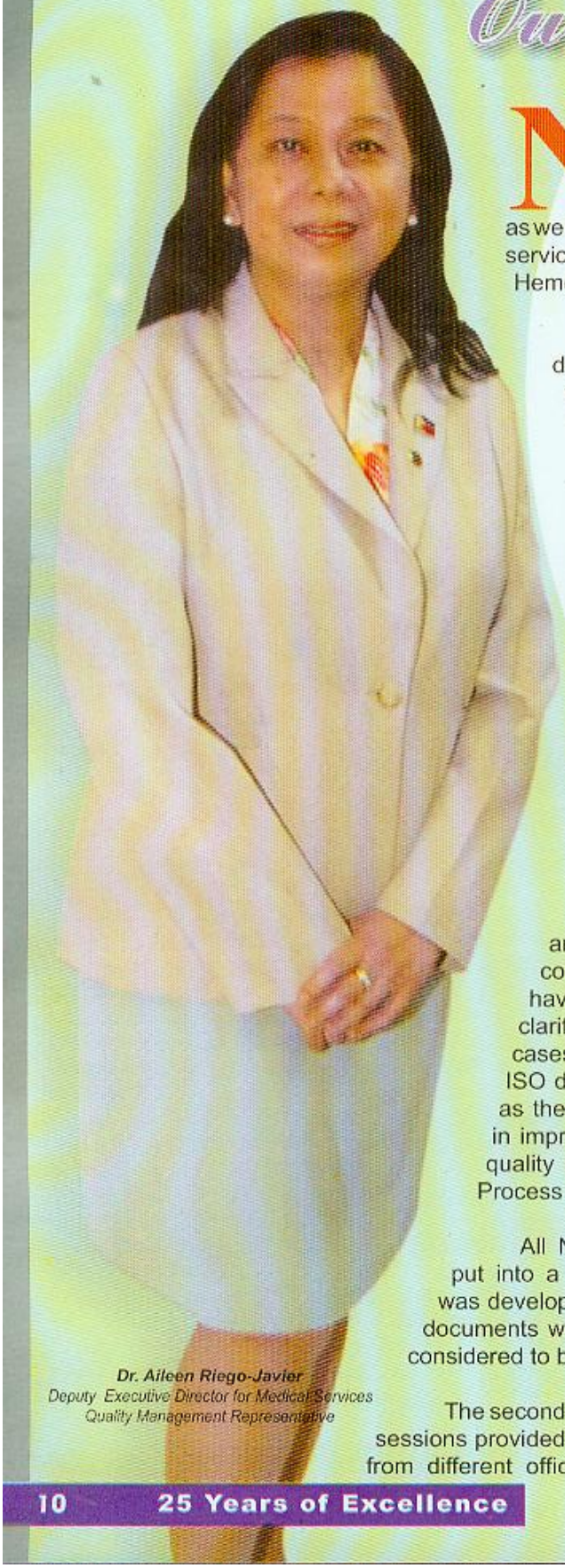
Hospitals must likewise face drivers of change such as globalization, the digital revolution and the information-based economy it spawns, rapid advances in technology, medical tourism, managed care, population increase, national fiscal problems, inflation, shortage and fast turnover of skilled health workers, mounting quality and patient safety problems, increasing public accountability, high expectations and low levels of consumer satisfaction, media attention, increasing healthcare demands, and competition.

In this milieu, the NKTI took the big step of pioneering the use of ISO quality standards among Philippine hospitals, becoming the first and only government hospital to be ISO 9001:2000 certified in 2002. Since then, the NKTI has consistently passed 2 triennial re-certification audits in 2005 and 2008 respectively and met all requirements for continued registration to the ISO 9001:2000 quality standard.

ISO 9001:2000 is a rigorous set of procedures designed to ensure consistently repeatable quality in an organization's operations and is used worldwide by both manufacturing and service companies. Establishing an ISO 9001 quality management system provides for work performance consistency and accountability. It stresses the process approach, ensuring that the most important functions are carried out, and enables the discovery of causes of poor performance. Goals and objectives for quality are defined and benchmarks are provided to measure improvements.

Our meeting the ISO standards provides real benefit to people who count on us for healthcare. The ISO audit team from TUV SUD Management Service found NKTI's Quality Management System to be in full compliance. This means we are making excellent progress toward our most important quality goals - to make quality procedures an ingrained part of our everyday work and reduce variation in, and continually improve, our processes. The effectiveness of our ISO Quality Management System demonstrates that the staff, at all levels of our organization, is committed to providing the highest quality services to our customers.

Our ISO Journey



NKTI's quality journey has been challenging because we sought ISO certification amidst scanty resources and overwhelming needs. It was a growth management strategy parallel to the restructuring efforts of the Institute as we literally rose from the ashes (NKTI's Annex building housing vital services such as the Operating Room, Radiology, Emergency Room, Hemodialysis, and patient wards, was damaged by fire in 1998).

In 1999 and thereafter, strategic planning workshops developed NKTI's Vision, Mission, and objectives. These, along with the training program on quality in healthcare primed the Institute for ISO certification.

In 2001, after evaluating healthcare options and reviewing industry quality systems, it was decided to pursue ISO certification for NKTI. Various registrars that provided ISO 9001 certification were interviewed. TUV Product Service was selected to provide the audit services for NKTI's system certification.

An ISO 9000 organizational structure was created which included a Steering Committee, Training Team, Documentation Team, Document Control Team, and Internal Quality Audit Team. A Project Manager was given the task of overseeing and monitoring all aspects of the work. A Quality Management Representative was appointed to ensure the compliance, implementation, and maintenance of the quality management system (QMS).

After the official launching of the project, Management and staff were given several ISO training sessions by a consulting firm. Initial employee uncertainty was addressed by having kick-off meetings in order to describe the ISO concept and clarify employee involvement in establishing the QMS. In many cases, staff were asked to describe their job responsibilities as ISO documents were written. This employee involvement was key as they learned the QMS was a supporting framework to be used in improving their clinical and business processes. A quality policy, quality objectives, and quality manual were written and circulated. Process maps were developed for the overall patient flow process.

All NKTI policies and procedures were reviewed, revised, and put into a common document format. A controlled document system was developed using an alpha-numeric numbering system to manage all documents within NKTI. Establishing this numbering system was actually considered to be a milestone in our journey to ISO certification.

The second milestone was reached with the internal quality auditor training sessions provided by the consultants. These sessions involved representatives from different offices who were taught auditing principles and the value of

Dr. Aileen Riego-Javier
Deputy Executive Director for Medical Services
Quality Management Representative

auditing to monitor and improve the QMS. The first Internal Quality Audit began after the training. This was followed by a Mock Audit conducted by the consultants.

Management reviews were instituted separately or as part of the agenda in Executive Committee and Management Committee meetings to oversee the QMS, monitor issues, and provide follow-up to corrective and preventive actions. A documentation audit and a pre-assessment audit were conducted by the certifying body, TUV Management Service, a month prior to our formal certification audit.

On April 25, 2002, after a follow-up audit, NKTI became formally registered to ISO 9001:2000 for comprehensive specialty healthcare, one of only 3 hospitals in the country at that time.

Implementing, Sustaining, Evolving

Through the years since NKTI's initial certification, the challenge of implementing and sustaining an ISO 9001 quality management system required regular cycles of internal and external auditing. This served as a good foundation for on-going improvement initiatives. Partnerships with the Philippine Society for Quality in Healthcare (PSQua) for workshops in Quality Improvement and projects in Benchmarking were forged. Basic and refresher training for Internal Quality Auditors were conducted due to staff turn-over and feedback. Employees at all levels went through interventions towards personal and organizational values alignment by a Values Technology consultant. NKTI also participated in PSQua's Quality Improvement Study contests and the Asian Hospital Management Awards.

In 2008, setting our sights on Joint Commission International Accreditation (JCIA) , we incorporated the JCI standards in the quality manual and used these in internal quality audit. As a national referral and reference center for Hematology and Immunology, the NKTI Medical Laboratory likewise prepared for ISO 15189 accreditation.

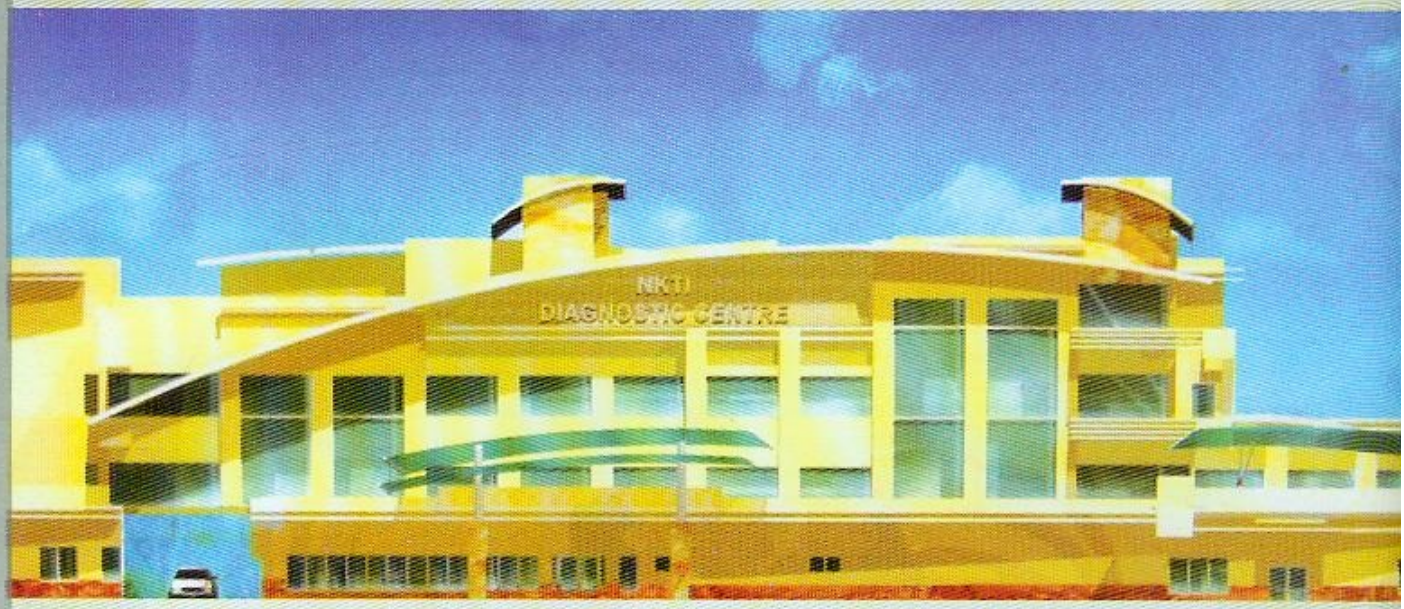


Implementation of an ISO 9001 quality management system has been a definite benefit to NKTI. The experience requires time and effort on the part of both employees and management. We completed the process within 9 months but realized after all, that quality is a journey, not a destination.

Despite the benefits from a process-driven quality system such as ISO 9000, there is much more to do to reach "world class" status. We have shown that a government hospital can be made to compete not only with our partners in the private sector but also in the wider global medical marketplace.

To sustain this advantage, NKTI must continue to be progressive, innovative, and relevant. NKTI has to move towards a "culture of excellence" in service delivery, structures, processes, tasks, technology, and people, without losing sight of its mandate to serve those most in need, especially in a country such as ours.

NKTI Diagnostic Centre



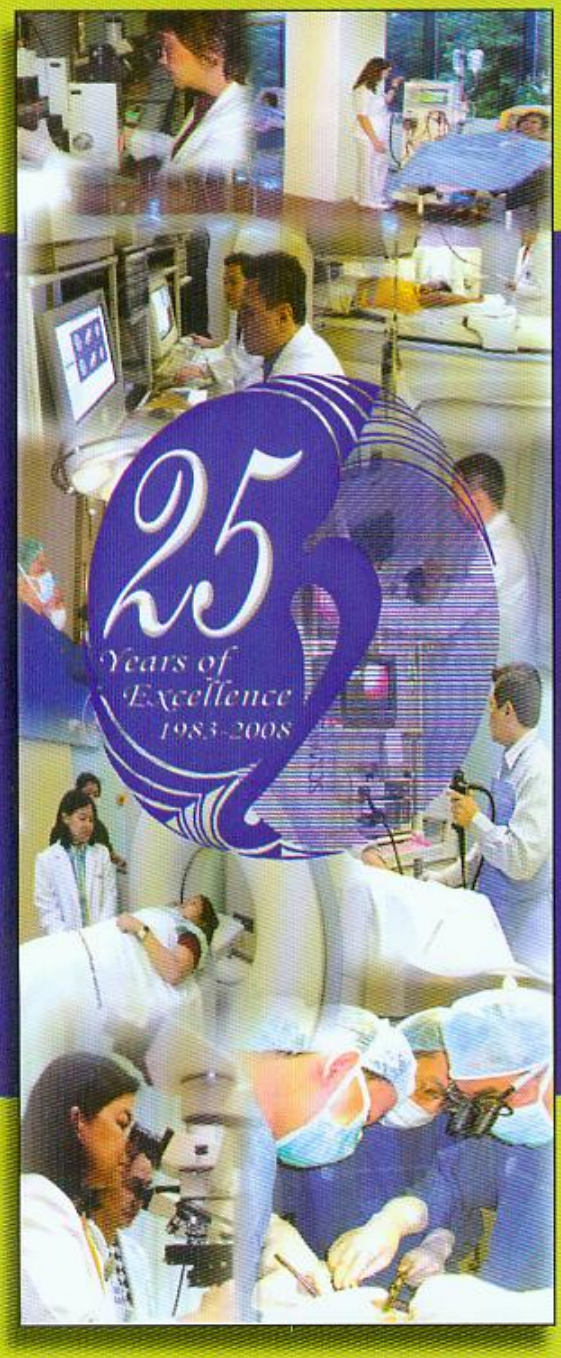
Looking back after a quarter of a century, the National Kidney and Transplant Institute has remained at the vanguard in upholding good health for every Filipino people. This has been evident in its commitment to prevent and treat end-stage renal diseases through dialysis and transplantation in the Philippines and Southeast Asia.

Today more than ever, the Institute continues at the forefront as the leading tertiary specialty center as it prepares to open a 9,247 square-meter Diagnostic Centre. This project was envisioned by Director Enrique T. Ona, M.D. in order to expand an upgraded medical services for the patients. It will provide a full range of diagnostic services addressing quality healthcare in chronic infectious diseases, genetic disorders, cancers and transplantation immunology. The facility will be at par with those abroad and will be within reach of ordinary Filipinos.

In partnership with the Royal Philips Electronics of the Netherlands, a global leader in healthcare system, the Diagnostic Centre will be composed of a wide range of state of the art equipment that will pioneer as one of the most comprehensive diagnostic and therapeutic center in the country. At the ground floor, the equipment to be installed include the PET CT Scan, MRI 3.0 Tesla, 256 Slice CT Scan, and Gamma Cameras. The second floor, on the other hand, will house the Cathlab Biplane Imaging System, Digital Radiography Fluoroscopy System, an extensive range of ultrasound and vascular imaging machines and the C-arm Image Intensifier which will all be integrated into a Picture Archiving and Communication System (PACS). These new diagnostic equipment and services are bundled with other programs which will provide patients with a master health check-up plan. The Diagnostic Centre will be the premier diagnostic, imaging and interventional center for renal, genito-

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2008 Annual Report



Executive Director's Report

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Income Statement

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Financial Performance

Driving the Healthcare Industry



Executive Director's Report

2008 marks the 25th Founding Anniversary of the National Kidney and Transplant Institute. In hindsight, one of the significant steps taken by NKTI is the ISO 9001-2000 certification in 2002. As the first and only government hospital to be ISO certified, NKTI has continuously become the model and benchmark for government hospitals on good corporate governance and leadership with a commitment to excellence.

The establishment of the Hemodialysis Center in 2003 is a manifestation of NKTI's facing up to the challenge of President Arroyo to institutionalize public-private sector partnership. Under the auspices of The Fresenius Medical Care, with the help of the Build, Operate and Transfer Center staff of the Department of Trade and Industry, the Hemodialysis Center came to be.

In the midst of the challenges the healthcare industry is facing today, NKTI continues to make significant contributions to the advancing medical practice. NKTI ranks as having the second or third largest kidney transplant program in the world as an individual institution where an average of more than 300 kidney transplants are performed per year with more than one hundred service patients. The Organ Transplantation Department of NKTI has pioneered in kidney, liver, kidney-pancreas, bone marrow and peripheral stem cell transplants in the country. The Hospital also continues to train transplant surgeons who promise to return to their respective provinces after their training. To date, twenty-four out of the twenty-seven transplant surgeons in the country have been trained at NKTI. Through the Organ Transplantation Program of NKTI, many Filipinos have been given a new lease on life.

NKTI is the only hospital facility in the country that has established and maintained an integrated renal care program from prevention, treatment and follow-up care. The NKTI's Renal Disease Control Program (REDCOP), formerly a program of the Department of Health, actively promotes national advocacy campaign to increase the level of awareness on the prevention of kidney infections, end-stage renal disease and organ donation nationwide. It also

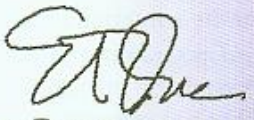
assists in the installation of dialysis facilities and transplant programs in various hospitals around the country. Such effort has cascaded down to the barangay level through a strong nationwide network of coordinators.

NKTI financial metrics remained positive; gross revenue of the Institute had increased by 9%, from P1.35 Billion last year to P 1.48 Billion for 2008. The Institute received P192 Million subsidy from the National Government to support the financial needs of service patients. However, Quantified Free Services and discounts amounted to P 335 Million. This means that for every P1.00 spent for a service patient care, the Institute contributed P0.42 while the national government subsidy covers P0.58. This is coming from a P.039: P0.61 ratio in year 2007.

As the demand for healthcare services continues to grow, the expansion and upgrade of NKTI facilities will help us to respond to this need. Major projects for 2009 include the construction of the Diagnostic Center and the establishment of the Center for Urology and Men's Health.

To summarize, in 2008 and over the years, we maintained the plan, focused on the right execution, and eventually were rewarded with results. We continue to create an Institute committed to performance excellence by actively managing risk, continuously innovating and remaining flexible and strategically adaptable.

We are grateful to our partners who, through their vision and generosity, enable us to shine in many ways. We thank our Board of Trustees and the NKTI officers and employees for their passion to realize the NKTI vision. Let us celebrate and renew our commitment to the Institute! Our hospital of 25 years, our future!



ENRIQUE T. ONA, M.D.
Executive Director

Vision

We shall continue to be the lead tertiary specialty center for renal diseases and organ transplantation in the Philippines and Asia which provides the highest level of training, research, and treatment in dialysis and organ transplantation (kidney, liver, pancreas, cell and bone marrow).

We shall be the major resource for the upliftment of the above medical services for government/private hospitals.

We shall sustain our competitive advantage by attaining financial stability, upgrading and maintaining our facilities and providing continuing medical education to enhance the skills of our specialists and workers.

Mission

To work hand-in-hand with government in the achievement of good health for the Filipino people by providing specialized medical services specifically in the prevention and treatment of end-stage renal diseases and other end-stage organ failure through dialysis and transplantation.

To pursue excellence in developing and establishing the highest level of training and research for physicians and paramedical personnel in areas of treatment in dialysis, kidney, liver, pancreas, cell and bone marrow transplantation.

To assist other government/private hospitals to develop and set-up dialysis and transplantation units, especially outside Metro Manila.

To create a work environment that encourages teamwork, recognizes individual worth, and rewards outstanding performance.

Commission on Audit Report

Republic of the Philippines
Commission on Audit
Commonwealth Avenue, Quezon City, Philippines

INDEPENDENT AUDITOR'S REPORT

The Board of Trustees
National Kidney and Transplant Institute
East Avenue, Quezon City

We have audited the accompanying financial statements of the National Kidney and Transplant Institute, which comprise the balance sheet as at December 31, 2008, and the statement of income, statement of changes in equity and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the Philippines. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Philippine Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error, In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Bases for Qualified Opinion

As discussed in Comment and Observation No.1, the validity of Cash and Cash Equivalents amounting to P664,330,545.59 was doubtful due to failure of the Institute to reconcile book and bank balances of Cash in Bank – Local Currency (Current) and Cash in Bank – Foreign Currency (Savings) with the book balances greater by P3,869,322.61 and P6,714,174.45, respectively. Latest bank reconciliation statement for Cash in Bank-Local Currency (Current) was as at August 2008, which included several erroneous reconciling items, while no bank reconciliation statements were prepared for Cash in Bank – Foreign Currency (Savings).

Under Comment and Observation No. 3, we stated the disparity between the physical inventory report and the accounting records of Drugs and Medicines Inventory. Accounting records showed a balance of P94,979,004.55 while the physical inventory report showed a balance of P36,484,781.69, or a difference of P58,494,222.86. In addition, the practice of not reversing to the Inventory account the drugs and medicines to which the Institute still has title as at year end is not in conformity with accounting principles generally accepted in the Philippines.

As explained in Comment and Observation No. 4, Accounts Payable totaling P262,295,101.90 was doubtful because of not updated records/schedules, absence of subsidiary ledgers to support the controlling account and erroneous classification to this account of obligations due to officials and employees of the agency.

Moreover, as discussed in Comment and Observation No. 5, the deficient system of monitoring and reviewing patients' deposits overstated the Guaranty Deposits Payable and understated the Retained Earnings by P38,437,173.81 as at December 31, 2008.

Qualified Opinion

In our opinion, except for the effects on the financial statements of the matters referred to in the preceding paragraphs, the financial statements present fairly, in all material respects, the financial position of the National Kidney and Transplant Institute as at December 31, 2008, and its financial performance and its cash flows for the year then ended in accordance with accounting principles generally accepted in the Philippines.

COMMISSION ON AUDIT

JOSE R. ROCHA, JR.
Director IV, Cluster C
Corporate Government Sector

Income Statement

For the Year Ended December 31, 2008
(With corresponding figures for 2007)
(In Philippine Peso)

	2008	2007 AS RESTATED
OPERATING INCOME		
Hospital income	**1,478,113,848**	**1,352,931,708**
Less: Quantified free service, discounts and allowances	334,964,651	303,898,102
	1,143,149,197	**1,049,033,606**
OPERATING EXPENSES	1,281,347,700	1,135,492,224
LOSS FROM OPERATIONS	**138,198,503**	**86,458,618**
Other Income	32,065,838	23,735,185
NET LOSS BEFORE SUBSIDY	**106,132,665**	**62,723,433**
Subsidy from the National Government	192,122,000	177,878,000
Tax Subsidy	2,768,824	6,949,537
	194,890,824	184,827,537
NET INCOME	**88,758,159**	**122,104,104**

Balance Sheet

December 31, 2008
(With corresponding figures for 2007)
(In Philippine Peso)

ASSETS	2008	2007 AS RESTATED
Current Assets		
Cash and cash equivalents	664,330,546	453,418,713
Receivables,net	282,643,091	237,043,192
Inventories	224,719,107	214,384,119
Total current assets	1,171,692,744	904,846,024
Non-current Assets		
Property and equipment, net	852,812,048	827,995,474
Other assets	1,472,689	1,347,483
Total non-current assets	854,284,737	829,342,957
TOTAL ASSETS	**2,025,977,481**	**1,734,188,981**
LIABILITIES AND EQUITY		
Current Liabilities:		
Payable	262,295,102	265,897,272
Inter-agency payables	10,029,046	7,042,836
Other liabilities	383,350,309	181,200,798
Total liabilities	655,674,457	454,140,906
Equity		
Donated capital	131,659,230	130,162,440
Reserves	108,938,059	108,938,059
Retained earnings	1,129,705,735	1,040,947,576
Total equity	1,370,303,024	1,280,048,075
TOTAL LIABILITIES & EQUITY	**2,025,977,481**	**1,734,188,981**

Operational Highlights

STATEMENT OF OPERATION

For the year 2008, the hospital operation of the National Kidney and Transplant Institute registered a 9% increase in gross income from P1,353M in 2007 to P1,478M this year. Major revenue increases were coming from the operational performance of Pharmacy Division, Laboratory Department, Hemodialysis Section, Operating Room and Radiology Department. Quantified Free Services (QFS) which represent cost of services rendered to charity patients were recorded at P233M while discounts extended to pay patients, senior citizens and government employees were recorded at P102M. Total QFS and discounts increased by 10% from P304M in 2007 to P335M this year. It was controlled at 22% and 23% of the gross income in 2007 and 2008 respectively. The increase in QFS and discounts was due to the increase in the number of service transplant cases. Subsidy from the National Government to support the financial needs of the indigent patients was recorded at P178M last year compared to P192M this year. Operating expenses increased from P1,135M in 2007 to P1,281M this year and that includes depreciation, a non-cash expense but remained controlled at 87% of gross income in 2008. The increase in operating expenses was due to the 10% across-the-board increase in salary effective July 1, 2008, increase in supplies and materials cost, utilities and bad debts expenses.

Finally, net income realized was recorded at P88,758M, a 27% decrease as compared to P122,359M last year.

MAIN BUSINESS SEGMENTS

The Institute maintains its business operations from two main segments:

- In-Patient Operations: With the renovation works completed in 2007, patients admissions increased by 12% thus triggering the increase in utilization of ancillary services.

- Out-Patient Operations: Business from the out-patient segment is coming mainly from the dialysis operations of the Institute. The increase in hemodialysis sessions had a multiplier effect on the out-patient business for Laboratory and Radiology departments. The Center for Special Services particularly the Endoscopy and Chemotherapy units registered similar increases in their volume of operations.

In-Patient admissions continue to dominate the business operations of the Institute but the Out-Patient business is making its mark with increasing volume in terms of ancillary services utilization and its financial contribution to the Institute.

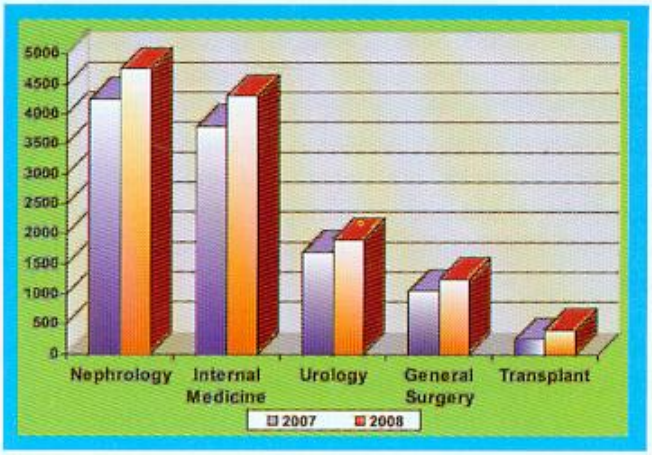
OPERATIONAL REVIEW

With the average occupancy rate registered at 74%, almost all ancillary services departments of the Institute registered increases in operation.

PATIENT CASE MIX

All medical departments registered increases in their patient admissions with the Department of Nephrology bringing in the most number of patients and the Department of Internal Medicine coming in close second. Also, the Institute continues to maintain the 81%:19% patient mix ratio for private and service patients, thus allowing it to financially support the quantified free services and discounts for service patients.

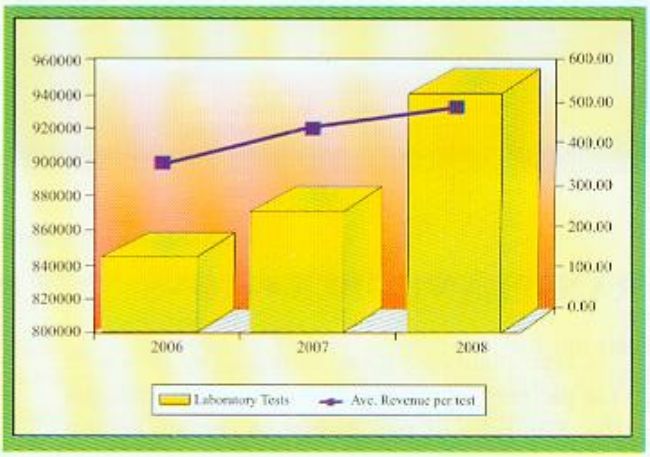
The Laboratory and Radiology Departments directly benefited from the increased patient admissions and out-patient operations.



LABORATORY MEDICINE

The Department of Laboratory Medicine continues to bring in the highest number of tests and procedures. In 2008, the Department registered an 8% increase with notable increases coming from the Immunology section and Blood Bank and Hematology sections. This is due to the marketing campaign of the Department to tap the market from other than internal clients – NKTI patients. The Department's marketing program is expected to further boost its financial performances in the coming years.

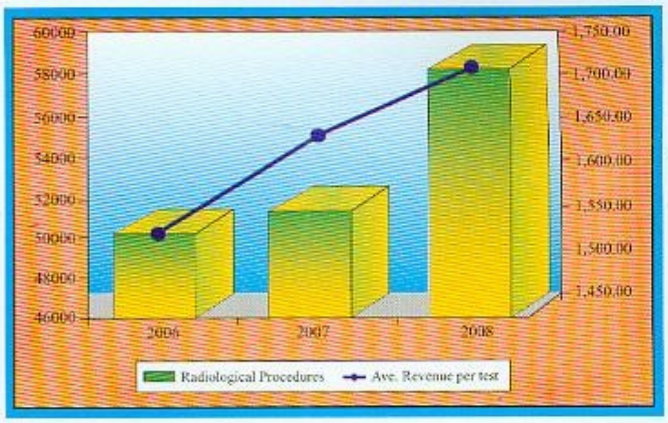
Translated into its financial equivalent, the average revenue per test guaranteed from laboratory procedures increased slightly.



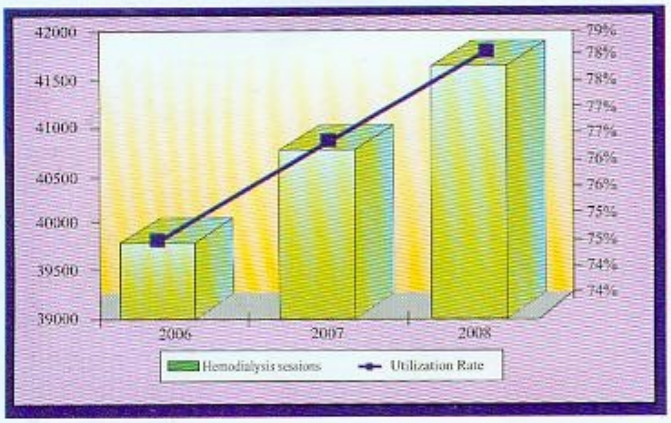
Operational Highlights

RADIOLOGICAL SCIENCES

The Department of Radiological Sciences likewise registered significant increases in the MRI (27%), CT Scan (24%), x-ray and ultrasound (13%), and mammography (12%) procedures thus significantly increasing the average revenue per procedure generated in 2008. After careful review of cost and expenses, the Department implemented an across-the-board-rate adjustment in the last quarter of 2008. The last rate adjustment was made 3 years ago.



In 2009, the Department plans to launch a marketing program to increase utilization of services targeting both internal clients and external clients.



HEMODIALYSIS CENTER

The hemodialysis session increased by only 2% because the center has already reached its maximum utilization at 78% providing services in four shifts daily. Towards the 3rd Quarter of 2008, it piloted the 5th shift operation but on a once-a-week schedule only. Management is continuously developing strategies to address this concern with improvements in the scheduling for the wait listed patients, possible referral system thru a private-public agreement with other dialysis centers and a review of the work flow processes to validate the efficiency of regularly implementing the 5th shift scheme.

TRANSPLANT OPERATIONS

Transplant operations increased by 10% with service patients increasing at 30% and pay patients by 1%. The ratio of pay patient to service patient decreased from 2.26 pay patient to 1 service patient to 1.75 pay patient to 1 service patient. This shift is in support of the Institute's continuing program for quality healthcare services to service patients.

This, however, influenced greatly the 10% increased in quantified free services and discounts.



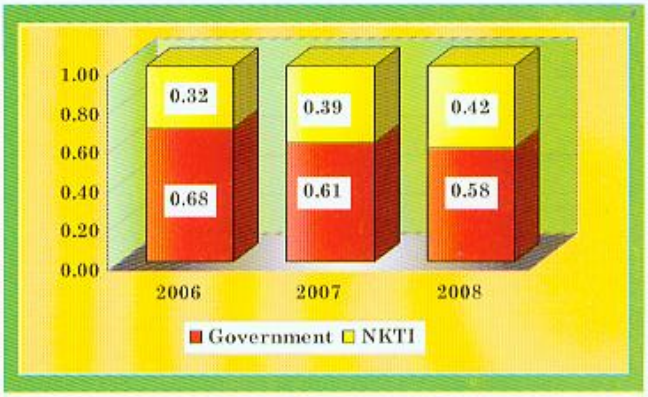
Financial Performance

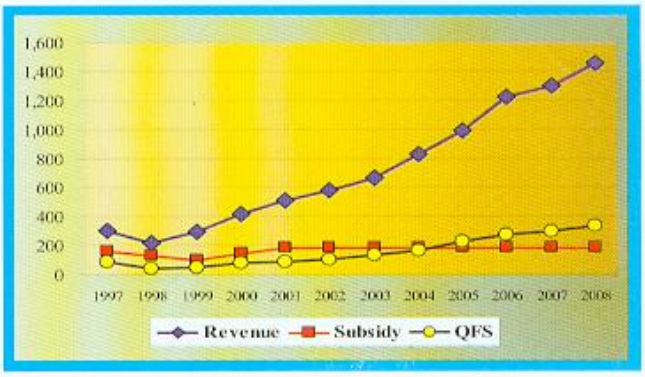
FINANCIAL REVIEW

Gross revenue increased by 9% while expenses grew faster at 13%. The revenue growth came from increased admissions which translated to higher utilization of ancillary services. This was however diminished by the 13% increase in costs and expenses coming mostly from rate adjustments in utilities costs, contracted services and repair costs.

GROSS REVENUE

While the Institute continues to maintain the 81%: 19% patient mix ratio to ensure continued provision of financial support to the healthcare services provided to service patients, it is noteworthy to mention that the level of quality healthcare services including the volume of the patients covered by the quantified free services and discounts have significantly increased. The subsidy from the National Government has remained at the same level over the last nine years but the level of QFS and discounts to service patients have increased. In 2008, for every P1.00 of quantified free services provided, the Institute gave P0.42 while the National Government's subsidy contributed P0.58; this is coming from a P0.39:P0.61 ratio in year 2007.





COST AND OPERATING EXPENSES

The 13% increase in cost and expenses came from following major accounts:

- Personal services: The government mandated the implementation of a 10% across-the-board increase in basic salaries effective July 2008.
- Drugs and Supplies: Increased utilization of services coming from increased admissions and out-patient business accordingly increased volume of drugs and supplies. In addition to this there were price increases implemented by some supplier dictated by inflationary adjustments due to fuel price adjustments.
- Utilities: Despite efforts to control consumption of electricity and water, cost of utilities registered significant increases due to the average rate increase in power rates by 20% and water rates by 53%.
- Contracted Services: The Institute felt the full impact of the 2007 wage adjustment for private employees in the year 2008.
- Depreciation: With most renovations completed in 2007, the corresponding depreciation costs for year 2008 increased. Moreover, there were major hospital equipment purchases whose depreciation commenced in 2008.



• • • From Page 12

urinary, organ transplantation and other allied fields in the country by providing the highest level of service, training and research.

The Diagnostic Centre is a three-story building with a roof deck that boasts of a well designed floor plan where it will house three major departments. The first floor is the fully equipped and expanded Emergency Room. This is a state-of-the-art accident and emergency department with facilities of international standards. It has a minor operating theater with observation areas and an isolation room. Its triage area is big enough to accommodate simultaneously large number of patients. The resuscitation areas are fully equipped with modern monitors, portable ultrasound machines, x-ray defibrillators and ventilators. The uniqueness of the emergency room lies in the professionally skilled staff that receives and treats the sick and the needy.

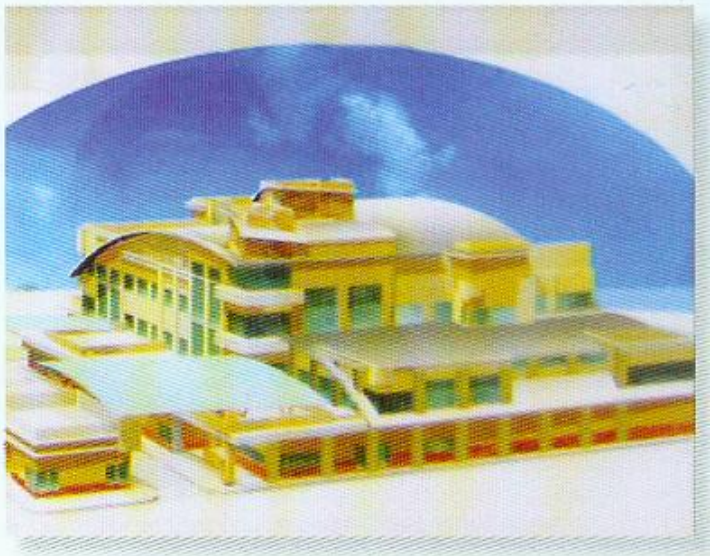
Alongside the emergency room is the envisioned Radiotherapy Center. It will be equipped with the latest radio-oncology technology that makes radiation treatments even more effective while at the same time reducing side effects on healthy tissues. Improvements in imaging of tumors, combined with increased precision of radiation treatment machines will be the main goals of this Radiotherapy Center.

The second floor of the building will be occupied by the Cardiology and Endoscopy sections. All procedures requiring the use of scopes will be performed here. Furthermore, the third floor will house the Institute of Advanced Nursing and Allied Health Professionals (IANAHP) that provides education, training and research services for dialysis, renal transplantation and other nursing related specialties. Lastly, the roof deck is a special area where half of the space will be occupied by offices while the other half is the balcony that will overlook the buildings and scenery below.

It is just a matter of time to realize the actualization of the Diagnostic Centre. Once operational, it will further advance the field of diagnostic radiology in the Philippines and likewise place NKTI as a forerunner of innovative and modern medical care with other hospitals both in the country and in Asia.







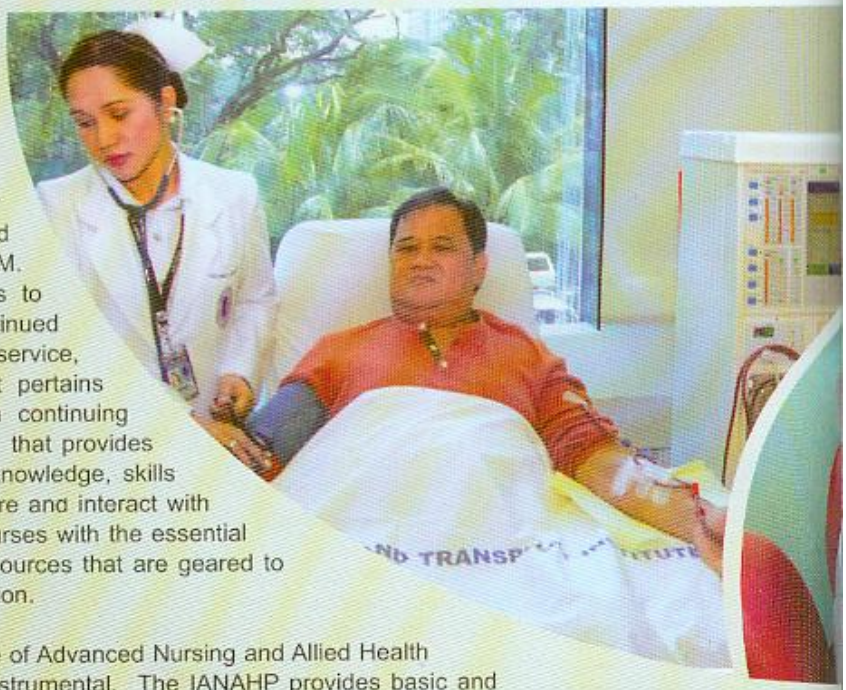
Today's Nurses the Backbo

Nurses are an important part of the healthcare system. Hospitals all over the world depend on nurses. Working in the healthcare system involves many skills and requirements. These important skills include responsibility, time management, organization, communication, commitment and determination. Among all these important values, what stands out especially for a nurse of the National Kidney and Transplant Institute are the ideals of compassion and a caring nature.



At NKTI, the goal of the Nursing Department is to develop among the crop of nurses an imbued sense of compassion, professionalism and excellence that is seen and implemented through the program of the Patient Family Centered Care. Every nurse strives to become a role model not only among themselves but for the entire nursing profession in the country inasmuch as the Institute holds the recognition of being globally recognized in the delivery of efficient and effective patient care in Asia.

The nursing service of NKTI consists of 463 employees alone with a breakdown of 262 nurses and 201 allied staff that includes clinical nursing assistants, nursing attendants, medical technicians and ward clerks among others. As such, it comprises 43% of the total hospital staff of 1,083 personnel.



The nurses of the hospital are dedicated in serving and sharing their expertise to all patients with integrity and without partiality to anyone. Ms. Nerissa M. Gerial, Deputy Director for Nursing aims to accomplish these goals through the continued strengthening of the Department in terms of service, training and research. The aspect that pertains to service are geared in establishing a continuing program of quality training and education that provides all the nurses the needed cutting edge knowledge, skills and values to effectively and efficiently care and interact with the patients. The hospital provides the nurses with the essential learning experiences coupled with the resources that are geared to help them progress in their chosen profession.

It is in this aspect that the Institute of Advanced Nursing and Allied Health Professionals (IANAHP) has been very instrumental. The IANAHP provides basic and continuing education to its in-house staff as well as outside nursing affiliates. Furthermore, it spearheads in the training for dialysis and renal transplantation specialties committed to offering quality, contemporary postgraduate courses, continuing professional education programs and staff development programs through its revised curriculum and training modules. Nurse affiliates enrolled in the program undergo rotation at specific care areas initially, a one-month hands-on training, and further improved to four months. The scope of responsibility by the IANAHP

e of the Healthcare System

includes doing lectures and demonstrations, supervision of trainees and follow through of staff at the patient care areas. The nurses undergo Clinical Nursing Practice and Dialysis Training courses to further develop skills and critical thinking when at bedside treatment. Acknowledging how crucial the role of nurses is now, they are convinced to observe high professional and ethical practices especially in dealing with the patients.



Nurses continually demonstrate their commitment to being the very best through teamwork, high quality care and compassion. The nursing service is guided by indicators that provide a representative picture to measure the quality of care extended by the department which is known as "nursing-sensitive."

There is no other professional career that gives as much opportunity as nursing does in terms of being close to patients during health and during illness. Every nurse shares the most intimate moments with the patients and is the most trusted healthcare professional today. There is a tremendous amount of responsibility to care for a sick patient. The nursing service painstakingly invites the nurses to take into consideration the full responsibility to ensure that no mistakes or problems occur in attending to patients. At the same time, they must be able to cater to the needs of one's patients especially during shifting times through proper endorsement.



Communication is a very important skill that is required from a nurse. At the Institute, the nurses gets to communicate with the patient, the doctors , the patient's family and friends, other staff in the hospital and many more. Nurses are formed to be able to have a strong ability to communicate soundly and confidently.

Compassion stands out as an important value for nurses in the hospital. The warmth of a human heart will do wonders to a sick human especially when they are out of their comfort zone. A lot of kindness and sympathy helps a family and makes the patient feel much better. Showing compassion at a time of need plays a major role in a nurse's day.

In conclusion, nursing is a commitment and dedication towards people with all different health needs. As trends are always developing, the Nursing Services Department emphasizes on quality training and development so that all the nurses are up to date with new procedures and equipment. It is music to the ear when patients remember not only the doctors who helped them through their sickness but for the compassionate and quality care extended to them by the NKTI nurses.

QUALITY CARE AT THE EMERGENCY ROOM







The emergency department of every hospital functions as the basic provider of immediate treatment for patients where high quality care is given as efficiently as possible. It is in the forefront of providing primary health response answering to the initial care of people with a broad spectrum of illnesses and injuries wherein some of which may be life-threatening and requiring immediate attention.

The Emergency Room of the National Kidney and Transplant Institute upholds the same principles in providing patients with high quality care albeit uniquely since it caters mostly to both the urgent and emergent conditions arising from acute and chronic kidney diseases.

Patients who come to the ER undergo reasonable stress. As such, the staff at the ER understands that waiting can be frustrating. They have been doing their best to keep a patient comfortable while lessening the wait to a minimum. Dr. Zenaida L. Antonio, the head of the ER Department of the Institute succinctly emphasizes the thrust of the section with the words "systematic, efficient, and effective patient care."

Although the emergency room has a rather relatively small area as compared to the big number of patients that seek its services, it is being managed with certain efficiency with the help of the residents and fellows in training, nurses, and social workers. At the ER, the patients undergo a brief

triage. This sorting and interview determines the nature and severity of illnesses. All are treated as soon as possible, but someone who arrives later may be seen before another if they need treatment more urgently.

The waiting time for patients has been drastically lessened when the operations audit was implemented. This emphasizes proper coordination and communication with different services to facilitate effective delivery of treatment for problematic cases. The system has been proven so effective that it was institutionalized and is now implemented in other departments.



The staff of the emergency department includes the doctors, nurses and allied support personnel that are adequately oriented and competent in providing quality care for the patients. It operates around the clock 24/7 with complete staffing levels at any given time.

The ER staff are equipped with the necessary training. They have all completed the Basic Life Support (BLS), Advance Cardiac Life Support (ACLS), and Pediatric Advance Life Support (PALS) training courses which are prerequisites to work in the area. Moreover, supplemental seminars on Stress Management in the Workplace and Emotional Intelligence (EQ) Development were introduced to keep the staff reminded of their duties to comply with patient customer satisfaction.

The annual increase in patient load at the ER ranges from a 10-15% with about 75-80% comprising the renal cases, to include urological as well as transplant referrals. The past year saw the Department posting an average increase of 10% of patient's census in all the different specialties-Adult and Pediatric Nephrology, Internal Medicine, General Surgery, Urology, Vascular and Transplant Surgery. Furthermore, it has accomplished a 5% increase in net income. In general, the ER had a performance rate of 91% of its projected financial target for 2008 reflecting a relatively favorable outcome financially.

The emergency room has currently 16 beds catering to about 8,000 patients annually. It has acquired a new state of the art defibrillator, cardiac monitor with built-in ECG, compact and user-friendly mobile E-cart, easy to mobilize E-beds (Hilrom), newer lines of both pediatric and adult laryngoscopes and diagnostics sets (ophthalmoscope and otoscope). It continues to offer the complete range of emergency care services with improved facilities among which are:

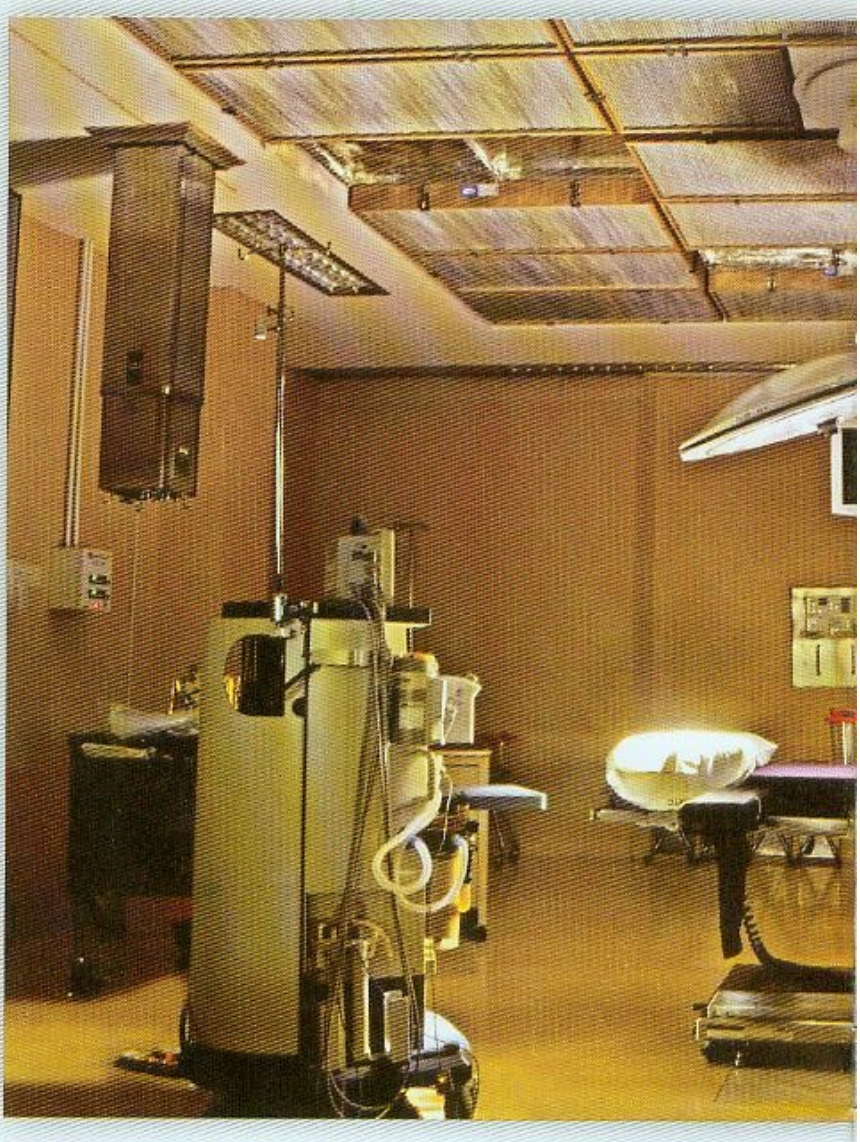
- Advanced cardiac evaluation and intervention area
- Satellite blood bank
- 2-private observation rooms primarily dedicated to kidney transplant and dialysis patients
- Computerized patient tracking system and documentation
- Computerized order entry
- Dedicated pediatric nephrology area and
- Spacious halfway area

In line with the emerging trends to cope up with government updates, the emergency room undertook the capacity assessment training in responding to emergencies/ disasters as sponsored by the Department of Health-Health Emergency Management Staff (DOH-HEMS) and the Center for Health Development-Metro Manila (CHD-MM). The documentations for assessment include the updated and disseminated hospital preparedness response and recovery plan, operational plan for both internal and external disasters, and the contingency plan for other special emergencies. The emergency room likewise prepared manuals for the different protocols for emergency management together with the procedures to keep it abreast and at the forefront of potential emergencies and disasters. The ER takes pride in the capability to take action when most needed.

Every emergency department should be ready to respond to increasing need for rapid assessment and management of critical illnesses. The National Kidney and Transplant Institute will not be left out to address this need. It is further envisioned that an expanded Emergency Room will be realized in the soon to rise Diagnostic Centre complete with all the amenities of a dedicated isolation room, small diagnostic area, and a mini operating room. The NKTI-ER Department looks forward with anticipation to realize this dream committed to serve and become a leader of emergency readiness for the coming generations.

Inside the Ope

There are several treatment options available for patients suffering from kidney failure, but none offers more promise of a return to normal life than transplantation. A successful kidney transplant, at any age, increases longevity and offers a better quality of life. It is also more cost-effective for patients than chronic dialysis. After a successful transplant, a patient can become free of dialysis and return home to lead a freer and healthier life.



The National Kidney and Transplant Institute is at the forefront in answering this need, being an internationally renowned transplant center for adults and children in the country. It takes pride of an operating theater that is now comparable with other hospitals abroad not only with regard to procedures and equipment, but more so with services extended for utmost patient care. A significant part of its commitment in combating kidney disease is subsidizing the kidney transplant of service patients through funds generated by the hospital. This augments the government budget allocation to fight renal disease especially among indigent patients who are most in need.

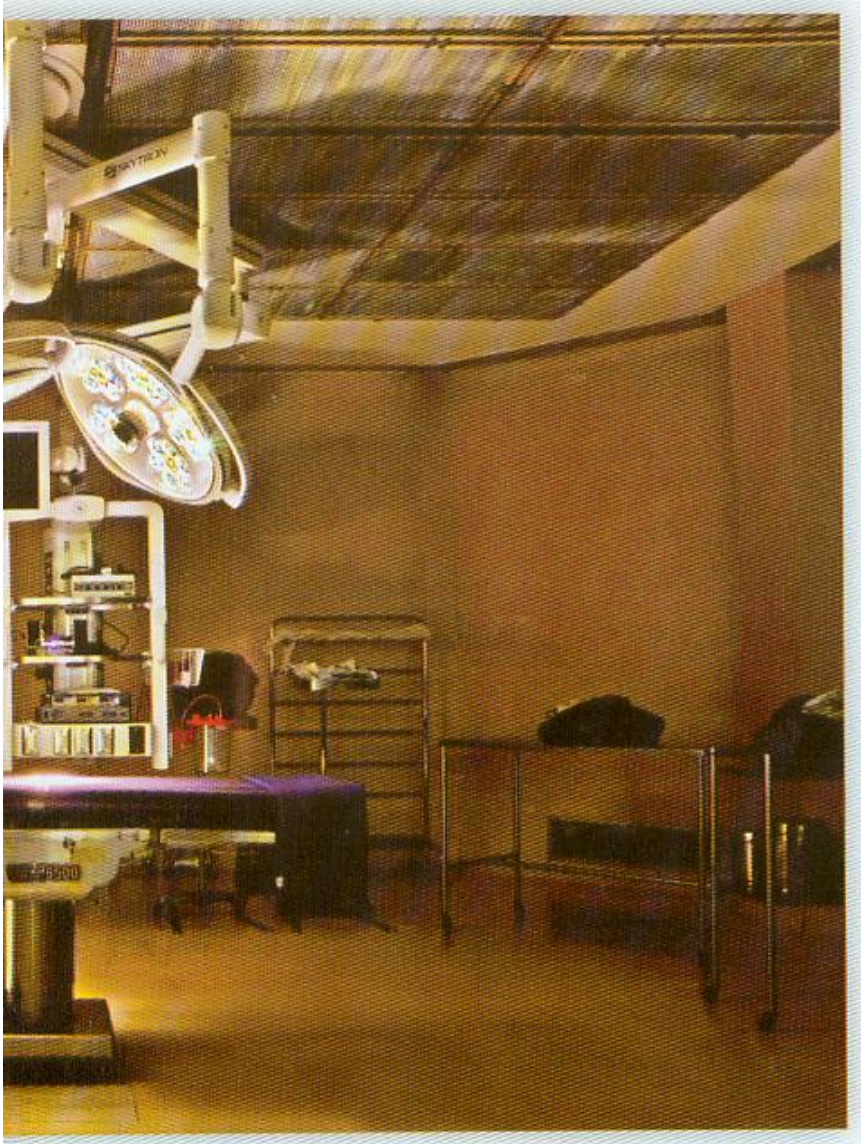
As having a well maintained operating room in the country, it performs more than 350 kidney transplants per year with patient and kidney graft survival rates exceeding hospital targets and averages more than any hospital in the Philippines. The operating room of NKTI has been known too for pioneering the first kidney-pancreas transplant in the country and in the whole of Asia. Likewise, it has made a mark in the continued successful liver transplants performed in the hospital.

As a kidney transplant center in Asia, the Institute offers expert, high-quality and personalized treatment that offers no distinction whether a patient is categorized private or service. There are no special treatments as both categories enjoy the commitment to receive the same quality of treatment for advanced kidney disease.

It can now be said that the operating theater of NKTI is one of the best equipped unit at present especially with regard to its state of the art monitoring equipment. Among other basic devices for monitoring, it makes use of three important machines that assure patient's safety and survival. It uses the non-invasive pulse oximetry to monitor the oxygenation of the patient, the capnography to check the concentration or partial pressure of carbon dioxide (CO_2) and the non-invasive cardiac output monitor which is imperative for actual operations.

rating Theater

An experienced team of specialists work with patients throughout the transplant process to ensure that the pre, peri and post-operative needs are met and that patients have the best possible outcomes and the chance to return to a normal and independent lifestyle. This is composed of seasoned multidisciplinary team of surgeons, anesthesiologists, nephrologists, infectious disease specialists, transplant coordinators, nurses and social workers, who are all dedicated to provide comprehensive patient and family care throughout the transplant.



Since its beginnings in the year 1983, the operating room has grown leaps and bounds performing 4,000 surgeries that now accommodate all kinds of surgical interventions primarily catering to renal and urological diseases with exception of cardiac and obstetrical procedures.

The operating room is composed of eight suites where there are four major and two minor rooms, and two urology rooms. The different suites are designed for its specific specialty. The operating theater is the centerpiece and symbol of premium quality of surgical care given to patients.

After the surgery, which may usually take about 3 hours on an average, the recipient is transferred to the recovery room for an aggressive acute pain control where it takes into consideration the patient's comfort. The length of time a patient spends in the recovery room varies based on the patient's unique condition. Even after operation, the patient is still monitored closely. Likewise, the hospital educates both patient and family on all aspects of caring by giving information about medications, activity, follow-up, diet, and any other specific instructions from the transplant team.

Dr. Jaime G. Velasquez, the present operating room manager and chair of the Department of Anesthesia, attributes the positive changes in the department to the systematic conduct of operation achieved specifically in the annual strategic planning. Aside from that, he finds the support coming from the top management encouraging, considering that the hospital director, Dr. Enrique Ona, understands the intricacies of an operating room, being a noted surgeon himself.

A successful transplant is life changing. Other than the quality of life achieved, many patients feel a change in themselves. They have significantly improved energy levels and outlook to life. This will be the continued motivation for the people behind the operating room who are committed to make definite life changes for the Filipino people battling renal diseases.

'08 Year at



25th Founding Anniversary
Opening Ceremonies and Unveiling of the
DNA Fusion Metal Marker
January 25, 2008



Cornerstone Laying Anniversary of NKTI
February 22, 2008



World Kidney Day Celebration
"On the Spot Poster Making Contest"
March 13, 2008



In-Hospital Surgical Mission
in NKTI
March 29, 2008



1st Transplant Symposium
"Maximizing Clinical
Outcomes in Kidney Transplantation"
April 16, 2008
EDSA Shangri-La Hotel



Blessing & Inauguration of
Employee's Lounge
May 7, 2008



National Kidney Month Celebration
Free Kidney Check
June 3-6 / 16-25, 2008

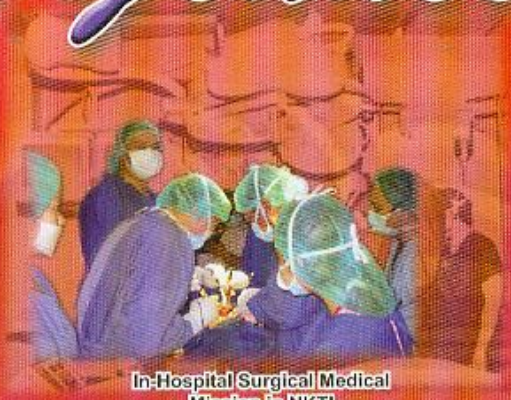


5th Postgraduate Course with
Workshop on
Advanced Laparoscopy
June 25-27, 2008



2nd PD Nurses
Training Workshop
July 12, 2008

a Glance



In-Hospital Surgical Medical
Mission in NKTI
July 12, 2008



Nutrition Month Celebration
"Sa Wastong Nutrisyon ni Mommy,
Siguradong Healthy si Baby"
July 2008



1st Postraduate Course in
Pediatric Renal Transplantation
"ABC's of Pediatric Renal
Transplantation"
September 11-12, 2008



15th Postgraduate Course in Dialysis
"Dialysis in Special Populations"
October 23-25, 2008



Annual Nursing Department Week Celebration
"Nurses: Lifting Spirit, Touching Lives"
October 20-25, 2008



National REDCOP Forum
November 19, 2008
Manila Pavillon Hotel



Blessing & Inauguration of
Dr. Filoteo A. Alano Auditorium
December 3, 2008



Cornerstone Laying Ceremony of
NKTI Diagnostic Center
December 5, 2008



NKTI's Christmas Celebration
"Matapat na Serbisyo Dulot ay Masaganang Pasko"
December 19, 2008

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Employee's Lounge

The daily grind of hospital work can be very taxing. Hospital employees need a conducive place where they can relax, unwind and get recharged. Nothing beats the pleasure of being able to spend time with friends and colleagues during breaktimes to share meals, play games, watch TV or simply enjoy the morning breeze together.



The top management of NKTI has long recognized the importance of providing its employees with a good working environment. A testament to this was the creation of the Employee's Lounge which formally opened last May 7, 2008. The lounge is a dedicated space for the Institute's workforce, a place they can use for their coffee breaks and meals, socialization and other recreational activities.



The gym area provides a space where employees can engage in light sport activities like playing table tennis. Moreover, just nearby the dining hall is an outdoor space where employees can play badminton or just enjoy the breeze of air overlooking the landscaped garden below. Shower rooms are provided too for use after games or exercise.

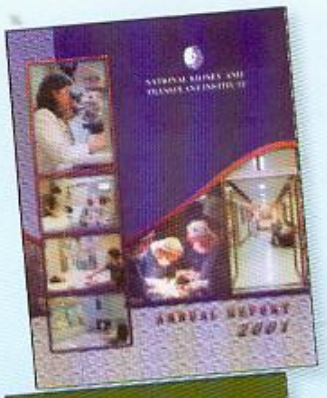
The goal for the Employee's Lounge is to provide quality and pleasurable activities even though one is immersed in the daily activities of hospital care. As part of its future development plan, Dr. Enrique Ona envisions the lounge as a future day care center where working mothers can entrust their children for informal schooling and caregiving. Hopefully, when this is realized, employees will have the peace of mind and satisfaction while working productively at NKTI.

The Employee's Lounge is currently being managed by the NKTI Employees' Association officers headed by Ms. Eufemia Chona De Jesus. It opens daily from 7:00 am to 9:00 pm catering to the needs of the employees.

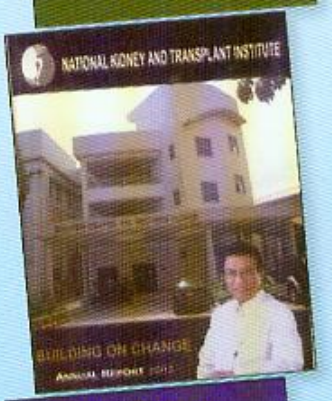
It is a fully air-conditioned room that occupies a 520-square meter space situated at the second floor of Annex I building. It is divided into four areas namely the gym, the living room, the dining hall and the veranda. The amenities of the lounge include 20 tables and sets of chairs to allow as many employees possible during meals; hot and cold water dispensers, and a microwave oven. It has a comfortable sofa with TV for relaxation too. The lounge alternates as a venue for staff meetings and other functions like birthdays and special occasions.

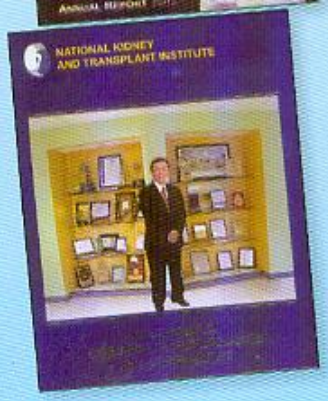


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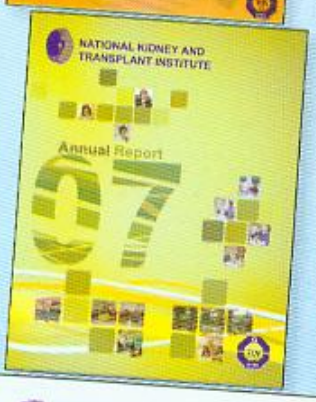
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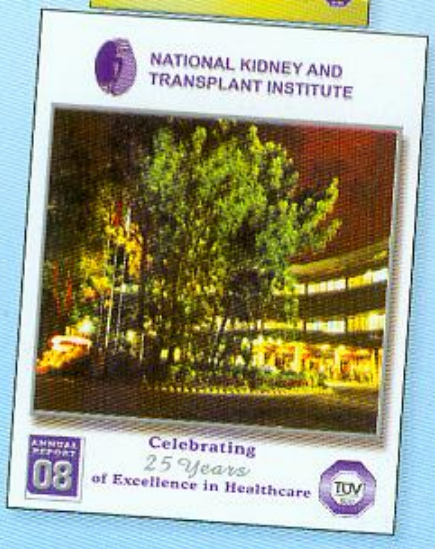
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