

Ⅷ 資 料

MONTHLY HOSPITAL STATISTICAL BULLETIN

SRI JAYEWARDENEPURA GENERAL HOSPITAL, KOTTE

NOVEMBER 1985

IN PATIENT SERVICE

Bed Complement	..	1001
Beds commissioned	..	520
Total Number of Patients admitted	..	1406
Total Number of Discharges (including Deaths)	..	1383
Average Length of Stay	..	6.9
Average Daily Sick	..	323.6
Daily Average Admissions	..	46.8
Daily Average Discharges	..	46.1
Bed Occupancy	..	62.2%

TOTAL DEATHS

Under 48 Hours	..	8
Over 48 Hours	..	16
Death Rate	..	1.7
Still Birth	..	3

MATERNITY SERVICES

Number of Maternity Patients admitted	..	311
Number of Maternity Patients delivered	..	245
Number of Maternal Deaths	..	Nil
Total Deaths among Infants born in Hospital	..	3
Number of Breech Births	..	2
Number of Deaths among Immature Babies	..	Nil
Total Live Births	..	246

X-RAY SERVICES

Number of Patients X-rayed	..	1008
Number of X-Rays taken	..	1048
Routine X-Ray Examinations	..	984
Special Examinations	..	64

Contd.....2/.

PHYSIOTHERAPY SERVICES

Number of Old Patients (from previous month)	..	81
Number of New Patients	..	142
Number of Patients Visits	..	763
Number of Treatment Units given	..	2230

PATHOLOGY SERVICES

No. of Investigations

Biochemistry	..	2026
Histology	..	208
Microbiology	..	724
Haematology, Blood Bank and O.P.D. Lab	..	10,003

CLINICS

a) Medical Clinic

Total Number of Visits	..	1849
Number of Clinics held	..	23
Average per Clinic	..	80.3

b) Hypertension Clinic

Total Number of Visits	..	131
Number of Clinics held	..	4
Average per Clinic	..	32.7

c) Gastro Intestine Clinic

Total Number of Visits	..	84
Number of Clinics held	..	4
Average per Clinic	..	21

d) Paediatric Surgical Clinic

Total Number of Visits	..	246
Number of Clinics held	..	8
Average per Clinic	..	30.7

e) Paediatric Clinic

Total Number of Visits	..	654
Number of Clinics held	..	23
Average per Clinic	..	28.4

Contd....3/.

f) Gynaecology Clinic

Total Number of Visits	..	1796
Number of Clinics held	..	23
Average per Clinic	..	78.0

g) Surgical Clinic

Total Number of Visits	..	1160
Number of Clinics held	..	20
Average per Clinic	..	58

EMERGENCY TREATMENT UNIT

Number of Patients Visits	..	1782
Number of Deaths	..	2
Number of Admissions	..	905
Dressings	..	179
Injections	..	436

OPERATIONS

Number of Surgical Operations	..	164
Number of Gynaecological Operations	..	203
Number of Paediatric Operations	..	37
Number of Orthopaedic Operations	..	NIL
Total Number of Operations	..	404

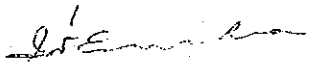
I.C.U. & C.C.U.

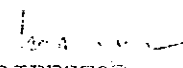
Number of Admissions to I.C.U.	..	5
(a) Surgical	..	3
(b) Gynaecological	..	2
Number of Admissions to C.C.U.	..	15
Total Number of Admissions	..	20
Total Number of Deaths	..	2

Contd.....4/.

CAUSE OF DEATHS CLASSIFIED

1. Malignant Neoplasm of Digestive Organs and Peritoneum ..	1
2. Malignant Neoplasm of Other and Unspecified Sites ..	1
3. Diseases of Blood and Blood Forming Organs ..	1
4. Inflammatory Diseases of the Central Nervous System ..	1
5. Chronic Rheumatic Heart Disease ..	1
6. Hypertensive Disease ..	1
7. Ischemic Heart Disease ..	5
8. Diseases of Pulmonary Circulation ..	3
9. Other Forms of Heart Disease ..	1
10. Cerebro-Vascular Disease ..	1
11. Pneumonia and Influenza ..	1
12. Chronic Obstructive Pulmonary Disease and Allied Conditions ..	1
13. Diseases of Oesophagus, Stomach and Duodenum ..	1
14. Other Diseases of Digestive System ..	1
15. Certain Conditions Originating in the Perinatal Period ..	2
16. Autopsies ..	2
	24


MEDICAL RECORDS OFFICER


DIRECTOR

10th December, 1985.

Talapathpitiya
Nugegoda.

MONTHLY HOSPITAL STATISTICAL BULLETIN

SRI JAYEWARDENEPURA GENERAL HOSPITAL, KOTTE

DECEMBER 1985

IN-PATIENT SERVICE

Bed Complement	..	1001
Beds commissioned	..	544
Total Number of Patients admitted	..	1560
Total Number of Discharges (including Deaths)	..	1480
Average Length of Stay	..	6.8
Average Daily Sick	..	331
Daily Average Admissions	..	50.3
Daily Average Discharges	..	47.7
Bed Occupancy	..	61.4%

TOTAL DEATHS

Under 48 Hours	..	9
Over 48 Hours	..	29
Death Rate	..	2.5
Still Birth	..	5

MATERNITY SERVICES

Number of Maternity Patients admitted	..	316
Number of Maternity Patients delivered	..	268
Number of Maternal Deaths	..	Nil
Total Deaths among Infants born in Hospital	..	2
Number of Breech Births	..	2
Number of Deaths among Immature Babies	..	1
Total Live Births	..	269

X-RAY SERVICES

Number of Patients X-rayed	..	1173
Number of X-Rays taken	..	2300
Routine X-Ray Examinations	..	1098
Special Examinations	..	125

Contd...p.2

PHYSIOTHERAPY SERVICES

Number of Old Patients (from previous month)	..	65
Number of New Patients	..	136
Number of Patients Visits	..	766
Number of Treatment Units given	..	2145

PATHOLOGY SERVICES

NO. OF INVESTIGATIONS

Biochemistry	..	2304
Histology	..	230
Microbiology	..	691
Haematology, Blood Bank and O.P.D. Lab	..	10918

CLINICS

(a) Medical Clinic

Total Number of Visits	..	1793
Number of Clinics held	..	24
Average per Clinic	..	74.7

(b) Hypertension Clinic

Total Number of Visits	..	141
Number of Clinics held	..	5
Average per Clinic	..	28.2

(c) Gastro Intestine Clinic

Total Number of Visits	..	89
Number of Clinics held	..	5
Average per Clinic	..	17.8

(d) Paediatric Surgical Clinic

Total Number of Visits	..	245
Number of Clinics held	..	9
Average per Clinic	..	27.2

(e) Paediatric Clinic

Total Number of Visits	..	707
Number of Clinics held	..	24
Average per Clinic	..	29.4

Contd... p.3

(f) Gynaecology Clinic

Total Number of Visits	..	1914
Number of Clinics held	..	23
Average per Clinic	..	83.2

(g) Surgical Clinic

Total Number of Visits	..	1243
Number of Clinics held	..	24
Average per Clinic	..	51.7

EMERGENCY TREATMENT UNIT

Number of Patients Visits	..	1350
Number of Deaths	..	6
Number of Admissions	..	564
Dressings	..	164
Injections	..	678

OPERATIONS

Number of Surgical Operations	..	188
Number of Gynaecological Operations	..	200
Number of Paediatric Operations	..	47
Number of Orthopaedic Operations	..	7
Total Number of Operations	..	442

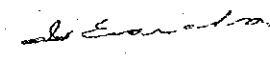
I.C.U. & C.C.U.

Number of Admissions to I.C.U.	..	10
(a) Surgical	..	5
(b) Gynaecological	..	5
Number of Admissions to C.C.U.	..	30
Total Number of Admissions	..	40
Total Number of Deaths	..	2

Contd... p.4

CAUSE OF DEATHS CLASSIFIED

1. Tuberculosis	..	2
2. Other Spirochaetal Diseases	..	1
3. Malignant Neoplasm of Digestive Organs and Peritoneum	..	2
4. Malignant Neoplasm of Bone, Connective Tissue, Skin and Breast	..	1
5. Malignant Neoplasm of Lymphatic and Haematopoietic Tissue	..	2
6. Diseases of Other Endocrine Glands	..	2
7. Ischaemic Heart Disease	..	4
8. Diseases of Pulmonary Circulation	..	1
9. Other Forms of Heart Disease	..	2
10. Cerebro-vascular Disease	..	4
11. Chronic Obstructive Pulmonary Disease and Allied Conditions	..	2
12. Other Diseases of Digestive System	..	6
13. Nephritis, Nephrotic Syndrome and Nephrosis	..	3
14. Diseases of Male Genital Organs	..	1
15. Other Inflammatory Conditions of Skin and Subcutaneous Tissue	..	1
16. Certain Conditions originating in the Peri-natal Period	..	2
17. Symptoms involving Skin and Other Integumentary Tissue	..	1
18. Autopsies	..	1
		<u>38</u>
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MEDICAL RECORDS OFFICER


DIRECTOR

13th January, 1986.

Talapathpitiya
Nugegoda.

DRAFT BUDGET FOR 1986

		Rs '00	Rs '000
<u>PERSONNEL EMOLUMENTS : (Annexure 1)</u>			
Salary		24,762	
C.L.A.		7,958	
Other Allowances		350	
E.P.F		3,923	
E.T.F		970	
Provision for Gratuity		1,363	
Overtime, Holiday and Extra Duty Payments		<u>500</u>	39,826
Travelling			260
<u>SUPPLIES :</u>			
Medical Supplies & Drugs	(Annexure 2)	40,000	
Laboratory Chemicals (Estimate)		3,000	
X-ray Chemicals (Estimate)		3,000	
Food Provisions	(Annexure 3)	12,000	
Linen & Uniforms	(Annexure 4)	2,900	
General (Estimate)		2,500	
Fuel	(Annexure 5)	<u>2,300</u>	65,700
<u>REPAIRS & MAINTENANCE :</u>			
Janitorial Services	(Annexure 6)	2,500	
Garbage Disposal	(Annexure 7)	400	
Removal of Unclaimed Bodies etc	(Annexure 8)	40	
Repairs (Estimate)		<u>2,000</u>	4,948
<u>UTILITY SERVICES :</u>			
Electricity Charges	(Annexure 9)	6,295	
Water Charges	(Annexure 10)	<u>4,216</u>	10,511
<u>OTHER SERVICES :</u>			
Security	(Annexure 11)	2,100	
Insurance	(Annexure 12)	1,600	
Sundries Rates, Taxes etc (as per G.H.C)		<u>2,850</u>	6,550
Depreciation	(Annexure 13)		32,000
Staff Training			<u>15,000</u>
			174,795
<u>LESS : Budgeted Revenue</u>	(Annexure 14)		<u>(20,833)</u>
			<u>153,962</u>
			=====
	GOVERNMENT GRANT REQUIRED	..	

August 14, 1985.

SRI JAYWARDENEPURA GENERAL HOSPITAL

CAPITAL BUDGET FOR 1986

1. Construction of Buildings (Annexure 15)	..	13,458,530.00
2. Equipment (Annexure 16)	..	11,050,000.00
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TOTAL	..	24,508,530.00
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August 14, 1985.

PERSONNEL EMOLUMENTS

POST	AVERAGE	SALARY	NO.	SALARY	C.L.A	E.P.F	E.T.F
	MONTHLY	YEARLY		AMOUNT			
	Rs	Rs		Rs '000	Rs'000	Rs'000	Rs'000
Consultants	7,045	84,545	22	1,860	133	239	60
Resident Specialists	5,313	63,750	07	378	42	50	13
S.H.O/II.Os	3,767	45,204	47	2,125	285	289	72
Medical Interns	1,500	18,000	18	324	108	51	13
Nursing Sisters	2,595	31,149	22	685	133	98	25
Nurses	1,816	21,795	447	9,742	2,703	1,493	373
Orderlies/Kitchen Helpers	865	10,380	504	5,232	3,048	994	248
Family Health Workers	1,020	12,240	01	12	06	02	01
Laboratory Technicians	1,223	14,676	40	587	242	99	25
Laboratory Orderlies	960	11,520	13	150	79	27	07
Radiographers	1,932	23,190	16	371	96	56	14
Physiotherapists	1,872	22,470	14	315	84	48	12
Pharmacists	1,807	21,685	18	390	108	60	15
E.C.G. Recordists	1,610	19,320	04	77	24	12	03
Director	7,000	84,000	01	84	06	11	03
Deputy Director	6,750	81,000	01	81	06	10	03
Accountant	5,700	68,400	01	68	06	09	02
Secretary	4,500	54,000	01	54	06	07	02
Matron	3,350	40,200	01	40	06	06	01
Assistant Matron	2,900	34,800	01	35	06	05	01
Steno-Typists	2,200	26,400	04	106	24	16	04
Clerks	1,022	12,268	60	736	363	132	33
Typists	1,150	13,800	02	38	12	06	02
Medical Record Officers	2,100	25,200	02	50	12	07	02
Cooks	960	11,520	10	115	60	21	05
Diet Stewardesses	1,218	14,625	06	88	86	15	04
Electrical Foreman	1,690	20,280	01	20	06	03	01
Electricians	1,075	12,900	04	52	24	09	02
Building Foreman	1,690	20,280	01	20	06	03	01
Skilled Workers	1,075	12,900	07	90	42	16	04
Electro-Medical Engineer	3,380	40,560	01	41	06	07	01
Electro-Medical Technicians	2,225	26,700	05	134	30	20	05
Laundry Supervisor	1,075	12,900	01	13	06	02	01
Drivers	1,020	12,240	04	49	24	09	02
Telephone Operators	1,036	12,440	08	100	48	18	04
Welfare Officer	1,660	19,920	01	20	06	03	01
Cashiers	1,170	14,040	02	28	12	05	01
Public Health Inspectors	2,030	24,360	02	49	12	07	02
Store Keepers	1,600	19,200	02	38	12	06	02
Boilermen	1,150	13,800	02	28	12	05	01
Seamstresses	1,075	12,900	05	65	30	11	03
House Wardens	1,225	14,700	02	29	12	05	01
Administrative Assistant	2,250	27,000	01	27	06	04	01
Supplies Officer	3,380	40,560	01	41	06	07	01
Internal Auditor	3,380	40,560	01	41	06	07	01
Assistant Accountant	3,380	40,560	01	41	06	07	01
Book Keepers	1,550	18,600	02	37	12	06	01
			1316	24,762	7,958	3,923	970

August 14, 1985.

MEDICAL SUPPLIES AND DRUGS

	<u>NO. OF BEDS</u>	<u>DRUGS</u>	<u>OTHER MEDICAL SUPPLIES</u>	<u>TOTAL MEDICAL SUPPLIES</u>	<u>RATE PER BED</u>	<u>SUNDRY MATERIALS</u>
G.H. Colombo	2317	37,000	18,000	55,000	23,738	2,290
G.H. Kandy	1374	5,500	1,500	7,000	5,094	457
G.H. Peradeniya	540	-	-	3,500	6,481	240
G.H. Ragama	735	-	-	7,000	9,523	805
G.H. Galle	696	7,500	2,000	9,000	12,931	510
G.H. Jaffna	1050	6,250	750	7,000	6,667	369

The medical supplies cost per bed varies from place to place. One major contributory factor could be the number of patients treated in O.P.D. Another could be the fact that the Outstation Hospitals do not give free medication. We have assumed that the Colombo General Hospital would be the most representative of the estimate for a Colombo Base Hospital.

	Rs '000
1000 Beds x 23738	23,738
* Add 50% for increase in purchase price (State Medical Stores price = 130%)..	11,869
	<hr/>
	35,607
Inflation 10% of 35607	3,561
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	39,168
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* A 50% increase on the rate of which the Medicine are supplied to the General Hospital was sought as S.J.G.H would have to pay 30% more for the purchases from State Medical Stores and the fact that if the Medicine were purchased from S.P.C. or outside, the cost would increase by 30% to 100 mark up.

August 14, 1985.

FOOD PROVISIONS

		<u>IN-PATIENTS</u>	<u>RATE</u>	<u>AMOUNT</u>
		Days		Rs '000
Class I	..	5840	100.00	584
Class II	..	28032	60.00	1682
Class III	..	43800	40.00	1752
Non-Paying	..	214328	20.00	4287
Minor Staff Meals :				
550 x 365 days - 2 Meals			15.00	3011
TOTAL COST				11316
				=====

August 14, 1985.

LINEN & UNIFORMS

	Rs '000
<u>UNIFORMS</u> :	
Material for 3 Uniforms for Nurses - 15 m x 470 x 50/=	353
Material cost for Orderlies - 10 m x 550 x 40/=	220
Overcoats for Medical Officers - 10 m x 200 x 50/=	100
Overcoats for Other Employees - 8 m x 100 x 40/=	32
Shce Allowance for Nurses - 470 x 200/=	94

TOTAL UNIFORM COST ..	799
	===
<u>LINEN</u> :	
Linen for Beds - 3 Sets per bed x 50% replacement per annum - 12 m x 1500 x 60/= (assuming a set can be used only for 2 years)	1080
Curtains for Wards - Approximately 7000 m (one set)x80/=	560
Other Materials for Wards - 1000 m x 60/=	60
Linen for Quarters - 4000 m x 80/=	320
Other Materials - 500 m x 60/=	30

TOTAL LINEN COST	2050
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TOTAL COST FOR LINEN & UNIFORMS ..	2849
	=====

August 14, 1985.

FUEL

	Rs ' 000
From past statistics it can be seen that the Generator has run on an average 10 hours per month 10 x 12 x 501 x 8.13	49
For 5001 of Diesel transport cost Rs 150/00	2
Assuming that each Boiler utilises 201 of Furnace Oil per hour - 201 x 24 x 292 x 3 x 4.48	1884
Fuel Cost for Vehicles :	
Cars 4 x 30 m.p.d. x 300 x @ 62.50 1/24 m.p.g.	94
Van 60 m.p.d. x 300 x @ 8.13 1/20 m.p.g	7
Lorry 20 m.p.d. x 300 x @ 8.13 1/16 m.p.g	3

	2039
10% allowance for inflation	204

TOTAL COST	2243
	=====

August 14, 1985.

JANITORIAL SERVICES

Rs '000

At present, Rs 190,000 p.m. is paid.

Cost Escalation 10%	..	2508
		====

August 14, 1985.

GARBAGE DISPOSAL

Rs ' 000

At present, only one trip is made as the Hospital is less than 50% occupied. It is assumed that of full occupancy at least 3 trips could be made -

Rs 10,000 x 12 x 3

360

10% for Inflation

36

 396

August 14, 1985.

REMOVAL OF UNCLAIMED BODIES

		Rs '000
Present rate is Rs 3000 p.m x 12	..	36
<u>ADD</u> : 10% Inflation	..	4
		—
		40
		==

August 14, 1985.

ELECTRICITY CHARGES

Upto date, no Electricity Bills have been paid.

The past shows :

	<u>UNITS CONSUMED</u>	<u>BEDS</u>	<u>STAFF QUARTERS</u>	<u>IN-PATIENT DAYS</u>
May ..	167,080	450	80%	5775
June ..	182,900	450	80%	8305

6 Units could be consumed per additional In-patient day.

$$\frac{15,820 \text{ Units}}{2,530 \text{ In-patient days}} = 6.25 \text{ Units/day}$$

$$182,900 - (8305 \times 6) = 133,070 \text{ Fixed Component}$$

$$133,070 \times 12 + 292,000 \times 6 = 3,348,840 \text{ Units}$$

For Additional requirements :

Nurses' Quarters	150x12x40	72,000		
Doctors' Quarters	150x12x10	18,000		
Others	150x12x12	21,600		
Restaurant	500x12	6,000		
		117,000		
Sub Total as per above		3,348,840		
		3,465,840 @ 1.60	..	Rs 5,545,344
Maximum Demand Charge 500 KVAX 125/= x 12				750,000
TOTAL COST	..	..		Rs 6,295,344

August 14, 1985.

WATER CHARGES

Average of Consumption per person per day is one Unit.

Staff 1300 x 365 days	..	474,500
Patients 1000 x 365 x 80%	..	292,000
		<hr/>
		766,500
		=====

766,500 Units @ 5.50 = 4,215,750

August 14, 1985.

SECURITY SERVICES

At present, the rate is Rs 145,000 p.m. When the Hospital is fully operational, the Security points would increase.

$$145,000 + 20\% \text{ Increase} \times 12 = \underline{\underline{2,088,000}}$$

August 14, 1985.

INSURANCE

Cost of Buildings & Equipment 800 M x 0.2% = 1,600,000

August 14, 1985.

DEPRECIATION

Cost of Buildings & Equipment 800M x 4%	=	32,000,000
		=====

A rate of 4% was assumed as a break up of the 800M is not available. As the major component of this cost could be for the buildings which is generally depreciated at 2% p.a and the equipment which is generally depreciated at 10% to 25% p.a. A rate of 4% seems to be reasonable.

August 14, 1985.

BUDGET REVENUE

		Rs '000
a) Accommodation Charges	..	16,767
b) Drugs	..	800
c) O.P.D. Registration	..	312
d) Diet Recoveries (Minor Staff)	..	770
e) X-ray	..	660
f) Physiotherapy	..	38
g) Surgical	..	1,060
h) E.C.G	..	36
i) Pathology Laboratory Charges	..	270
j) Normal Delivery Chages	..	180
		<hr/>
		20,833
		=====

August 14, 1985.

CAPITAL EXPENDITURE

Rs

1. Director's Quarters (approved)		
Total Estimated Cost	..	946,000.00
2. Quarters for Married House Officers (Approved)		
Total Estimated Cost	..	9,000,000.00

The above 2 Building have been approved by the Director Budget of the General Treasury.

3. Restaurant for Doctors	..	1,012,530.00
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The above awaits Treasury approval.

4. Stanby Water Storage Tank	..	2,500,000.00
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TOTAL	..	13,458,530.00

August 14, 1985.

EQUIPMENT REQUIRED FOR 1986COST

Rs

1. X-RAY DEPARTMENTElectro-Medical Equipment :

1. Automatic X-ray Film Processor)	
2. Standby Manual Film Processing Unit)	
3. Photographic Film Identification Printer)	
4. Film Dryer)	
5. Dark Room Lamps (03 Nos))	
6. Film Trimmer)	
	)	5,200,000

For Emergency Trolley :

1. Detibrillator)	
2. Suction Pump - Aspirator)	
3. Laryngoscope & Endotracheal Tubes)	
4. Air Ways)	
5. Stethoscope)	

2. PHYSIOTHERAPY DEPARTMENTElectro-Medical Equipment :

1. Electrical Muscle Stimulator)	
2. Electrical Traction Unit	)	500,000
3. Interferential Current Therapy Unit)	

3. KITCHENElectrical Equipment

1. Potato Peeler)	
2. Beef Cutter)	
3. Mincing Machine	)	250,000
4. Blender)	

4. LABOUR ROOMElectro-Medical Equipment :

1. Suction Apparatus for Babies)	
2. O ₂ Cylinder - Large with Flow Meter)	
3. Transportable Incubator for Babies	)	1,500,000
4. Battery Charge Night Lamp)	
5. Electric Warmer for the Baby Room)	

5. WARD 6Surgical Items :

1. Wrights Peak Flow Meter)	
2. Nebulizers (02))	
3. Disposable Urinary Bags (06))	
4. Rectal Tubes	)	100,000
5. Ryles Tubes)	
6. Stomach Tubes)	

	<u>COST</u>
	Rs
6. <u>I.C.U.</u>	
Blood Gas Analyzer	1,400,000
7. Standby Generator	2,100,000

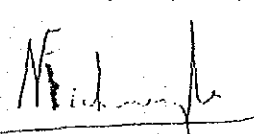
GRAND TOTAL	.. 11,050,000
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August 14, 1985.

From : Deputy Director
 To : All Specialist Staff
 All House Officers
 Chief Pharmacist
 Matron
 Supplies Officer thro' the Accountant
 Dated : 4th December, 1985.

LIST OF ESSENTIAL DRUGS

1. Herewith attached is a List of Drugs that the S.J.G.H. Drug Committee considers essential to be always available in the Indoor Dispensary.
2. Any suggestions for additions or deletions should be notified to the Chairman S.J.G.H. Drug Committee, Dr N.S. Jayasinghe. M.D., M.R.C.P.
3. Any drugs outside this list will have to be purchased on Local Purchase Order on the personal recommendation of a Consultant (or in his absence the Resident Specialist) and only on the authority of the Director. This will also apply to very expensive drugs held in stock such as Cefuroxime Sodium, Cefatoxime etc. On the consideration of cost benefit, it is recommended that as far as possible, prescriptions be confined to this List of Essential Drugs. Please refer also to the Director's Internal Circular No. 25 dated 22nd February, 1985, in which the decision of the Medical Staff regarding the ordering and dispensing of drugs is given. Please share this with the Intern House Officers of your Unit.
4. The Pharmacist in-Charge-of the Central Drug Store and the Supplies Officer are to ensure that sufficient stocks of these essential drugs are always available at the S.J.G.H.


 Dr N.F. Wickremasinghe
 DEPUTY DIRECTOR
 SRI JAYEWARDENEPURA GENERAL HOSPITAL

Encl : List of Essential Drugs

CC : 1. Chairman
 2. Director

ESSENTIAL DRUGS

1. Anaesthetics

1.1 General Anaesthetics and Oxygen

Trilene
Halothane
Haloperidol
Nitrous Oxide
Oxygen
Thiopental
Ketamine
Etomidate
Methohexidate
Nikethamide

1.2 Local Anaesthetics

Bupivacaine (Markaine) with and without adrenaline,
and also ampoules for epidural use.
2% Lidocaine (Lignocaine) with and without adrenaline,
and also ampoules for epidural use.
Cyclocaine heavy for spinals
4% Lignocaine Jelly
Xylocaine spray

2. Analgesics, Antipyretics, Nonsteroidal Anti-inflammatory Drugs and Drugs used to treat Gout

2.1 Non-opioids

Acetylsalicylic Acid
Indomethacin
Paracetamol
Mefenamic Acid (Ponstan)

2.2 Opioid analgesics and antagonists

Morphine
Methadone Inj.
Nalorphine } both adult and paediatric doses
Nalaxone }
Pethidine
Pentazocene Inj. & Tabs.
Fentonil

3. Antiallergics

Chlorpheniramine
Promethazine
Epinephrine (Adrenaline)

4. Antidotes and Other Substances used in Poisoning

4.1 General

Charcoal, activated
Pralidoxime (PAM[®] antidote)
Antivenin

4.2 Specific

Atropine
Desferrioxamine
Dimercaprol
Nalorphine
Protamine Sulphate
Sodium Calcium Edetate
Sodium Nitrite
Sodium Thiosulphate

5. Antiepileptics

Diazepam Tabs., Syrup, Suppository, Inj.
Ethosuximide Tabs.
Phenobarbital Tabs. & Inj.
Phenytoin Tabs. & Inj.
Carbamazepine Tabs.
Valproic Acid Tabs.
Clonazepam Tabs., Syrup & Inj.

6. Anti-infective Drugs

6.1 Anthelmintic Drugs

Mebendazole
Piperazine
Combantrin

6.2 Anti-amoebic Drugs

Chloroquine
Diloxanide
Metronidazole Tabs., Drips, Supps.

6.3 Anti-bacterial Drugs

6.3.1 Penicillins

Ampicillin
Cloxacillin
Benzathine Benzylpenicillin
Benzylpenicillin G
Phenoxymethylpenicillin V
Procaine Benzylpenicillin
Ampiclox Vials & Drops
Amoxicillin Syrup

6.3.2 Other Anti-bacterial Drugs

Chloramphenicol
Erythromycin
Gentamicin
Metronidazole
Salazosulfapyridine
Sulfadimidine
Sulfathalazole
Sulfamethoxazole Trimethoprim (Cotrimoxazole)
Tetracycline/Oxytetracycline
Nitrofurantoin
Cefuroxime Sodium (Zinacef) - Only on Consultant's request
Neomycin
Nalidixic Acid

Cefatoxime - Only on Consultant's request.
Polybactrim spray
Cicatrion powder and ointment
Milton
Eusol
Silver Sulphadiazine

6.3.3 Antileprosy Drugs

Clofazimine
Dapsone
Rifampicin

6.3.4 Anti-Tuberculosis Drugs

Ethambutol
Isoniazid
Pyrazinamide
Rifampicin
Streptomycin
Thioacetazone/Isoniazid

6.4 Anti-filarial Drugs

Diethylcarbamazine

6.5 Anti-fungal Drugs

Griseofulvin
Nystatin
Econazole
Miconazole

6.7 Anti-malarial Drugs

Chloroquine tabs. and Inj.
Primaquine
Amodiaquine

7. Anti-migraine Drugs

Ergotamine tabs. & inj.
Prochlorperazine tabs. & inj.
Clonidine

8. Anti-neoplastic and Immunosuppressive Drugs

(Not to be stocked. To purchase when required)

9. Anti-parkinsonism Drugs

Benzhexol
Bentropine inj.
Levodopa + Carbidopa (Only for indoor patients)

10. Drugs affecting the Blood

10.1 Antianemia Drugs

Ferrous Sulphate
Folic Acid
Hydroxocobalamin
Iron Dextran (Imferon)

10.2 Anti-coagulants and Antagonists

Heparin
Phytomenadione
Protamine Sulphate
Warfarin

11. Blood Products and Blood Substitutes

11.1 Plasma Substitutes

Haemacel
Dextran 70 in saline
" " " dextrose
Dextran 40

12. Cardiovascular Drugs

12.1 Antianginal Drugs

Glyceryl Trinitrate tabs. and paste (Paste only to be
issued to I.C.U.)
Isorbide Dinitrate
Propranolol
Verapamil
Nephedimine

12.2 Anti-arrhythmic Drugs

Isoprenaline
Lidocaine
Procainamide
Propranolol
Quinidine
Mexitil inj. & tabs.
Disapyramide

12.3 Anti-hypertensive Drugs

Hydralazine inj. & tabs.
Hydrochlorothiazide
Propranolol
Diazoxide inj.
Methyldopa
Prazosime
Labetalol
Trimetophan
Sodium Nitroprusside

12.4 Cardiac Glycosides

Digoxin
Edrophonium

12.5 Drugs used in shock or anaphylaxis

Dopamine
Epinephrine
Metaraminol
Methoxamine
Methyl Amphetamine
Ephedrine inj.

13. Dermatological Drugs
- 13.1 Anti-fungal Drugs
Benzoic Acid - Salicylic Acid
Miconazole, Econazole
Nystatin
- 13.2 Anti-infective Drugs
Neomycin + Bacitracin
- 13.3 Anti-inflammatory and Anti-pruritic Drugs
Betamethazone
Calamine lotion
Hydrocortisone
- 13.4 Astringent Drugs
Aluminium Acetate
- 13.5 Keratoplastic and Keratolytic agents
Coal Tar
Salicylic Acid
- 13.6 Scabicides and Pediculocides
Benzyl Benzoate
Gamma Benzene Hexachloride (Lindane)
14. Diagnostic Agents
Edrophonium
Tuberculin, purified protein derivative (PPD)
15. Disinfectants
Cetrimide
Chlorhexidine
Iodine
16. Diuretics
Frusemide
Hydrochlorothiazide
Mannitol
Spironolactone
Bumetamide K
17. Gastro-intestinal Drugs
- 17.1 Antacids and other antiulcer drugs
Aluminium Hydroxide
Cimetidine
Magnesium Hydroxide
Magnesium Trisilicate
Sodium Citrate
- 17.2 Anti-emetic Drugs
Promethazine
Metoclopramide inj., tabs., liquid

17.3 Anti-haemorrhoidal Drugs

Local anaesthetic
S.T.D.
Phenol in Almond Oil

17.4 Anti-spasmodic Drugs

Atropine
Propantheline Bromide
Baralgin
Hyoscine Butyl Bromide (Buscopan) tabs. & inj.

17.5 Cathartic Drugs

Senna
Bisacodyl tabs & supps.

17.6.1 Anti-diarrhoeal (symptomatic) Drugs

Codeine syrup
Diphenoxylate with atropine

17.6.2 Replacement solution

Oral rehydration salts (for glucose salt solution)g/litre
Sodium Chloride 3.5
Sodium Bicarbonate 2.5
Potassium Chloride 1.5
Glucose 20.0

18. Hormones

18.1 Adrenal hormones and synthetic substitutes

Dexamethasone inj., tabs.
Hydrocortisone hemisuccinate
Hydrocortisone acetate
Prednisolone
Fludrocortisone
Cortisone acetate tabs.
Depot Medral

18.2 Androgens

Testosterone proprionate inj.
Proviron tabs.

18.3 Estrogens

Ethinylestradiol
Stilboesterol
Mixog

18.4 Insulins and other anti-diabetic agents

Compound Insulin Zinc suspension
Insulin injection
Metformin
Glibenclamide
Tolbutamide
Chlorpropamide

- 18.5 Oral Contraceptives
 - Ethinylestradiol Levenorgestrol
 - Ethinylestradiol Norethisterone
 - Norethisterone
 - Eugynon
 - Nordate
- 18.6 Ovulation Inducers
 - Clomifene
- 18.7 Progestogens
 - Norethisterone
 - Duphaston
- 18.8 Thyroid Hormones and Anti-thyroid Drugs
 - Levothyroxine
 - Potassium Iodide
 - Carbimazole
- 19. Immunologicals
 - 19.1 Sera and Immunoglobulins
 - Anti-D Immunoglobulin (human)
 - Antirabies Hyperimmune Serum
 - Antivenom sera
 - diphtheria Antitoxin
 - Tetanus Toxoid
 - Tetanus Antitoxin
 - 19.2 Vaccines
 - 19.2.1 For Universal Immunization
 - B.C.G. vaccine (dried)
 - Diphtheria -pertussis-tetanus vaccine
 - Diphtheria-tetanus vaccine
 - Measles vaccine
 - Poliomyelitis vaccine (live attenuated)
 - Tetanus vaccine
 - 19.2.2 For specific groups of individuals(From M.R.I. when required)
 - Rabies vaccine
 - Typhoid vaccine
- 20. Muscle Relaxants (Peripherally Acting) and Cholinesterase Inhibitors
 - Neostigmine
 - Gallamine inj.
 - Tubocuraine inj.
 - Suxamethonium
 - Edrophonium inj.
- 21. Ophthalmological Preparations
 - 21.1 Anti-infective Agents
 - Chloramphenical oint. & drops
 - Tetracycline

- 21.2 Anti-inflammatory Agents
Hydrocortisone
- 21.3 Local Anaesthetics
Tetracaine
- 21.4 Miotics
Pilocarpine
- 21.5 Mydriatics
1% Homatropine
- 21.6 Systemic Preparations
Acetazolamide (Diamox)
22. Oxytocics
Ergometrine
Oxytocin (Syntocinon)
Pitressin inj. (Aqueous for IV use - Park Davies)
23. Peritoneal Dialysis Solution
Intraperitoneal Dialysis solution
(of appropriate composition)
Dialysis sets and Catheters
24. Psychotherapeutic Drugs
Imipramine
Amitriptyline
Chlorpromazine, Trifluoperazine
Diazepam tabs. & inj.
Fluphenazine inj.
Haloperidol tabs. & inj.
Lithium Carbonate
25. Drugs acting on the Respiratory Tract
- 25.1 Anti-asthmatic Drugs
Aminophylline inj. & supp.
Epinephrine (Adrenaline)
Salbutamol tabs., inj., fluid for aerosol
Ephedrine tabs.
Choline Theophyllinate
- 25.2 Anti-tussives
Codeine
26. Solutions Correcting Water, Electrolyte and Acid-base Disturbances
Compound solution of Sodium Lactate (Hartmann's)
Glucose 5%, 10%, 25%, 50%
Glucose with Sodium Chloride
Potassium Chloride injection
Sodium Bicarbonate 7.5%, 1.3%
Sodium Chloride, 11, 2N, 2N
Water for Injection
Darrows Solution

27. Vitamins and Minerals

Ascorbic Acid
Ergocalciferol
Nicotinamide
Nicotinic Acid
Pyridoxine
Sodium Fluoride
Thiamine
Multivitamin tablets
Vitamin A & D tabs/capsules
Calcium Gluconate inj. & tabs.
Calcium Lactate tabs.

4th December, 1985. -----

S.J.G.H.
Talapatpitiya
Nugegoda.

<u>Name of the Drug</u>	<u>Cost per tablet/ vial/bottle/tube</u>	<u>Average cost of 5 days treatment</u>
Amoxicillin 250mg. Caps.	1.51	30.20 - 60.40
Amoxicillin Syrup	25.40	25.40
Ampicillin 250mg. Caps.	1.04	20.80 - 41.60
Ampicillin 500mg. Inj.	8.49	169.80
Ampicillin Syrup	21.60	21.60
Ampiclox Drops	28.55	28.55
Ampiclox Inj.	15.95	319.00
Benzyl Penicillin G ½m. IU Inj.	4.65	46.50 - 93.00
Benzathine Penicillin Inj.	15.32	N/A
Cefatoxime (Claforan) Inj.	202.00	2020.00
Cefuroxime Sodium (Zinacef) 750mg. Inj.	85.00	1700.00
Chloramphenicol 250mg. Caps.	0.42	8.40 - 16.80
Cloxacillin 250mg. Caps.	1.58	31.60 - 63.20
Cloxacillin 250mg. Inj.	8.56	171.20 - 342.40
Cloxacillin Syrup	33.30	33.30
Combantrin	2.14	10.70/course
Cotrimoxazole Adult Tabs.	0.73	14.60
Cotrimoxazole Paed. Tabs.	0.24	4.80
Cotrimoxazole Syrup	64.20	64.20
Erythromycin Syrup	21.00	21.00
Erythromycin 250mg. Tabs.	1.89	37.80 - 75.60
Gentamycin Inj. (40mg/ml)	10.35	310.50
Kemicitin Inj.	7.20	144.00
Mebendazole	9.95	5.70/course
Metranidazole 200mg. Tabs.	0.18	5.40 - 10.80
0.5% Metranidazole Drip	45.70	228.50
Milton (600ml)	144.00	-
Nalidixic Acid Tabs.	1.47	14.70
Neomycin Tabs.	2.28	68.40
Netromycin 100mg. vial	76.00	760.00
Nitrofurantoin 100mg. Tabs.	0.18	3.53
PAM Penicillin 3,000,000 IU	18.16	36.32
Phenoxymethylpenicillin V 250mg. Tabs.	0.52	10.40 - 20.80
Phenoxymethylpenicillin V Syrup	20.45	20.45
Polybactrim Spray	115.50	115.50
Procaine Penicillin	2.67	13.35
Sulphadiazine 0.5g. Tabs.	0.29	12.18
Sulphadimidine Tabs.	0.23	9.66
Sulphathalozol 0.5g. Tabs.	0.14	5.88
Tetracycline 250mg. Caps.	0.34	6.80 - 13.60

HOSPITAL CHARGES

Sri Jayewardenepura General Hospital
Talpathpitiya
NUGEGODA.

Tel : 563610-19

SRI JAYEWARDENEPURA GENERAL HOSPITAL.

All Patients should pay Rs 10/00 as Registration Fees.

	<u>LOCALS</u>	<u>FOREIGNERS</u>
Class I	Rs 600.00 per day	US\$ 60.00 per day
Class II(a)	Rs 300.00 per day	US\$ 35.00 per day
Class II(b)	Rs 250.00 per day	US\$ 30.00 per day

Surgical procedures, Investigations etc. will be charged separately.

	<u>LOCALS</u>	
Class III	Rs 150.00 per day)) All inclusive

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CHARGES FOR SURGICAL PROCEDURES

	<u>CLASS I</u>	<u>CLASS II(a) & II(b)</u>	<u>CLASS III</u>
	Rs	Rs	Rs
MAJOR	1500.00	750.00	375.00
INTERMEDIATE	750.00	400.00	200.00
MINOR	500.00	200.00	100.00

All implants will be charged separately.

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CHARGES FOR E.C.G. & E.E.G

		<u>CLASS I & II</u>	<u>CLASS III</u>
		Rs	Rs
E.C.G.	..	60.00	30.00
E.E.G	..	100.00	50.00

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CHARGES FOR X-RAYS

I.V.P.	: Using 40 ml Contrast	..	Rs	650.00
	For Extra Ampoules at a cost of Rs 60/00			
	Extended I.V.P - Rs 50/00 each			
CYSTOGRAL	: 2 Ampoules	..	Rs	400.00
BARIUM MEAL	: Single Contrast	..	Rs	550.00
	Double Contrast	..	Rs	650.00
BARIUM ENEMA	: Single Contrast	..	Rs	550.00
	Double Contrast	..	Rs	700.00
CHEST	: PA	..	Rs	75.00
	PA and Lateral	..	Rs	120.00
G.U. TRACT	: AP	..	Rs	90.00
LUMBAR SPINE	: AP and Lateral	..	Rs	120.00
LIMBS	: One Film	..	Rs	90.00
	2 Films (17x14)	..	Rs	140.00
PAEDIATRICS	: Using 24x30 cms Film			
	Chest - AP (Single Film)	..	Rs	70.00
	AP and Lateral	..	Rs	100.00
	Same for Limbs and Abdomen			
IVP (CHILDREN)	: One Vial Contrast - using 24x30 films	..	Rs	400.00
MYELOGRAM	: With Myodil	..	Rs	800.00
	With Amipaque	..	Rs	800.00
CHOLECYSTOGRAM	: Oral	..	Rs	400.00
	I.V	..	Rs	500.00
SKULL	: AP/Lateral	..	Rs	110.00
	for each additional view Rs 50/00			

Full Rate for Class I and II Patients

Half Rate for Class III Patients.

CHARGES FOR PHYSIOTHERAPY

ELECTROTHERAPY - (FOR TREATMENT OF ONE SITE)

1. Short Wave Diathermy	..	Rs	30.00
2. Micro Wave Diathermy	..	Rs	30.00
3. Infra Red Therapy	..	Rs	30.00
4. Ultra-Sonic Therapy	..	Rs	30.00
5. Ultra Violet Therapy	..	Rs	30.00
6. Faradism Under Pressure	..	Rs	30.00
7. Electrical Stimulation	..	Rs	30.00
8. Wax Therapy	..	Rs	30.00

ANY ADDITIONAL SITE WOULD COST RS 10.00 EACH.

9. Any form of one Electrotherapy & Exercise Therapy/Traction	..	Rs	40.00
10. 2 Units of same Electrotherapy & Exercise Therapy/Traction	..	Rs	50.00
11. 2 Units of different types of Electrotherapy + Exercise/Traction	..	Rs	70.00
12. Exercise Therapy Only	..	Rs	30.00
13. Traction (Cervical/Lumber) Only	..	Rs	30.00
14. Exercise + Traction	..	Rs	40.00

Full Rate for Class I and II Patients.

Half Rate for Class III Patients.

SSS

CHARGES FOR LABORATORY TESTS

HAEMATOLOGY

Hb and PCV	..	Rs	20.00
WBC & DC	..	Rs	15.00
Platelet Count	..	Rs	15.00
Reticulocyte Count	..	Rs	15.00
E.S.R	..	Rs	15.00
BT/CT	..	Rs	10.00
Blood for MP or MF	..	Rs	10.00
Prothrombin Time	..	Rs	20.00
Full Blood Count	..	Rs	10.00

BLOOD BANK

Blood Transfusion	..	Rs	150.00
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BIO-CHEMISTRY

Blood Sugar	..	Rs	30.00
Blood Urea	..	Rs	30.00
Serum Bilirubin	..	Rs	30.00
Blood Cholesterol	..	Rs	30.00
S.G.O.T	..	Rs	30.00
S.G.P.T	..	Rs	30.00
Alkaline Phosphatase	..	Rs	30.00
Acid Phosphatase	..	Rs	30.00
Serum Proteins	..	Rs	30.00
A/G Ratio	..	Rs	20.00
Electrolytes	..	Rs	25.00
Serum Amylase	..	Rs	25.00
Plasma/Urine Chlorides	..	Rs	20.00
C.S.F	..	Rs	50.00
G.T.T	..	Rs	75.00
Electrophoresis with Strip	..	Rs	50.00

BACTERIOLOGY

Gram's Stain	..	Rs	10.00
Sputum for AFB	..	Rs	10.00
Ear/Nose/Throat/Eye Culture Swab	..	Rs	20.00
Smear for GC, Tricho	..	Rs	10.00
Urine/Sputum/Faecass Culture	..	Rs	25.00
Fungal Scrapping	..	Rs	10.00
Antibiotic Sensitivity Test	..	Rs	35.00
V.D.R.L	..	Rs	15.00
S.A.T	..	Rs	25.00
Weil Felix	..	Rs	25.00
Flocculation Test	..	Rs	25.00
A.S.O.T	..	Rs	25.00

URINE ANALYSIS

Urine for Sugar/Albumin	..	Rs	5.00
Urine for F.R	..	Rs	10.00
Bile/Urobilin	..	Rs	5.00
B.J. Proteins	..	Rs	5.00
Occult Blood	..	Rs	10.00
Ketone Bodies/Reducing Substances/Chyluria	..	Rs	5.00
Urine for S.G.	..	Rs	5.00
Stools for A.O.C.	..	Rs	10.00

§§§



付属資料 7

ශ්‍රී ජයවර්ධනපුර මහා රෝහල
SRI JAYEWARDENEPURA GENERAL HOSPITAL

රෝහල් ගාස්තු බිල්පත
HOSPITAL CHARGES

අංකය No 0469

දිනය/Date:

රෝගියාගේ නම :
Patient's Name

සෑදූ ඉහ මාර්ග අංකය :
B. H. T. No:

වාට්ටුව:
Ward:

ගෙවිය යුත්තේ:

විද්‍යාඥවරයාගේ ලිපි යොමුව:
Ref. to Letter of Guarantee:

Payable by:

(University Press, Moratuwa 19435 (7/85))

		රු. Rs.	ප.ස. Cts.
1	කාමර/තැවැටීම් ගාස්තු Room/Accommodation Charges }දින සිට..... දින දක්වා .....දින..... දිනකට රු.....බැගින් days from..... to..... at the rate of Rs..... per day		
2	මාංශධ ආදියේ වියදම Cost of Drugs etc. }		
3	කලාකර්ම ගාස්තු Surgical Charges }		
4	එක්ස් කිරණ ගාස්තු X-ray Charges }		
5	විද්‍යුත් තන්තු වර්ණ ගාස්තු Electro Cardiograph Charges }		
6	භෞත චිකිත්සා ගාස්තු Physiotherapy Charges }		
7	භ්‍යාධිචේදන පරීක්ෂණ ගාස්තු Pathological Test Charges }		
8	ඊ.සී.පී./ඊ.ඊ.සී. ගාස්තු Charges for E.C.G. Recordings/E.E.G. Recordings }		
9			
10			
11			
12			
	සාල පරිච්ඡේදයේ සම්පූර්ණ ගාස්තු එකතුව: } Total Cost for the Period		
	අඩුකළා: අත්තිකාරම් වශයෙන් ගෙවූ මුළු මුදල } Less : Total paid as advance		
	දන් ගෙවිය යුතු ශේෂය (ආපසු ගෙවිය යුතු ශේෂය) Balance now Payable (Balance Refundable)		

ගණකාධිකාරී/Accountant

'Medical Profession too, has its blacksheep'

Observer
Sunday

(By Rajika Wijenaiké)

1986
Sun, Feb 9,

The medical profession of Sri Lanka, like any other, has its share of blacksheep. Dr. Lakshman Attygalle told the 'Sunday Observer.'

Answering public allegations on behalf of the Association of Medical Specialists (AMS), that doctors are abusing their right to private practice, he said, that while some doctors may violate the rules, that in no way warranted "wild reckless allegations against the entire profession."

However, no one can deny the general feeling of disillusionment about channel practice today.

Many a patient channelling consultants at private nursing homes in Colombo, feels that sixty rupees is too much to pay for specialist attention.

In fact only recently at a popular channelling centre in Colombo a woman refused to pay the fee, because her previous visit had merely resulted in the doctor asking her to bring her mother along, as an operation was necessary.

"They told me I would be taken in last if I don't pay. But I don't care," she said.

In Dr. Attygalle's opinion, however, consultancy fees should not be reduced. "If we do that, people will channel us even if they have a headache," he said.

He maintains that many people who channel consultants, do really need their services. Many are the people who grumble about long waiting hours, especially those from the interior of the country.

However, several specialists have pointed out the impossibility of working to a schedule because of unpunctual patients. Most doctors feel that patients have formed a wrong opinion about channelled practice.

"People think we are all entitled to private practice. They don't realise that out of about 1500 government doctors, only about 300 are specialists. And only specialists can practice," said a doctor.

"Sri Lankan doctors in general get a raw deal. This is why the country is facing an exodus of young doctors," said another.

Meanwhile, Dr. Ratnapriya, Secretary of the Government Medical Officers Association (GMOA) said, the GMOA has been constantly agitating for a non-practising allowance of Rs. 2500 and for fifteen gallons

of petrol per doctor per month, for the majority who do not benefit from channel practice.

As for the consultants, contrary to popular belief, they do not all have a roaring practice.

"Like lawyers, some of us are more popular than others," said a doctor.

Meanwhile, ministry sources say that patients who feel they have been unfairly treated, should make specific allegations to either the Director-General of the Health Ministry or the Director-General of the Teaching Hospitals Ministry.

"So far, not a single complaint has been made to the Ministries. But if there is malpractice and the complaints are genuine and rid of anonymity, we will certainly take action," they said.

Daily News

The English Daily with the largest circulation in Sri Lanka.

SATURDAY FEBRUARY 8, 1986

Trainees abroad must come back or pay up

Govt plugs Lankan brain drain

By N. W. Gamage

Government servants who do not return to their posts on being sent abroad to be trained will have to repay the full costs of their programs and their salaries, a government spokesman said.

At a recent meeting of the development secretaries, it was agreed to tighten procedures to ensure their return or repayment of their training costs and salaries. Failure to do either will discourage the sponsoring agencies from continuing training grants.

It was also pointed that while the Public Administration Ministry actively pursued defaulters, particularly SLAS officers, the greatest number of absconders were in the universities and the Health Ministry.

The Public Administration

Ministry is to prepare a report on the matter, while representatives from the Central Bank, SLIDA and the ministries of Mahaweli Development, Power and Energy, Higher Education and Health will make a study of the brain drain for the government's consideration.

Some scheme by which government servants could be allowed to work in international agencies for a limited period, or an officer exchange program, was also suggested.

STORES REQUISITION & ISSUE NOTE

Dept./Section/Ward :

No. 12868

Reprint Press, Moratuwa 19564 (9/85)

Date

To be filled by the requesting Officer				For Stores Use			
1 Description of the Material	2 Unit	3 Balance in hand	4 No. Reqd.	5 No. Issued	6 Rate Rs.	7 Value Rs.	8 Inv./SL Folio
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Authorised to issue <i>Authorised Officer</i> Designation.....	Above items are required for the official use and hereby requested to issue. <i>Requesting Officer</i> Designation.....
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Issued by <i>Storekeeper</i> Name.....	Quantities in Column 5 are received in good condition. <i>Signature of Recipient</i> Name.....	Entered in the Control Ledger <i>Stock Control Clerk</i> Date.....
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SRI JAYEWARDENEPURA GENERAL HOSPITAL, KOTTE

FEBRUARY 1986

IN PATIENT SERVICE

Bed Complement	..	1001
Beds commissioned	..	544
Total Number of Patients admitted	..	1247
Total Number of Discharges (including Deaths)	..	1243
Average Length of Stay	..	7.6
Average Daily Sick	..	339
Daily Average Admissions	..	44.5
Daily Average Discharges	..	44.3
Bed Occupancy	..	62.3

TOTAL DEATHS

Under 48 Hours	..	9
Over 48 Hours	..	21
Death Rate	..	2.4
Still Birth	..	1

MATERNITY SERVICES

Number of Maternity Patients admitted	..	227
Number of Maternity Patients delivered	..	166
Number of Maternal Deaths	..	Nil
Total Deaths among Infants born in Hospital	..	2
Number of Breech Births	..	4
Number of Deaths among Immature Babies	..	Nil
Total Live Births	..	166

X-RAY SERVICES

Number of Patients X-rayed	..	1096
Number of X-rays taken	..	2300
Routine X-Ray Examinations	..	1049
Special Examinations	..	107

- to be continued -

PHYSIOTHERAPY SERVICES

Number of Old Patients (from previous month)	..	65
Number of New Patients	..	209
Number of Patients Visits	..	1135
Number of Treatment Units given	..	3394

PATHOLOGY SERVICES

No. of Investigations

Biochemistry	..	2002
Histology	..	193
Microbiology	..	834
Haematology, Blood Bank and O.P.D. Lab	..	8099

CLINICS

a) Medical Clinic

Total Number of Visits	..	2053
Number of Clinics held	..	23
Average per Clinic	..	89.2

b) Hypertension Clinic

Total Number of Visits	..	119
Number of Clinics held	..	4
Average per Clinic	..	29.7

c) Gastro Intestine Clinic

Total Number of Visits	..	57
Number of Clinics held	..	4
Average per Clinic	..	14.2

d) Paediatric Surgical Clinic

Total Number of Visits	..	185
Number of Clinics held	..	7
Average per Clinic	..	26.4

e) Paediatric Clinic

Total Number of Visits	..	574
Number of Clinics held	..	22
Average per Clinic	..	26.0

- to be continued -

f) <u>Gynaecology Clinic</u>	
Total Number of Visits	.. 1133
Number of Clinics held	.. 22
Average per Clinic	.. 51.5
g) <u>Surgical Clinic</u>	
Total Number of Visits	.. 1066
Number of Clinics held	.. 21
Average per Clinic	.. 50.7

EMERGENCY TREATMENT UNIT

Number of Patients Visits	.. 1250
Number of Deaths	.. 1
Number of Admissions (E.T.U.)	.. 332
Dressings	.. 202
Injections	.. 555

OPERATIONS

Number of Surgical Operations	.. 201
Number of Gynaecological Operations	.. 118
Number of Paediatric Operations	.. 59
Number of Orthopaedic Operations	.. 3
Total Number of Operations	.. 381

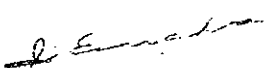
I.C.U. & C.C.U.

Number of Admissions to I.C.U.	.. 17
(a) Surgical	.. 16
(b) Gynaecological	.. 1
Number of Admissions to C.C.U.	.. 27
Number of Admissions	.. 44
Number of Deaths	.. 5

- to be continued -

CAUSE OF DEATHS CLASSIFIED

1. Tuberculosis	..	1
2. Other Bacterial Diseases	..	2
3. Malignant Neoplasm of Other and Unspecified Sites	..	1
4. Malignant Neoplasm of Lymphatic and Haematopoietic Tissue	..	1
5. Diseases of Other Endocrine Glands	..	1
6. Inflammatory Diseases of the Central Nervous System	..	1
7. Hypertensive Disease	..	1
8. Ischaemic Heart Disease	..	3
9. Diseases of Pulmonary Circulation	..	1
10. Other Forms of Heart Disease	..	3
11. Cerebrovascular Disease	..	3
12. Pneumonia and Influenza	..	1
13. Chronic Obstructive Pulmonary Disease and Allied Conditions	..	3
14. Other Diseases of Digestive System	..	2
15. Nephritis, Nephrotic Syndrome and Nephrosis	..	1
16. Congenital Anomalies	..	1
17. Certain Conditions originating in the Peri-natal Period	..	1
18. Ill-defined and Unknown Causes of Morbidity and Mortality	..	1
19. Open Wound of Head, Neck and Trunk	..	1
20. Autopsies	..	1
		--
		30
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MEDICAL RECORDS OFFICER


DIRECTOR

6th March, 1986.

Talapattpitiya
Nugegoda.

MONTHLY HOSPITAL STATISTICAL BULLETIN

SRI JAYEWARDENEPURA GENERAL HOSPITAL, KOTTE

MARCH 1986

IN-PATIENT SERVICE

Bed Complement	..	1001
Beds commissioned	..	544
Total Number of Patients admitted	..	1563 ✓
Total Number of Discharges (including Deaths)	..	1483
Average Length of Stay	..	<u>2.3</u>
Average Daily Sick	..	345.6
Daily Average Admissions	..	50.4
Daily Average Discharges	..	47.8
Bed Occupancy	..	<u>63.5</u>

TOTAL DEATHS

Under 48 Hours	..	13
Over 48 Hours	..	12
Death Rate	..	1.7
Still Birth	..	03

MATERNITY SERVICES

Number of Maternity Patients admitted	..	265
Number of Maternity Patients delivered	..	180
Number of Maternal Deaths	..	Nil
Total Deaths among Infants born in Hospital	..	Nil
Number of Breech Births	..	03
Number of Deaths among Immature Babies	..	Nil
Total Live Births	..	179

X-RAY SERVICES

Number of Patients X-rayed	..	<u>1301</u>
Number of X-Rays taken	..	2100
Routine X-Ray Examinations	..	1376
Special Examinations	..	137

Contd..... Page 2/.

PHYSIOTHERAPY SERVICES

Number of Old Patients (from previous month)	..	58
Number of New Patients	..	249
Number of Patients Visits	..	1250
Number of Treatment Units given	..	3642

PATHOLOGY SERVICES

No. of Investigations

Biochemistry	..	2430
Histology	..	218
Microbiology	..	955
Haematology, Blood Bank and O.P.D. Lab	..	8909

CLINICS

a) Medical Clinic

Total Number of Visits	..	<u>3219</u>
Number of Clinics held	..	23
Average per Clinic	..	139.9

b) Hypertension Clinic

Total Number of Visits	..	202
Number of Clinics held	..	05
Average per Clinic	..	40.4

c) Gastro Intestine Clinic

Total Number of Visits	..	47
Number of Clinics held	..	04
Average per Clinic	..	11.7

d) Paediatric Surgical Clinic

Total Number of Visits	..	153
Number of Clinics held	..	06
Average per Clinic	..	25.5

e) Paediatric Clinic

Total Number of Visits	..	629
Number of Clinics held	..	23
Average per Clinic	..	27.3

Contd..... Page 3/.

f) Gynaecology Clinic

Total Number of Visits	..	930
Number of Clinics held	..	23
Average per Clinic	..	40.4

g) Surgical Clinic

Total Number of Visits	..	1071
Number of Clinics held	..	25
Average per Clinic	..	42.8

EMERGENCY TREATMENT UNIT

Number of Patients' Visits	..	1606
Number of Deaths	..	01
Number of Admissions (E.T.U.)	..	517
Dressings	..	279
Injections	..	677

OPERATIONS

Number of Surgical Operations	..	237
Number of Gynaecological Operations	..	180
Number of Paediatric Operations	..	78
Number of Orthopaedic Operations	..	Nil
Total Number of Operations	..	495

I.C.U. & C.C.U.

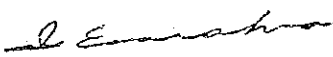
Number of Admissions to I.C.U.	..	23
(a) Surgical	..	20
(b) Gynaecological	..	03
Number of Admissions to C.C.U.	..	40
Total Number of Admissions	..	63
Total Number of Deaths	..	03

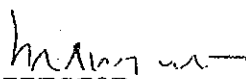
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CAUSE OF DEATHS CLASSIFIED

1. Rickettsioses and Other Arthropod-borne Diseases	..	01
2. Malignant Neoplasm of Digestive Organs and Peritoneum	..	02
3. Inflammatory Diseases of the Central Nervous System	..	01
4. Chronic Rheumatic Heart Disease	..	01
5. Ischaemic Heart Disease	..	05
6. Diseases of Pulmonary Circulation	..	01
7. Other Forms of Heart Disease	..	02
8. Cerebro-vascular Disease	..	04
9. Pneumonia and Influenza	..	01
10. Diseases of Oesophagus, Stomach and Duodenum	..	01
11. Other Diseases of Digestive System	..	04
12. Diseases of Male Genital Organs	..	01
13. Congenital Anomalies	..	01

(25)


MEDICAL RECORDS OFFICER


DIRECTOR

7th April, 1986.

Talapathpitiya
Nugegoda.

CHAIRMAN'S REPORT

December 01, 1985.

HISTORY

The Sri Jayewardenepura General Hospital was ceremonially opened on the 17th September 1984 which was the Birthday of His Excellency the President Mr J.R. Jayewardene.

This Hospital - as you know, was a very generous gift by the People and Government of Japan to the People of Sri Lanka and was given because of the intense respect (and almost reverence) which, the Japanese People have for our President. It is the single largest gift, ever to the Health Services of this country by any foreign government.

The Hospital was taken over from the Contractor - Kajima Corporation - on 31st October 1983 - i.e. one full year before the opening and thereafter kept closed. The whole building process for this 260,000 sq.ft. of building took only 23 months. This I believe is a record in building for Sri Lanka.

ABOUT THIS HOSPITAL

The Hospital is sited on 27 acres of land, on one of the highest points in Kotte.

This building complex covers an area of 260,000 sq.ft. and has the following facilities :

1. There are 17 Wards (of 62 Beds in each Ward) for 14 Clinical Units namely --
 - 3 Medical Units
 - 3 Surgical Units
 - 2 Obstetrics & Gynaecology Units
 - 1 Paediatric Unit for Medicine
 - 1 Paediatric Surgery Unit
 - 1 Orthopaedic Unit - which can later be made into two Units
 - 1 for Otolaryngology
 - 1 for Ophthalmology
 - 1 for Dermatology

We have 20 Single Rooms for Class I Paying Patients and 96 Multiple Bed Cubicles for Class II Paying Patients.

Contd. ...2/.

2. Well equipped Departments of Radiology, Pathology and Physiotherapy.
3. An Intensive Care Unit of 6 Cubicles for Medical Intensive Care and six beds for Surgical Intensive Care. This Unit is completely equipped and all beds are individually monitored and connected to a Central Monitoring Unit.
4. A Delivery Unit with isolation of Septic Cases.
5. An Operating Theatre Suite of 3 Operating Rooms - which are well planned and equipped and fitted with piped Gases Supply, Suction and compressed air and an exhaust system for evacuation of stale air - this I believe is the only such Operating Theatre Complex in Sri Lanka.
6. The Electric Laundry is capable of handling the requirements of patients and the Uniforms of all Staff.
7. A Kitchen - working on Gas, Electricity and Steam - which I think you should all have a look at.

The entire building is probably the most beautifully executed one in Sri Lanka and compares with (and is almost on a par with) the newest Hospital I saw of in Japan - The Hospital of Tokai University.

CURRENT LEVEL OF UTILIZATION

The Staff came into occupation on the 1st of December 1984, the First Patient was admitted on the 17th December and the First Operation was done on 17th January 1985.

We have at present commissioned 500 Beds - (Which include the Beds in the Emergency Unit and the Day-stay Ward). The average occupancy has varied from 325 to 375 per day.

The chief obstacle to complete utilization is the non-availability of Trained Nursing Staff - the present Staff of Nurses is 230 while our estimated requirement for full utilization is 538.

Contd. ..3/.



The current Staff Situation is given below (together) with the total estimated requirements :

	<u>TODAY</u>	<u>TOTAL REQUIREMENT</u>
Consultants	12	24
Resident Consultants	4	4
Senior House Officers	29	47
Intern Medical Officers	14	18
Nursing	230	538
Para-Medical Staff	45	92

Recognising as a fact, the non-availability of Trained Nurses in the foreseeable future, I proposed to the Board that we start our own Nursing Training (School) Program based on the curriculum of the Nursing Schools of the Health Services.

We intend taking in 100 Nurses in the first year. The response to an advertisement was a total of 4725 applications.

The program of training will be organised by our Staff and I am confident that we will give a training in patient-care better than any at present and also inculcate in their minds our foremost objective of intense devotion and dedication to duty as well as true politeness and courtesy to both patients and the Public.

It would be pertinent to consider the following statistics -

The Bed strength in the Hospitals of this country is 45,000
On the basis of which the requirement of Nursing Staff
is 15,000

The Population stands at 15.5 million on the basis of which
the Nursing Staff requirement of the country would
ideally be about 18,000.

The Nursing Cadre in Sri Lanka now stands at 6500 approx.
The annual intake to all the Nursing Schools in the country
is on an average 600 per year.

RESULTS

We have to 31st October admitted a total of 9398 patients with a total in-patient occupancy of 68,157 patient-days.

The average daily occupancy for the period July to October 1985 is 320.

Contd. ..4/.

The attendance at our Clinics is increasing far too rapidly for our liking.

The statistics are as follows :

December 1984	..	152
January 1985	..	509
February 1985	..	1090
March 1985	..	2242
April 1985	..	3499
May 1985	..	3615
June 1985	..	4770
July 1985	..	5813
August 1985	..	6981
September 1985	..	6607
October 1985	..	6236

I would like to stress that we did not intend having an O.P.D like that of Municipal Clinics or of other Hospitals. All our outpatient Clinics are referral Specialists Clinics.

The output of work from the Operating Theatres has been a total of 2729 Operations - with no post-operative deaths.

The post-operative infection rate now runs at 1% - a rate as good as any in U.K or Japan. From the commencement of Surgical work I entrusted to Dr D.D. Ranasinghe the task of following up every single operated patient - his records have been meticulous and will, later in the day give a paper detailing the results we have achieved.

There were 1378 Deliveries, with 18 deaths, all of which occurred in very premature babies and in patients coming in with severe complications and admitted as medical emergencies.

With a total number of admissions of 9398, there have been 168 deaths.

While this Hospital does not conduct an 'O.P.D', we maintain a 24 hour Emergency Treatment Unit which has full facilities for resuscitation. Day-stay observations and an Operating Theatre for Minor Surgery. It is manned by Doctors physically present at site throughout the 24 hours.

We have regularly - monthly Morbidity and Mortality Conferences - at which there is compulsory attendance by all the Medical Officers.

Every death and every complication has been discussed in detail, both as part of the continuing efforts to improve our service as well as part of our Teaching Program.

Contd. ..5/.

MAINTENANCE

The cleanliness of this Hospital is due to the very excellent job of cleaning done by Floor-Shine Services - under our direct control and supervision. The firm and its Staff have responded to any and all of our requests for additional work. The result is obvious.

SECURITY

The losses identified have been minimal during this one year of operation - because of a very efficient Security System - done by Interco Services Limited. While all security systems are irksome and some even harsh, ours(I claim) is polite and courteous and we keep our ear open for any evidence of rudeness to the Public. It does not seem to occur.

Our Security Service not only safeguards against theft, but also ensures compliance with regulations necessary for cleanliness such as preventing smoking and betel chewing.

MANAGEMENT

The Management of this Hospital ^{is} by an Autonomous Board created by Act of Parliament (Act No. 54 of 1983) - the appointed Members number eight and are appointed by the Honourable Minister of Women's Affairs & Teaching Hospitals.

The Board has full authority for all matters concerning the management of the Hospital - including Financial and disciplinary matters - and operates under the direct authority of the Minister.

The day to day running of the Hospital is done by the Director - Dr R.C. Rajapakse assisted by a Deputy Director - Dr N.F. Wickramasinghe and advised by a Committee of Management which meets every week.

The administration is based on an Open-Door Policy. All administrators are freely accessible, they maintain a constant dialogue with all categories of staff and spend the greater part of their time in direct supervision (not inside offices).

Contd. ..6/.

TEACHING

While it was planned as a Centre for Postgraduate Teaching (Undergraduate teaching being left out in the planning stage because of the distance from any Faculty of Medicine), we have realised the value of Undergraduate Teaching as a necessary stimulus for the Consultant Staff.

We have agreed to take in Undergraduate Students, as and when requested by the Faculties of Medicine in Colombo, Galle and the North Colombo Medical College - having obtained the approval of the Sri Lanka Medical Council and of the Board of the Faculty of Medicine, University of Colombo - for the latter I would like to thank Prof. Daphne Attygalle, Dean of the Faculty.

From the beginning of September, Students from the North Colombo Medical College are having regular Clinical appointments in Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics.

The Postgraduate Institute of Medicine has approved this Hospital for Postgraduate Training in Medicine, Surgery, Obstetrics & Gynaecology and Pathology.

We have on our Staff 8 Trainees sent by the P.G.I.M who are studying for their Part II Examination and our Consultant Staff are conducting courses of Lectures and Clinical Sessions for other Postgraduates too for Part I and II of the P.G.I.M Examination.

ASSOCIATED PROGRAMS

A community Health Project of the Sri Jayawardenepura General Hospital has been drawn up, based on the Homagama Electorate (in a population area of 40,000 people) for a comprehensive Health Program with special reference to "Mother and Child" - jointly by the Paediatric and Obstetrics & Gynaecology Units of this Hospital.

The proposal has been handed over to UNICEF for study and approval - and the preliminary response is very favourable.

It is our hope to commence this program in the near future.

UNICEF has also accepted our Hospital as the Referral Centre for study of "Determinants of Low Birth Weight Babies" in Sri Lanka - also to be conducted by the Paediatric and Obstetrics & Gynaecology Units and linked up with the University of Amsterdam.

Contd. ..7.

The Annual Conference on Diarrhoeal Diseases is to be held as a Joint Venture between the Ministry of Women's Affairs & Teaching Hospitals, Sri Jayewardenepura General Hospital and Sri Lanka Medical Association. It will be sponsored jointly by W.H.O., U.N.I.C.E.F, I.C.D.D. of Bangladesh and the N.I.C.E.D. of Culcatta.

Under the Primary Health Care Delivery System, the Sri Jayewardenepura General Hospital will be the Referral Centre for the Kotte Electorate. A scheme is being worked out in collaboration with the U.C. Kotte by Prof. Earle de Fonseka, Dr Rajapakse - our Director and Dr D.A. Sonnadara - our Paediatrician.

FINANCE

This Hospital is an integral part of the State Health Service - to which the Government is committed. The Autonomous Board was created as an experiment for better individualised management.

The Hospital will always be run on a Government Grant. I do not visualise the possibility of this Hospital ever being self-sustaining as regards Revenue and expenditure.

A Statement of Expenditure to end October 1985 is attached.

It will be seen that Salaries account for 35% (which is much lower than the comparable figures I saw in Japan and the Singapore University Hospital).

The cost of Electricity is only our Estimate, based on metering done in the past two months only (We have not been Billed yet).

The Food Bill is, I think reasonable - the diet we supply is much better (more expensive) than that provided in General Hospital - Colombo and General Hospital - Kandy.

FUTURE DEVELOPMENT

In the Planning of this Hospital, we were given two invariables -

- to plan a 1001 Bed Hospital
- on a Fixed Budget of Rs 800 million.

Several deficiencies were inevitable - they were identified by the Planning Committee but were not remediable at that stage.

The Nurses' Quarters and Bachelor Doctors' Quarters were built at the expense of our Government. Permission has been obtained to build the Residence for the Director and 18 Flats for Married Doctors - we hope to complete both before end 1987.

We are reaching agreement on a Continuing Program of Technical Co-operation with our Donor through the Japan International Co-operation Agency (J.I.C.A.).

The Technical Co-operation planned follows two separate areas or fields (for the next Five Years) -

1. Academic

This involves the regular visit to Sri Lanka of Experts in the various Medical Fields - for transfer of Expertise to us.

The possibility of arranging Training Programs in Japan for Members of our Staff.

The fields of study selected are the following (in order) :

- Endoscopy - with Laparoscopy
- Haematology
- Gastro Enterology ^a
- Intensive Care - including development of Neonatal Intensive Care Unit
- Haemodialysis

The First Team in Endoscopy is expected early in 1986.

2. Equipment

We have had discussions with the J.I.C.A Mission in March/April on the details for upgrading of equipment in the Pathological Laboratory and the Department of Radiology.

A request has been made for 2 Renal Dialysis Machines, not to open a Dialysis Unit, but for use, when necessary as an adjunct to Surgery.

We have made a strong plea for a gift of a Computerised Axial Tomography Unit and I am hopeful that with the assistance of His Excellency Mr Hiroshi Ohtaka - the Ambassador of Japan, we will in the near future obtain this most valuable piece of modern equipment necessary for this Hospital (and Sri Lanka).

COMMENTS

The Board of this Hospital was given an implied mandate to so organise this Hospital that it would satisfy the Donor in respect of proper and efficient utilization and our people, who keep looking for a higher standard of delivery of Hospital Service - in keeping with the known standards in better developed countries.

I think we are achieving these objectives:

The record of our work which I have shown indicates a very high level of patient-care service, our Staff are courteous, polite and considerate (with few exceptional cases of complaint) and the entire atmosphere in the Hospital is that of an Institution devoted to service

In the ultimate assessment a Hospital's reputation is built on the work of it's Specialist Staff.

About our Group of Specialist Staff, I need only say to them that I am proud to have had the opportunity to work with them and I assure you, Honourable Minister that you have in them a group dedicated to their patients and work and loyal to the Institution.

This applies to all other Doctors here, to the Para-medical Staff, Nursing Staff and all categories of ancillary Staff who make up our working group.

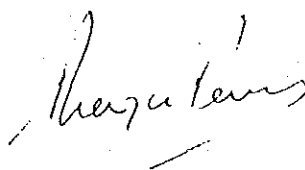
I cannot mention by name all Members of our Staff, but I must make special mention of the Matron - Mrs Sirichandra, the Deputy Matron - Mrs Dayananda and the Secretary - Mr Wickramasinghe. To them I extend a special word of thanks on my behalf and on behalf of the Director & Deputy Director - for these three Senior Administrators, work is not determined by the clock or by the calendar.

It has been a pleasure to work with our young Minister - always accessible and co-operative and who is intimately involved with our Hospital. So also Dr Daya Samarasinghe, the Secretary & close associate and friend, always bubbling with a multiplicity of new ideas.

Contd. ...10/.

Dr D.D. Ranasinghe (one of our four Resident specialists - all of whom are very enthusiastic young hard workers) who all alone organised the entire day's program, looking into every little detail including printing and the Media and finally my very hard-working Secretary Miss Preethi Senarath from whom I get an unlimited amount of work and co-operation - long hours of uncomplaining work - especially during the last month of preparation for today's event.

And finally, from me personally as Chairman Many Thanks to Dr Rajapakse and Dr Wickramasinghe for their incomparable work.



Dr Rienzie Peiris M.Ch.Orth, F.R.C.S,
CHAIRMAN F.R.C.S.E, M.B.B.S.

December 01, 1985.

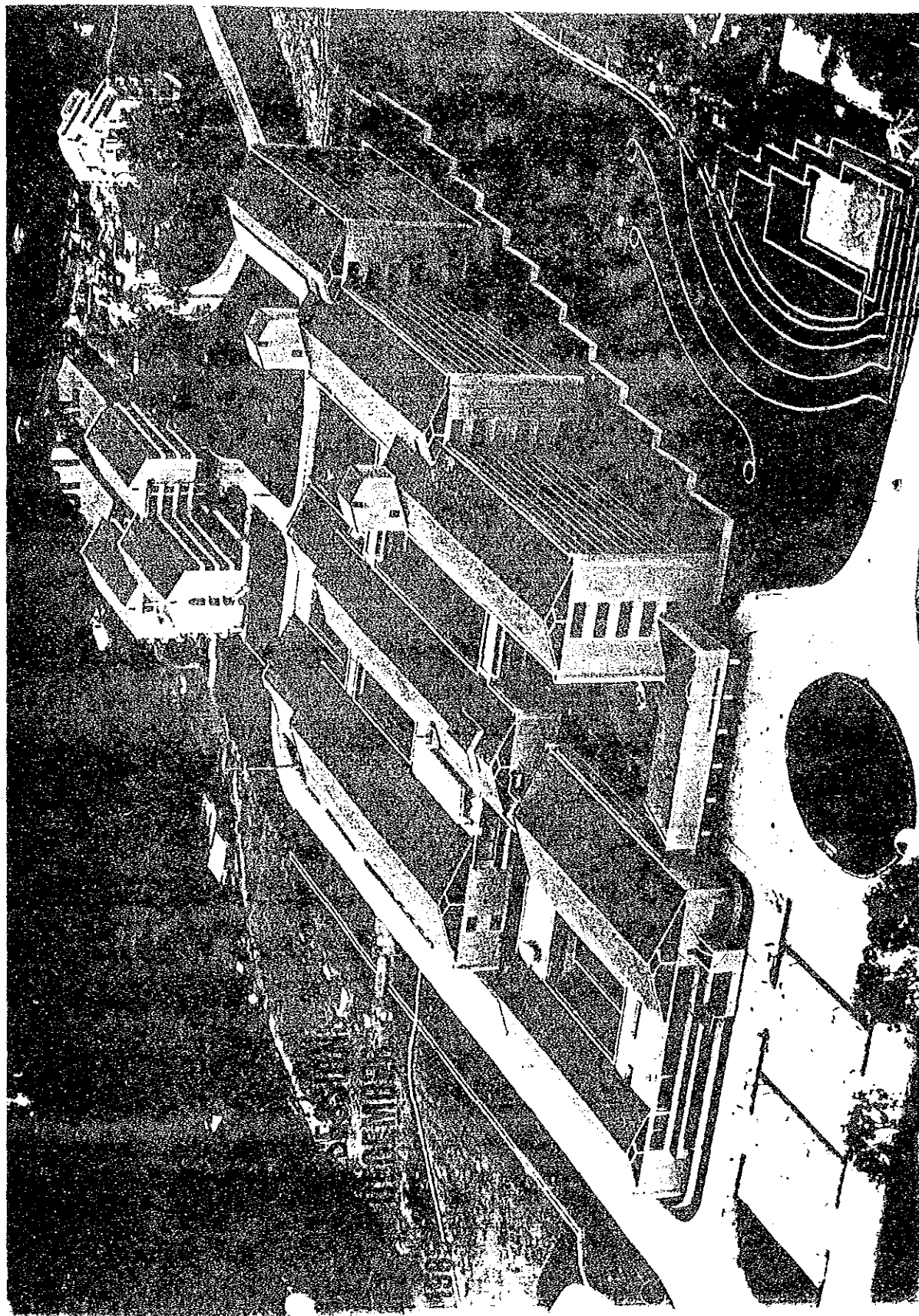
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SRI JAYAWARDENEPURA GENERAL HOSPITAL

STATEMENT OF EXPENDITURE - PAYMENTS

	1985												TOTAL (Rs '000)	%
	1984	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT		
Salaries, EPF, ETF, etc	306	536	836	1001	1091	1168	1430	1485	1515	1623	1700	12,691	35%	
Electricity	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	800	8,800	24%	
Telephone	5	36	9	8	11	790	24	17	NA	NA	25	975	2.70%	
Food Provisions	28	38	62	81	87	114	130	136	NA	NA	240	1,196	3.31%	
Drugs, Dressings, etc.	340	290	358	349	571	562	532	980	398	177	500	5,057	14%	
Other Supplies including Capital Expenditure	38	67	128	181	156	192	204	250	376	267	300	2,159	6%	
Security	104	170	170	172	145	145	145	145	145	145	145	1,631	4.5%	
Janitorial Services	190	190	190	262	190	190	190	190	190	190	190	2,162	6%	
Garbage Disposal	10	10	10	10	10	10	9	9	9	9	10	116	0.30%	
Fuel	-	9	33	25	25	50	25	10	26	32	30	265	0.73%	
Water	25	17	32	23	41	49	35	NA	NA	NA	50	422	1.17%	
Miscellaneous Payments	21	68	44	83	76	99	111	92	64	13	50	721	2%	
<u>REVENUE</u>														
Hospital Charges	-	-	2	17	42	69	127	230	349	408	467	1,711	4.7%	



FIRST ANNIVERSARY CELEBRATIONS
OF
SRI JAYEWARDENEPURA GENERAL HOSPITAL



SATURDAY - 30TH NOVEMBER 1985

6.15 pm Pahan Pooja at Sri Jayewardenepura Kotte Raja Maha Viharaya
CHIEF GUEST - Hon. Sunethra Ranasinghe
Minister of Women's Affairs & Teaching Hospitals

SUNDAY - 1ST DECEMBER 1985

7.00 am Breakfast to Members of Staff at Hospital Dining-Room

8.30 am Arrival of Guests

9.00 am National Anthem of - (a) Japan
(b) Socialist Democratic Republic of Sri Lanka

Lighting of Traditional Oil Lamp

Welcome by Chairman - Dr Rienzie Peiris & Chairman's Report

Address by Dr D.D. Samarasinghe - Secretary
Ministry of Women's Affairs &
Teaching Hospitals

Address by Hon. Sunethra Ranasinghe
Minister of Women's Affairs & Teaching Hospitals

Vote of Thanks by Dr R.C. Rajapakse
Director
Sri Jayewardenepura General Hospital

10.00 am Tea in Hospital Dining-Room

10.15 am -
1.30 pm Clinical Sessions - First Floor, Administrative Block

11.00 am Sangika Dana

1.30 pm Lunch to participants of the Clinical Sessions in Hospital
Dining-room by courtesy of Aristons (Pvt) Ltd

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SRI JAYEWARDENEPURA GENERAL HOSPITAL

CLINICAL SESSIONS

SUNDAY - DECEMBER 01, 1985


10.30 am - 1.30 pm

1. Correction of Hypospadias using Penile & Preputial Skin
by Dr G.W. Karunaratne
Paediatric Surgical Unit - SJGH
2. Thyroid Carcinoma - Experience at Sri Jayewardenepura General Hospital
by Dr K. Yoheswaran
Surgical Unit - SJGH
3. Highly selective Vagotomy in the treatment of duodenal ulcers
by Dr Dayasiri Fernando
Department of Surgery
University of Colombo
4. Study of Ilio-Caval & Femoral Vein Occlusions in Kandy
by Drs P.C.A. Ratnatunga & K.A. Sarath Kumara
Department of Surgery
University of Peradeniya
5. Management of Deep Seated Angiomas of the Brain
by Dr W.S.L. Gunasekera
Neuro-surgical Unit
General Hospital - Kandy
6. Post-operative wound infection rate at Sri Jayewardenepura General Hospital
by Dr D.D. Ranasinghe
Surgical Unit - SJGH
7. Drug Compliance in Epilepsy
by Dr H.H.R. Samarasinghe
Medical Unit - SJGH
8. Eating Epilepsy
by Prof. Nimal Senanayake
Department of Medicine
University of Peradeniya
9. A case of Histiocytosis responding to Chemotherapy
by Drs M. Nanda Prematilleke & Nilanthi Ekanayake
Department of Pathology
General Hospital - Kandy



10. Origins of Cystic Arteries
by Dr A.D.P. Jayatilaka
Kandy
11. E.C.G in Children
by Drs Srikanthi Karalliedde & Lalitha Katugaha
Department of Paediatrics
Faculty of Medicine
University of Peradeniya
12. Mandelsons' Syndrome - Revisited
by Dr Kingsley de Silva
Obstetrics & Gynaecology Unit - SJGH
13. Haemoglobin Values in University Students
by Drs M. Udupihille & A.A.J. Rajaratne
Department of Physiology
Faculty of Medicine
University of Peradeniya
14. Calcium Antagonists
by Dr Edward Poole
Lecturer in Cardiovascular Pharmacology &
Cardiology
U.S.A

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CORRECTION OF HYPOSPADIAS USING PENILE & PREPUTIAL SKIN

by Dr G.W. Karunaratne

This paper describes the successful correction of 6 cases of congenital penile deformity where ventral curvature of the penis was associated with proximal displacement of the urethral orifice.

The correction was done in two stages. First operation was done at the age of $1\frac{1}{2}$ years where the ventral curvature was corrected. This was done by dividing fibrous bands extending from the urethral orifice to the base of the glans.

The second operation was done at this Hospital when the baby was about $4\frac{1}{2}$ years old. This series of four cases done during the current year is a preliminary report of a successful modification of an original operation described by Ombredanne in 1923. In the technique used here a tube of penile skin is used to extend the urethra to the base of the glans and any residual skin defect is covered by the transfer of preputial skin to the ventral surface of the penis.

Following this operation the children were able to pass urine while standing up. There were no residual fistulae along the suture lines or obstruction to the passage of urine.

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THYROID CARCINOMA
EXPERIENCE AT SRI JAYEWARDENEPURA GENERAL HOSPITAL

by Dr K. Yoheswaran

A preliminary study covering 11 months is presented of Carcinoma of the Thyroid Gland treated at Sri Jayewardenepura General Hospital.

Of a total of 80 Thyroid operations done here, there has been an unusually high incidence of Carcinoma of the Thyroid.

10 Cases of Carcinoma of the Thyroid Gland have been operated. The age group has been between 20 to 70 years.

There has been a preponderance of females as is widely known.

The varied Clinical manifestations and pathological findings will be discussed.

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ILIO-CAVAL & FEMORAL VEIN OCCLUSIONS IN KANDY

by Dr P.C.A. Ratnatunga
&
Dr K.A. Sarath Kumara

23 Patients with ilio-caval and proximal femoral vein occlusions, seen over a 10 year period are reviewed.

15 Cases had ilio-femoral thrombosis. Their average age was 32 years. The sex distribution was 2:1 (M:F). 8 Patients had inferior vena cava occlusions. Their average age was 28 years, and the sex distribution was 2:1 (M:F).

Most patients presented clinically 8 weeks after the on-set of symptoms. 16 Patients presented with swelling of a lower limb and 4 patients had non-healing ulcers.

Venographic studies showed left iliac vein thrombosis in 12 patients and in 3 a right iliac vein thrombosis. 7 Patients had complete occlusion of inferior vena cava and 1 had a partial occlusion.

13 patients had a detectable cause, and in 10 no causes were detected. Causes for ilio-femoral thrombosis were, post-operative -2, post-partum -2, traumatic -1, congenital hypoplasia -1, generalized lymphadenopathy -1, Causes for caval occlusions were visceral malignancies -3, toxoplasmosis -1, polycythemia -1, and septic abortion -1.

Conclusion - This study high lights the presence of ilio-caval venous occlusions in Kandy and also suggests the need for further investigations to exclude underlying causes.



MANAGEMENT OF DEEP SEATED ANGIOMAS OF THE BRAIN

by Dr W.S.L. Gunasekera

Angiomas of the brain are a fairly common condition that usually present with epilepsy or intra-cranial haemorrhage following their rupture either into the subarachnoid space resulting in subarachnoid haemorrhage or into the brain substance resulting in intra-cerebral haematoma. As such, untreated these angiomas are potentially lethal. While the logical treatment is surgical excision of the angioma, not all angiomas are technically resectable. While most superficial angiomas are accessible for resection, some deep seated angiomas in view of their situation are considered inoperable. However, since the advent of microsurgical techniques some of the angiomas considered inoperable earlier are now amenable for surgical treatment.

In the neurosurgical unit in Kandy, there were 6 patients who were operated upon for deep seated angiomas which would have been inoperable if not for micro-surgical techniques. There were 2 males and 4 females aged 16-50. One patient presented with uncontrollable epilepsy, one with clinical feature of raised intracranial pressure due to obstructive hydrocephalus, two with sudden onset of major neurological deficits due to intra-cerebral haemorrhage, and two with subarachnoid haemorrhage. The angioma was situated in the pineal region in one patient leading to obstructive hydrocephalus. Among the other, the angioma occupied the basal ganglia and the internal capsule in two, the corpus callosum and the lateral and third ventricle in two and the body of the lateral ventricle and the parietal lobe in one.

Complete excision of the angioma was carried out in all 6 patients. There was no mortality. Apart from one patient who deteriorated following excision of an angioma in the internal capsule, all others improved. The patient who deteriorated immediately post operative, later improved and remains with minor neurological deficits. One patient in particular who presented with dense hemiplegia in an unconscious decerebrate state improved dramatically following surgery, and is now able to walk unaided.

The advent of microsurgical techniques has enabled the safe excision of deep seated angiomas hitherto considered inoperable.

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POST-OPERATIVE WOUND INFECTION RATE
OF
SRI JAYEWARDENEPURA GENERAL HOSPITAL

by Dr D.D. Ranasinghe

All the General Surgical Procedures were counted until 30/09/85
(Gynaecology & Paediatric Cases excluded).

Total number of General Surgical Operations carried
out until 30/09/85 = 997

All the Operations were categorised into Clean Surgery, Lightly
contaminated and Highly contaminated & infected.

No prophylactic antibiotics were used.

Results were compared with that of California Medical Centre.

	<u>S.J.G.H</u>	<u>CALIFORNIA MEDICAL CENTRE</u>
Clean Surgery Infection Rate	1.6%	1.5%
Lightly Contaminated Surgery Infection Rate	7-8%	2-5%
Highly Contaminated Surgery Infection Rate	10.6%	5-30%

Total average infection rate at Sri Jayewardenepura
General Hospital = 4%

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A STUDY OF DRUG COMPLIANCE IN EPILEPTICS

By Dr H.H.R. Samarasinghe

50 Patients with epilepsy were studied from January 1982 to June 1985 with regard to drug compliance.

32 Patients had idiopathic grand mal epilepsy, 14 had temporal lobe seizures, 3 had petit mal epilepsy and 1 had myoclonic epilepsy.

The ages ranged between 4 years and 37 years.

There were 29 males and 21 females.

Non compliance was found in 6% of the number studied.

There was no relationship to the cost of drugs or the number of drugs used.

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EATING EPILEPSY

by Dr Nimal Senanayake

Epilepsy induced by eating is rare; most reports from the West are based on single case histories. This paper describes 110 cases of eating epilepsy seen over a 8 year period.

85 of the 110 patients were males. Their age ranged from 12-40 years. In 37 patients, the fits occurred only in relation to eating; in the rest, at least 70% of the fits were related in eating. 81 patients developed fits during the meal while the others soon after the meal. Of the three meals, dinner had the greatest influence in precipitating seizures. Almost all the fits occurred in relation to rice meals.

The types of the seizures were: grandmal in 48%, temporal lobe in 17%, both in 28% and other in 8%. The EEG abnormalities were; primary generalized in 25%, secondary generalized in 22%, focal epileptiform abnormalities in 22% and nonspecific in 31%. Factors of possible aetiological significance included: abnormal labour in 6%, febrile convulsions in 14%, mental subnormality/brain damage in 11% and a positive family history in 37%. A family history of eating epilepsy itself was obtained among siblings in 4 families.

Some of the stimuli alleged to induce these seizures include mastication, deglutition, gastric distension and chemicals absorbed from food. The large number of cases encountered in the present series would in addition, point to an ethnic or a dietary factor at work.

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LETTERER-SIWE DISEASE SUCCESSFULLY TREATED WITH CHEMOTHERAPY

by Dr M. Nanda Prematilleke
Dr Nilanthi Ekanayake

A mentally retarded girl of 2 years and 3 months, with delayed milestones, was brought with multiple discharging sinuses on the head, otitis media and irregular pyrexia of several weeks duration. She had cystic swellings on the head and a generalized brownish macular rash. Cytology of the aspirate from the cystic lesions of skull and bone marrow aspirate provided a diagnosis of Letterer-Siwe disease and this was corroborated by the radiological finding of punched out lesions of skull.

Letterer-Siwe disease, Hand-Schuller Christian disease and eosinophilic granuloma are three related childhood diseases collectively termed histiocytosis X, all of which are characterized by proliferation of well-differentiated histiocytes. Of these, Letterer-Siwe disease which is the most malignant, presents under 3 years and involves the skin, bones, liver, spleen, lymph nodes and sometimes the lungs.

Letterer-Siwe disease is considered to be a rapidly progressive and invariably fatal condition. However, review of recent literature showed a few encouraging reports of response to cytotoxic therapy (Starling et al, 1972; Hertz and Hambrick, 1968; Doede and Rappaport 1967). 18.9% of over 2 year survivals and four cases of over fifteen year survivals are recorded.

We commenced treatment with vincristine and prednisolone, former weekly intravenously and the latter daily. Clinical improvement was seen by the third week, being afebrile and able to walk without help. By the end of the second month bone marrow had reverted to normal and haemoglobin and ESR were near normal, while the lytic lesions had reduced considerably. Now it is four months since commencement of therapy and the child has hardly any stigmata of the disease.

It is too premature to be able to predict the long term prognosis of this case. However, her initial response to treatment is very encouraging and the fact that she had no lung involvement or thrombocytopenia at presentation, which according to Doede et al (1967) are indicative of favourable prognostic significance, makes us hopeful of a long term remission if not a cure.

ACKNOWLEDGEMENTS :

We wish to thank Dr Pushpa Balasooriya, ENT Surgeon, G.H. Kandy for referring this patient to us.

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1. Doede, Katherine G. and Rappaprot, Henry (1967). Long term Survival of Patients with Acute Differentiated Histiocytosis (Letterer-Siwe disease). *Cancer*, 20, 1782-1795.
2. Hertz, Charles G. and Hanbrick Jr. George W. (1968). Congenital Letterer-Siwe Disease. *Amer J Dis. Child* 116, 553-556.
3. Starling, Kenneth A. Donaldson, Milton H. Haggard, Mary Ellen, Vietti, Teresa J. and Sutow, Wataru W. (1972), Therapy of Histiocytosis X with vincristine, vinblastine and Cyclophosphamide. *Amer. J. Dis. Child*, 123, 105-110.

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ORIGINS OF CYSTIC ARTERIES

by Dr A.D.P. Jayatilaka

In a study of the origin of cystic arteries in 800 cadaver specimens in the United States, Anson (1963) reported that 63.9% arose from the right hepatic artery, 26.9% from the hepatic trunk, 5.5% from the left hepatic artery, 2.6% from the gastro-duodenal artery, 0.3% from the coeliac axis artery, 0.3% from the superior pancreatico-duodenal artery, 0.8% from the superior mesenteric and 0.1% from the right gastric artery. A similar study was undertaken in 100 cadaver specimens in Sri Lanka (79) and in Zimbabwe (21) and the commencement of the cystic artery was noted. In 67 cadavers the cystic artery arose from the right hepatic artery and this vessel usually passed anterior to the hepatic duct. In 23 cadavers the cystic artery arose from the hepatic trunk and this vessel passed anterior to the hepatic duct. 5 cystic arteries had their origins from the left hepatic artery and these vessels usually passed posterior to the hepatic ducts. 2 Cystic arteries arose from the gastro-duodenal artery and they passed inferior to the junction of the cystic and hepatic ducts and then ascended along the cystic duct to the gall bladder. One cystic artery had its origin directly from the coeliac axis artery which passed posterior to the hepatic duct. The cystic artery that commenced from the right gastric artery passed anterior to the gastro-duodenal artery and the cystic duct. One abnormal artery commenced directly from the descending abdominal aorta, below the origin of the coeliac axis but above the origin of the superior mesenteric artery, more to the right side of the large blood vessel.

This abnormal vessel posterior to the cystic and hepatic ducts and was posteriorly placed to the hepatic artery. On reaching the gall bladder it divided into two small branches, one of which supplied the region of the spiral valve and the other which entered the substance of the liver. This particular artery was in addition to the presence of the normally accepted cystic artery which passed anterior to the hepatic and cystic ducts, and which originated from the right hepatic artery. This observation of the abnormal vessel has not to my knowledge been made by previous investigators. It is subject to conjecture as to whether the abnormal artery is an accessory hepatic artery or an accessory cystic artery. This constitutes yet another hazard in biliary tract surgery.

REFERENCE

- ANSON, B.J. (1963) In an Atlas of human anatomy. 2nd Edition
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RESPONSE TO TUBERCULIN TESTING AFTER B.C.G. AT BIRTH

by Dr Srikanthi Karalliedde
Dr Lalitha Katugaha

The results of a study carried out in Kandy to assess the baseline tuberculin sensitivity in healthy groups of Sri Lankan children who had received the B.C.G. Vaccination in the first month of life are presented. The correlation between the presence and size of the B.C.G. scar to the tuberculin response was also assessed.

The study group comprised of a total of 740 healthy children aged 3 months (112 children), 18 months (106 children), 5-7 years (285 children) and 9-11 years (237 children).

I TU of PPD - RT - 21 (with tween 80) was used for mantoux testing in all instances.

A low, mean mantoux response was seen at all ages, 79% showed no response at all. The mean mantoux at 3 months was 3.5 mm (S.D. 3.3), at 18 months 3.27 mm (S.D. 3.5) at 5-7 years 1.55 mm (S.D. 2.3) and at 9-11 years 1.97 mm (S.D. 3).

The possible reasons for the low-grade tuberculin response following B.C.G at birth are discussed.

A second direct B.C.G vaccination in 66 children at the age of 10 years yielded a significantly stronger mantoux response (Mean - 9.2 mm with a S.D. of 5.8)

The mean mantoux response in 90 bacteriologically proven tuberculous patients was 16.6 mm - with a S.D of 6.35.

It is unlikely therefore that B.C.G. vaccination at birth as carried out in Sri Lanka would interfere with the diagnostic value of the mantoux test in tuberculous disease.

After the 2nd B.C.G vaccination at 10 years the tuberculin sensitivity approaches that of tuberculous patients. 3.4% of the children had no B.C.G. scar following vaccination. There was no correlation between the size of the B.C.G. Scar and the mantoux response at all ages. All children with no scar showed no response to tuberculosis.

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MENDELSONS' SYNDROME - REVISITED

by Dr Kingsley de Silva

Since this Syndrome was highlighted in Sri Lanka as a serious anaesthetic complication in pregnancy in 1968, no cases have occurred in the Hospitals where the author practised. Unfortunately, many maternal deaths from the Syndrome have occurred in the Colombo group of Hospitals in the recent past, including a lady Anaesthetist.

A review of this disorder including aetiology, patho-physiology, management of the established condition and prevention is presented.

Restriction of oral intake, use of Sellick's manoeuvre and choice of an alternative method to general anaesthesia is discussed.

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HAEMOGLOBIN VALUES IN A UNIVERSITY POPULATION

by Dr M. Udupihille
Dr A.A.J. Rajaratne

The 1985-1986 intake of students include girls and boys of several remote districts such as Kalmunai, Monaragala and Bandarawela. It was thought, interesting to study their haemoglobin values and to compare them with other available data.

119 students from among those selected for Medical and Dental streams were studied in the first two weeks of their stay at Peradeniya. The group consisted of 59 females and 60 males of the age group 18-23 years. Blood was obtained by finger puncture and analysed for haemoglobin by the cyanmethemoglobin method. A Klett-Summerson photoelectric colorimeter was used with a green filter.

The mean haemoglobin value for males was 14.61 ± 1.81 g/dl and for females 13.21 ± 1.51 g/dl. This difference between males and females was highly significant ($p < 0.001$).

A previous study of University students (Bibile, Cullumbine, Kirtisinghe, Wickremanayake and Watson, 1949) gave haemoglobin values of 13.94 ± 0.642 for Sinhalese males and 12.90 ± 1.01 for Sinhalese Females. These values for females did not differ significantly from the data obtained in the present study. However, the values for males were significantly higher ($p < 0.01$). In the previous study Haldane's Carboxyhaemoglobin and Sahli's acid haematin methods were used for Hb estimation. A mixed population consisting of Sinhalese, Tamils and Moors were used in the present study. Altitude and diet difference which might have existed between the two populations could also explain the observed differences. Indian males are reported to have high values (15.37 g/dl) when compared to Sri Lankans while figures for Indian females are similar (12.99 g/dl) to the data obtained in the present study (Sockley, Gokhale, Malandhar and Bilimoria, 1937a).

Because of the observed difference in the present study from the 1949 study it would be useful to examine a much larger population of University students, with a view to studying possible racial variations.

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1. Bibile, S.W., H. Cullumbine, C. Kirthisinghe, T.W. Wickremanayake and R.S. Watson (1949) - Ceylon Journal of Medical Sciences, Vol. VI Pt. II, 83.
2. Sackley S.S., S.K. Gokhale, M.A. Malandhar and H.S. Bilimoria (1937a), Indian Journal of Medical Research, 25, 506.

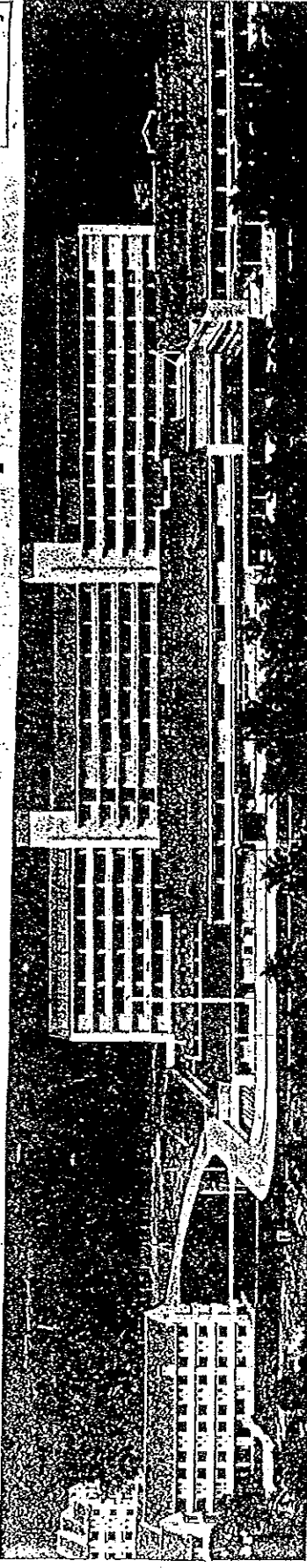
ACKNOWLEDGEMENT

The authors wish to thank Mercy Bandara and Y.B. Jayasinghe Banda for helping with haemoglobin estimations and Rupica Perera for typing the manuscript.

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Sri Jayewardenepura General Hospital, Kotte

First Anniversary



“I thought of a Conference Hall, about a stadium, about a Parliamentary Complex but the words of Lord Buddha dawned in my mind ‘yo Shikkhava Mam, Upathaya, So Gilano Upaihahtiya’ (whoever monk would tend me, he should tend the sick). Therefore, I requested of the Prime Minister of Japan to gift us a thousand and one bed hospital.”

His Excellency J.R. Jayewardene
President of the Democratic Socialist Republic of Sri Lanka.



Sunethra Rensinghe
Minister of Women's Affairs and Teaching Hospitals.

Standards determined and maintained

As the Minister in-charge of the only Board managed Hospital in Sri Lanka, it is my proud privilege to congratulate the Sri Jayewardenepura General Hospital on its first anniversary.

To the Chairman, Dr. Henza Pelris and his Board, the Director of the Hospital and the matron I say congratulations on a difficult job well done.

The path the Board has taken has not been an easy one - for standards had to be determined and they had to be maintained. These are standards hitherto not obtained in this country and, one year after commissioning, standard has been kept not only in patient care but in maintenance and general appearance. Members of the public who have had the opportunity

Excellent performance so far

services would be made available in the not too distant future.

No Board managed institution can succeed without a committed, dedicated and motivated Board and Staff. The success of Sri Jayewardenepura General Hospital has been a culmination of their efforts.

We salute them on this day - the first anniversary.

I thank all those who have provided services and supplies for having helped the Ministry and the Board to make Sri Jayewardenepura General Hospital what it is today.

All success to your scientific sessions and celebrations.

Dr. D.D. Samarasinghe
Secretary
Ministry of Women's Affairs and Teaching Hospitals.



Hon. R. Premadasa
Prime Minister
Chairman, National Health Council.

“I thank the Government and the People of Japan for the valuable and thoughtful gift. It will make a significant contribution to achieving our objective of ‘Health for all by the year 2000.’”

A beacon light to all who tend the sick

1st December 1984 to 1st December 1985 is a memorable year in the history of Sri Jayewardenepura General Hospital, and I take great pleasure in sending this message.

One year is a very short time in the life span of a hospital and during this year, an imposing building in beautiful surroundings was converted to a vibrant hospital which not only serves the population in and around the country, but also people throughout the country.

This metamorphosis was only possible due to the dedicated staff, and I take this opportunity to extend to them my gratitude.

In this formative period, Sri Jayewardenepura General Hospital will, I am sure, be a beacon light to all in the Hospital Service.

Dr. R.C. Rajapaksa, Director
Sri Jayewardenepura General Hospital.



From the Anniversary Programme

30th Nov. 6.15 p.m. - Penan Prukama at Sri Jayewardenepura Raja Maha Vihare, Pita Kotte.

Chief Guest - Hon. Minister of Women's Affairs and Teaching Hospitals.

1st Dec 9 a.m. - Inauguration of the Clinical Sessions in collaboration with Kandy Society of Medicine.

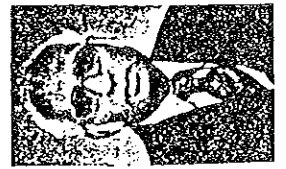
At 11 a.m. - Aims giving

Solid foundation for total service

“to achieve the aims of both donor & recipient Governments - designed to ensure total patient-care and provision of a most valuable asset in the community and so I must appeal to the public to assist us in the maintenance of Hospital discipline and Hospital cleanliness, by extending their whole-hearted co-operation to ensure the Hospital's smooth functioning is ensured by constant dialogue between Management and all categories of staff - we are pleased to announce the ‘OPEN-DOOR ADMINISTRATION’.”

We have several regulations which must prove irksome to the public, such as a ban on smoking, Betel chewing and Alcohol a very strict but courteous Security and Limitation on the number of visitors permitted per patient - all designed to ensure maximum comfortable patient-care and cleanliness and minimal loss to the country. We give our Patients an extremely clean Hospital, probably the cleanest in the country (in any Public Building) and food prepared in a very clean hygienically maintained Kitchen.

Our regulations and restrictions have been



Dr. Rienzie Pelris
Chairman of the Board
Sri Jayewardenepura General Hospital

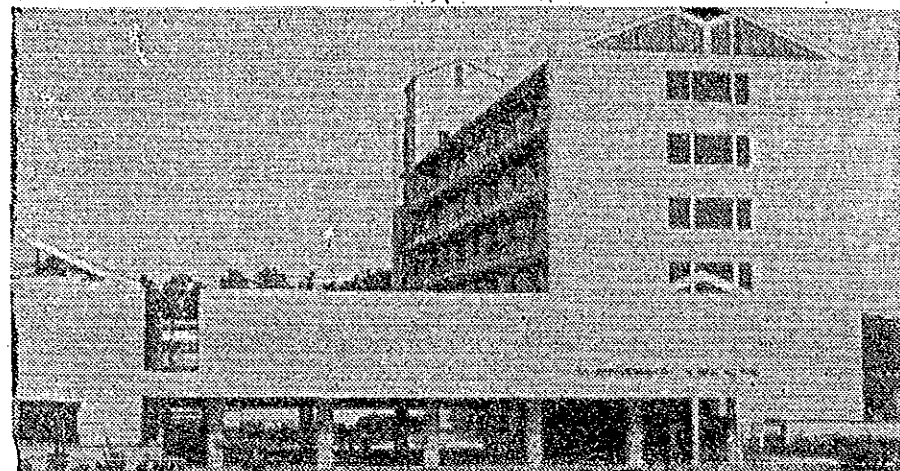
His Excellency J.R. Jayewardene

“I thought of a Conference Hall, about a stadium, about a Parliamentary Complex but the words of Lord Buddha dawned in my mind ‘yo Shikkhava Mam, Upathaya, So Gilano Upaihahtiya’ (whoever monk would tend me, he should tend the sick). Therefore, I requested of the Prime Minister of Japan to gift us a thousand and one bed hospital.”

His Excellency J.R. Jayewardene
President of the Democratic Socialist Republic of Sri Lanka.

Arranged by R.S. Wilfred Cooray and Inter-Media Associates (Pvt) Ltd.

ADVERTISING SUPPLEMENT



FIRST ANNIVERSARY OF THE *Sri Jayewardenepura* *General Hospital*

A hospital for us all

As the Minister in-charge of the only Board managed hospital in Sri Lanka, it is my proud privilege to congratulate the Sri Jayewardenepura General Hospital on its first anniversary.

To the Chairman, Dr. Rienzie Peiris and his Board, the Director of the Hospital and the Ma'on I say congratulations on a difficult job well done.

The path the Board has taken has not been an easy one — for standards had to be determined and they had to be maintained. These are standards hitherto not obtained in this country and one year after commissioning, par-

though it may be, the set standard has been kept not only in patient care but in maintenance and general appearance.

Members of the staff who have had the opportunity to visit the hospital or use its

facilities would speak of it. As in any service oriented operation, there have been some breakdowns. But in this institution, I am happy to note, each failure is investigated, the cause identified wherever possible, and remedial measures taken so that there is no repetition of the problem. This, I believe, is a technique of management which needs to be emulated. May I also take this opportunity of congratulating the consultant staff, the medical officers, nursing staff and all other staff for giving this institution an identity and thank you for the support given.

To the public, I say this is your hospital. It is for us all. Please take care of it.

MS. SUNETHRA RANA-SINGHE
Minister of Women's Affairs and Teaching Hospitals.

MEMORABLE YEAR

December 1 1984 to December 1 1985 is a memorable year in the history of Sri Jayewardenepura General Hospital, and I take great pleasure in sending this message.

One year is a very short time in the life span of a hospital and during this year, an imposing building in beautiful surroundings was converted to a vibrant active hospital which not only serves the population around it but also people throughout the country.

This metamorphosis was only possible due to a dedicated staff, and I take this opportunity to extend to them my gratitude.

In this formative period, new ideas have been put into use and these ideas if successful, could be implemented in the other hospitals in the country. Some of these ideas may at times seem controversial but an intelligent clientele has accepted them for which we are grateful.

Training programme for nurses and para-medical staff, and community health projects are on the cards for 1986. These programmes will help us to extend our services to a wider section of the population.

Dr. R. C. RAJAPAKSE
Director, Sri Jayewardenepura General Hospital

GIFT TO OUR PEOPLE

Thirty years after the historic speech of President J. R. Jayewardene, at the conclusion of the Treaty of Peace with Japan in San Francisco, a grateful Japanese nation offered a magnificent 850 million rupee gift of love and compassion to the people of Sri Lanka in the form of the Sri Jayewardenepura General Hospital.

This is the largest capacity hospital built by Japan in a friendly country and this is also the single most costly gift to the Health Services of the Government of Sri Lanka.

The Sri Jayewardenepura General Hospital, with a capacity of 1001 beds, covers an area of 260,000 sq. ft. is sited on 27 acres of land in the heart of the New Capital City of Sri Jayewardenepura Kotte within view of the New Parliament. It was ceremonially opened by the President on his birthday September 17, 1984 — and began functioning on December 1, 1984.

On this 1st anniversary, we record that we have opened 10 Specialist Units, which are fully operational today. We have mon-hi- clinic—outpatient attendances of around 6500, 250 deliveries per month and have performed over 3000 surgical operations so far.

From the inception, we have endeavoured to fulfil the intention of both donor & recipient governments—of making this institution a centre of academic excellence and a model of kindness, courtesy and intense patient care.

We record with pride that our post-operative infection rate, so far the best achieved in Sri Lanka—compares well with that of the best hospitals in

the developed countries, as does our neonatal mortality rate.

We have commenced post-graduate teaching, with the approval and recognition of the postgraduate Institute of Medicine and Undergraduate Teaching with the approval of the Sri Lanka Medical Council.

We are very critical of our own work and to ensure maintenance of high standards of work, we conduct weekly clinical conferences and fortnightly mortality & morbidity conferences at which there is open and critical participation of all doctors in the staff.

We are compelled to delay full utilisation of the hospital, primarily because of a shortage of qualified nurses. To overcome this problem, we will soon begin a nurses' training programme of our own on the lines of the training programmes of the Ministry of Health. A training programme for medical laboratory technologists has already commenced.

The Sri Jayewardenepura General Hospital is an experiment in state hospital management—in that it is an independent corporate body, created by an Act of Parliament—under the Ministry of Women's Affairs & Teaching Hospitals—managed by a Board and helmed in its daily routine work, by a committee of management drawn from the staff.

Good relations and smooth functioning is ensured by constant dialogue between management and all categories of staff—we maintain an "open-door administration".

We have several regulations which must prove irksome to the public such as a Ban on Smoking, Betel Chewing and Alcohol, a very strict but courteous security and limitation on the number of visitors permitted per patient—all designed to ensure maximum, comfortable patient care and cleanliness and minimal loss to the country.

We give our patients an extremely clean hospital, probably the cleanest toilet in the country (in any public building) and food prepared in a very clean, hygienically maintained kitchen.

Our regulations and restrictions have been designed to ensure total patient care and protection of a most valuable asset in the country and so I must appeal to the public to assist us in the maintenance of hospital discipline and hospital cleanliness, by extending their whole-hearted co-operation to us.

The guiding factors in the management of this hospital are intensive patient care and kindness and politeness and courtesy to the public. We have a total ban on rudeness. From the reports I receive from grateful patients, I am happy to see that we are achieving these objectives and it is my sincere hope that we will so manage this hospital that the people and government of Japan will be happy that they gave us this gift and our people will be able to look with confidence to an institution which will serve them in times of serious illness.

Today, to commemorate one year of service we are having an academic session with the Kandy Society of Medicine to share academic knowledge & experience for the benefit of the ultimate reason for our work—the patient.

DR. RIENZIE PEIR'S
M.Ch.Orth., FRCS, FRCSE
Chairman of the Board
Sri Jayewardenepura
General Hospital.

Congratulations to the staff

It is a privilege and a pleasure to be able to felicitate the Sri Jayewardenepura General Hospital and its Board on its first anniversary.

Considering the constraints placed on the Board, and the extent of commissioning, the standard of performance so far has been excellent.

Many more services would have been made available to the public but for the shortage of manpower in the country, especially in the medical and nursing sectors.

Determined to overcome these problems, the Board has already taken meaningful steps and it is hoped that other speciality services would be made available in the not too distant future.

No Board managed institution can succeed without a committed, dedicated and motivated Board and Staff. The success of Sri Jayewardenepura General Hospital has been an outcome of their efforts.

We salute them on this day—the first anniversary. I thank all those who have provided services and supplies for having helped the Ministry and the Board to make Sri Jayewardenepura General Hospital what it is today.

All success to your scientific sessions and celebrations.

Secretary
Ministry of Women's Affairs
and Teaching Hospitals

Sri J'pura hospital is for both rich and poor

The birth of the Sri Jayewardenepura hospital was the result of President J. R. Jayewardene's concern for better health facilities to the people of this country. That was why the President when

asked by the Japanese government to chose a gift for the honour he had done to Japan at the San Francisco Conference, "I would like a 1001 bed hospital for the people of my country".

This was stated yesterday by the Women's Affairs and Teaching Hospitals Minister Soeethra Ranasinghe when she inaugurated the first anniversary celebrations of the Sri Jayeward-

nepura hospital.

The large and distinguished gathering present included the Japanese Ambassador Hiroshi Ohtaka, heads of universities and doctors.

She further said "We are amply aware of the many difficulties faced by administrators these days. They have to combat indiscipline, contumacy, absenteeism and desultory attendance of staff of all grades. They have to fight forces that want to run institutions for the benefit of a few within the system as well as society at large.

Therefore, the Sri Jayewardenepura Hospital, to me, is a breath of fresh air, and my earnest prayer is, that this breath be a perennial one!

This hospital has been established essentially to provide post-graduate training for medical officers and it is heartening to note that meaningful steps have been taken to follow correct trends.

I am informed that the Clinical Society was formed just six months after the commissioning of this hospital, and in spite of teething problems, the management thought it best to stimulate and develop the faculty of reasoning, the exchange of views and opinions, and in so doing, give the staff of this hospital, a sense of togetherness, unity and purpose.

"This hospital, though managed by a Board, is funded essentially by a grant given by the Government. Because of the need to establish, and maintain a pre-determined quality of service, and patient care, it has become necessary to make certain charges from patients to supplement the Government's contribution.

The charges are made, however, according to income levels and those below a certain level of income, are not charged anything.

"However, strange as it may seem, there are some people who seem to think that this hospital is not for the general public" - not for those who cannot afford these charges. This is furthest from the truth. May I remind you all once again that this hospital is a gift to the Government as well as the people of Sri Lanka. The people of Sri Lanka means all our people - not a privileged few. It is up to the Board and the Staff to ensure that there is no discrimination in the patient care between those who can pay and those who cannot. It should be clear that patient care must be the same for all.

"I feel happy on this occasion, just as much as parents feel happy on the first birthday of their infant child. I think the Chairman and the Board too, feel the same way as I do, at this moment of time," she said.

Ⅸ. 専門家報告書

池上直己：慶応義塾大学医学部病院管理学講師（61.12.15～12.21派遣）

月 日	曜 日	内 容
12.15	月	成田発 UL45 18:30 空路
16	火	Katunayake, Sri Lanka 2:00着 → ホテル ランカ・オペロイへ 3:30着 8:00～10:00 安藤専門家と打合わせ会議 10:00～10:45 JICA 橋口所長と打合わせ 11:00～12:00 日本大使館, 大使, 平野一等書記官, 松本書記官と打合わせ 12:00～14:00 安藤専門家と会議 14:30～18:00 Sri Jayewardenepura 病院 (SJGH) Director と会談 病院の 現状報告, 施設視察 18:30～20:00 安藤専門家と会議
17	水	8:30～12:30 SJGH 2周年記念 同病院医学会研究報告会で発表(Japanese style hospital administration) および聴取 12:30～13:30 SJGH Peiris理事長 Consultantと昼食会 13:30～17:00 SJGH コンピュータ導入について Gunawardene 医師, 会計士, 病 歴士等と打合わせ, IBM 代理店からの意見・実情把握 20:00～24:00 SJGH 2周年記念パーティー に出席
18	木	9:30～13:00 内視鏡, NICU, 中央検査の各部門における受け入れ体制確認 Peiris理事長出席のもとに病院の現状分析, 意見交換, カルテ 改善の勧告, コンピュータ導入の了承 13:00～15:00 平野一等書記官宅で昼食 15:30～19:30 報告書作成 19:30～23:30 JICA橋口所長招待のパーティー 出席
19	金	7:00～10:00 Ratnapuraに向かう, 農村部医療事情視察 10:00～11:30 Ratnapura Provincial Hospital 見学 15:00～16:00 Elliyagoda District Hospital 見学 17:30 ホテルに帰る 19:00～21:00 安藤専門家と会議
20	土	12:15 Katunayake, Sri Lanka 発 SQ-027 18:25 Singapore 着 23:00 Singapore 発 JL-710
21	日	6:15 成田着

I 政治・経済背景

前回調査時点（61年2月4～11日）以後タミル人の武力闘争は一時激化したが、12月になってよりインドの仲介を入れたタミル人の自治を認めた妥協案が提示された。以後はテロは下火となった。残る懸案は①北部州のみならず東部州もタミル人自治区に含めるか（東部州ではタミル人は過半数に満たない）、②どの程度の自治を認めるか、③タミル人各派の中でだれが指導権を得るか（各派間のテロ行為が激化している）

上記状況のため戦時費用が増大し、観光客が減少したため、国家財政はきわめて厳しい。また、紅茶国際価格はいく分持ち直したもののまだ低い。

II 病院の全体状況

理事会方式による独自の管理は続いており、病院職員の志気も高い。清掃・警備の外注が続いていることもあって院内は清潔が保たれている。婦人問題・教育病院省との関係は必ずしも円滑に運んでいないようである。病院開院2周年パーティーに大臣以下同省関係者は出席していない（保健省 Fernando 氏は出席）。

11月の病院報告によると625床稼働、病床利用率56.7%、平均在院日数7日となっている。小児科と有償病床において特に病床利用率が低い。有償病床において期待されたほどの利用がない理由として、PR不足、地理的不便（都心からの通路未完成）等が Director より指摘された。

III 職員数

病院職員の総数604人（61年12月17日現在）、うち Consultant 14名（61年1月1日に比べ3名新規採用、1名退職）、Resident 4名、Senior House Officer 及び House Officer 29名、Register 1名（新規）、Intern House Officer 18名（18名採用、14名退職）、で医師計66名、看護婦274名（43名採用、13名退職）（新規採用の中には教務婦長4名が含まれる）、Orderly（看護助手）311名（89名採用、31名退職）等になっている。看護職員の絶対的不足が強調されたが日本の水準に比べると稼働病床に対して、1看護婦当たり2.3床となり、決して低くはない。特に Orderly を計算にいれるときわめて充実している。現在夜勤は2看護婦、2 orderly の計4名の体制をとっている。

IV 財務

本年の1～11月までの支出計は53,367,000Rpであり、うち人件費が46.83%、光熱費8.61%、清掃・警備外注委任費7.04%となっている。これに対して薬剤・消耗品費は14.97%にすぎない。収益は政府からの供与が87.28%に達し、患者支払いは11.48%にすぎない。収支の内訳は60年と大差ない。なお、患者支払いのうち有償患者の支払いは約半分である。

来年の予算案によると、70%の稼働状態として、128,415,000Rpが計上され、本年の2倍以上となっ

ている。うち87.84%を政府からの供与を必要としている。しかしながら、このうち6割のみが現在約束されている。なお、患者からの収益は8.39%にすぎない。

上記の他、医師食堂、Director 官舎の建設に各々120万Rpが決定されている。また医師家族住宅（18戸）100万Rpが申請中、病院の敷地外にふり分け外来棟50万Rpが検討中である。

V 技術協力分野

1. NICU

エアコンの設置完了

機材の納入いつでも可能である。

Pulse oximetry 方式への変更了承、文献 小児科 Consultant にも渡る。

機材納入時に日本からの専門家の派遣が望ましい。

（但し、安藤専門家一人でも組み立て、使用開始可能）

2. 内視鏡

設置場所：手術室廊下反対側（前と変更）

部屋としての広さ十分、隣室便所のため水道工事容易

下記の工事を行う必要あり、

1. 受付け、2室分離のための簡易壁とりつけ
2. 給排水工事
3. エアコン設置工事、電話設置工事

いずれも1週間以内に完了可能であり、遅くとも4月には受け入れ体制整う予定。上記工事費・設備費等は病院負担であることを了承（理事長）。機材納入時には日本からの専門家の派遣が望ましい。

VI 検査

現在受け入れている研修生と協議のうえ具体的な機種決定。なお、機種決定にあたり下記を留意されたい。

1. 当院の医師は検査オーダーを出すに当たり慎重である。研修医がオーダーした場合に Consultant にその理由を述べなければならない。入院時ルーチン検査は尿 Albumin のみ（Test tapeは高いので騰沸法を用いている。）検査能力が向上しても上記姿勢には変わりのないことを確認した。
2. 破損を恐れての過度に慎重な機材の使用、試薬の有効期限切等の問題が指摘されていたが、その原因は Consultant 病理医にあった模様、同医師の退職に伴い、解決したようである。
3. 夜間技師2人当直体制
4. コンピュータ

当院における病院管理の現状を考慮した結果、コンピュータの導入はパソコンレベルの基本的な

情報処理に限定した方が適切であると考えられる。院長、会計士、保守管理責任者、病歴室長、さらに Consultant の中でコンピュータに関心の高い Gunawardene 氏（保健省のコンピュータ専門委員を委嘱されている）と協議の結果、下記の分野よりコンピュータの導入をはかることを決めた。

A. 病院管理関係

- 給与計算（現在604名、いずれ約1,100名）
- 物品管理（一般：500品目、薬剤：300品目、手術器材：200品目）
（なお、回転の遅い品目は除外している。）
- 保守管理（点検日予告、記録、約2,000件）

B. 臨床統計関係

医師の学術研究目的

さらにAが完成した時点で患者 Master File の入力を開始する予定である（年間20,000件）。また退院時病歴総括の入力も検討されている。

コンピュータの機種としては、Sri Lanka で最も広く使われ、ソフトプログラムの整備が進んでいる IBM が望ましいように思われる。別紙が上記の用途を行うために必要な Model とソフトプログラム等の見積りである。本体 IBM PCAT を会計士の部屋に設置し（Aのため）、子器 IBM PCI を医師図書室におき（Bのため）、両者をケーブルで結び、同時処理が可能になるようにする。Sola 800 VA Stand-by は停電がしばしばあるため必要である。また 60MB Streamer Tape は患者 Master File 作成時には必要となる。総額533,750Rp（約321万円）となる。なお、維持契約を IBM 代理店と結ぶ必要があり、その費用は1年の無償期間後年間17,625~25,225Rpとなるが病院は負担する用意がある。以下の件、理事長に報告、了承を得ている。

VI 今後の技協分野

1. 看護学校

現在第一期生83名が61年7月より教育を開始している。講義場所、図書室等は未使用の病棟等を利用し、宿舎は看護宿舎が設けられている。保健省、看護協会の看護教育認定施設となり、卒後は国家試験受験資格がある。但し、試験はシンハリ語ではなく（他はすべてシンハリ）英語で行うことが特例として認められる予定であり、そのため英語教育に重点がおかれている。なお、看護教育に関しては政府からの財政援助を受けておらず、すべて病院の一般運営費より支出されている。

看護校舎・学生宿舎の建設を日本に強く希望している。但し、日本からの教育専門家の派遣に関してはきわめて消極的である。また看護教育がイギリス形式であり、学生の英語理解にも限度があることもあって、客観的にも難しいように思われる。

2. CT scan.

スリランカとして全身・頭部の CT scan を設置すること自体は決まっているようだが、場所については未定である。最大の問題は設置後の維持と管理費である。最低年間700万円の材料費はスリ

ランカにとっては大きな負担となる。当院に設置した場合にはこの問題はやや解決しやすい。有償患者から実際にかかった費用以上に請求し、無償患者の分を補うことが可能であり、また維持スタッフが他よりすぐれている。但し、Colombo 市内より遠い、脳外科の医師・施設がなく、今後の整備予定もない、交通外傷のセンターではない等の弱点がある。(これらの要件を Colombo General Hospital はすべてそなえている)

Ⅶ その他の問題

A. 小児外科医 Dr. GW Karunaratne より下記の要望があった。

1. 手術室の温度

新生児手術等を行う場合、手術室の温度を29℃に設定したいがどのようにして行うかわからない。太陽熱板からの温水のバルブをひねればよいと聞いているが詳細がわからない。

上記の件、書面で説明可能なら至急 Director を通じ知らせてほしい。

2. 手術室の中での黒板の設置

メモや学生教示のために設置してほしい。

3. 小児外科医、特に先天性胆通閉鎖症の手術の専門家の派遣を希望。(日本から)

B. 安藤専門家の役割の明確化

1. NICU の看護の専門家に加え、JICA の当 project に関する coordinator の役割があることを Peiris 理事長以下 Consultant, 総婦長に説明了承を得る。今後病院から JICA 本部への情報、JICA 本部から病院への情報はすべて安藤専門家を介して流れることが望ましい。なお、安藤専門家には承認を与える権限は一切ないことも病院側に強調、無理な要望が彼女にいかないことを配慮した。

2. 小児病棟内では年長の婦長、看護婦がいるため正面から安藤専門家が改善すべき点を指摘してもなかなか受け入れられないのが実情である。(但し、2～3人の理解者も看護婦の中にはいる)そこで小児科 Consultant の援護を改めて依頼し、特に訓練医 (House officer) と定期的な話合いの場を安藤専門家もてるように依頼した。

C. 医療機器輸入時の関税

関税がとられようになったが、その額は輸入額の10%以下であるため、Director の話では仮に JICA から無償機材ということで免除にならなくても病院が最悪の場合負担することに大きな支障はない。

D. 日本からの専門家の派遣 下記領域が話題にのぼった

- 小児外科、特に新生児外科
- 腎移植、透析
- 末梢血、血管造影
- NICU 小児科医のより頻ばんな派遣

E. 病院の一部機構改革

理事会に下記の小委員会を設ける

1. 人事
2. 財務
3. 法規

さらに患者ケアに関する委員会も設置予定

F. 教育病院としての役割

1. 卒前教育： North Colombo Medical School (Sri Lanka 唯一の私立医大, 1984年設立) からの学生受け入れ (半数約50人) を開始, 教育は無償で行っている。
国立 Galle 大学からも短期に受け入れている。
2. 卒後教育： 内科・外科・小児科・産婦人科・病理の卒後研修指定病院近く放射線科・麻酔科についても認定される予定。研修医にとって志望順位高いようである。

G. 軍病棟

タミル人の武力闘争の激化に伴い, 当院においても傷い軍人のために一病棟62床 (未使用であった整形外科病棟) を軍病棟に転用している。軍より衛生兵・看護婦が派遣されており, 病棟入口では Security check を行っている。テロリストの脅迫もこの件についてあったようであるが, Security も厳重のうえ, 病院に対するテロ行為は非難が集中するゆえ, 特に問題はないように思われる。最盛期には, 満床のこともあり, 外傷患者のヘリによる頻ぱんな搬送もあったが, 現在はテロも小康状態にあり, また軍病院の整備も完了したため, 20床程度しか使用されていない。(新規入院は1ヶ月間ない。) なお, 軍人に対する医療については経済的補償を受けていない。

H. 病歴

病歴管理について下記を提言

1. 検査結果を病歴にはることをやめ, 検査項目をあらかじめ印刷した用紙を整え, 経時的に検査結果を記入する (記入は訓練医また病棟クラークが行う)。
2. 患者 Master File の computer 入力にそなえ, 病歴一号用紙の format をかえる。患者住所等の code book をつくる。
3. 退院患者総括の computer 入力にそなえ, 総括の format をつくる。各診療科の医師が自由に臨床統計用に使える blank をあけておく。
1~3の見本を送ることを約束。

I. 器材説明書

日本語の説明のみしかない場合も安藤専門家が翻訳するゆえ, 今後は送るようにする。



East-West Information Systems(Pvt) Ltd.

P.O. Box 678, Methodist Central Building, 252, Galle Road, Colombo 3, Sri Lanka
Facsimile 01-54 9839 Tolex: 2 1343 EWEST CE
Cable: "EASTWEST"

Tel: 01-54 9542

December 18, 1986.

Japan International
Corporation Agency (JICA)
Nishishinjuka 2-1-1
Shinjuku 163
JAPAN

Dear Sirs,

As authorized dealer in Sri Lanka for IBM Personal Computers, we thank you for giving us the opportunity to quote for the supply of Micro Computers, and are pleased to submit the IBM Personal Computer Solution.

IBM PC1 SYSTEM UNIT

The PC1 System Unit is the basic building block of the IBM Personal Computer. This compact unit houses the powerful 16-bit microprocessor, 40KB of ROM, 256K of user memory, and a single 360KB Diskette Drive. A second drive can be slotted in if needed. The unit also contains five expansion slots which allows easy expansion via optional plug-in adapters.

IBM PCAT SYSTEM UNIT

The IBM Personal Computer AT is designed for professional applications, office environments and increased personal productivity. It includes many advanced technology features previously not available in IBM Personal Computers: increased performance, advanced (80286) microprocessor, high capacity diskette and fixed disk drives, large memory capacity, and advanced co-processor. The IBM Personal Computer AT provides compatibility with existing hardware and software product for the IBM Personal Computer.



KEYBOARD

The keyboard is well-designed and easy-to-use. This lightweight and streamlined keyboard offers features that are practical and convenient, such as tactile and audio feedback, 83 keys including numeric keypad and cursor control and ten programmable function keys.

IBM MONO DISPLAY

The IBM Monochrome Display is a high-quality, high-resolution display designed to provide a crisp, clear and easy-to-read presentation of text and numeric data. It permits viewing of upto 25 lines of information with 80 well-formed characters per line.

IBM COLOR DISPLAY

The IBM Colour Display is a high quality direct drive display. The display is driven by the IBM Colour/Graphics Monitor Adapter. This device makes an excellent display for business data and graphic displays. It can also be used for wordprocessing and other text display, although its addressability is less than that of the IBM Monochrome Display.

EXTENSIVE GROWTH CAPABILITIES

The IBM PC allows you to keep pace with growth as information needs change and develop.

The Main Memory of the PC1 can be expanded to 640KB, a second Diskette Drive can be slotted in to make your systems dual diskette drive machine and fixed disk storage can be upgraded to 20MBs.

The Main Memory of the PCAT can be expanded to 3MBs and a second 1.2MB or 360KB diskette drive can be slotted in to make the system a dual diskette drive machine while fixed disk storage can be upgraded to 40MBs.

What's more, the IBM PC comes with the same kind of comprehensive easy-to-understand IBM documentation that set new standards of excellence when the IBM PC was introduced.

TRAINING

A training diskette "exploring the IBM PC" is given with the machine and any ongoing assistance on the PC will be provided. The training diskette gives you comprehensive coverage on all operational functions of the machine. If any further operational "hands-on" training is needed, it will be provided at the PC Demonstration Centre.

WARRANTY

The Warranty period will be 90 days on the PCl and one year on the PCAT for labour and parts, commencing on the date of Installation of the equipment.

MAINTENANCE

To ensure the operating efficiency of the equipment at all times, we strongly urge you to cover your unit with a Maintenance Agreement. The Maintenance Agreement covers all parts and labour for one year. This Agreement is renewable annually.

Delivery : Ex-stock (subject to availability).

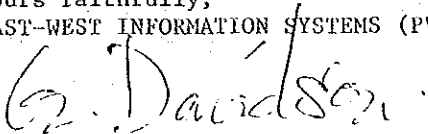
Payment : On delivery

B T T : (currently 1%) is payable.

Validity : 31/12/86

We hope the enclosed documentation meets with your approval. However, if any further clarification is needed, please do not hesitate to contact the undersigned.

Yours faithfully,
EAST-WEST INFORMATION SYSTEMS (PVT) LTD



Grahame Davidson
Marketing Executive

Encls: Price Quotations

IBM PERSONAL COMPUTER QUOTATION
NETWORK SYSTEM

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>QTY</u>
5170099 #	PCAT System Unit includes; - 512KB Random Access Memory - 20MB Fixed Disk - 1.2MB High Capacity Diskt. Drive - Fixed Disk & Diskt. Drive Adaptor - Serial Printer Adaptor - Keylock - Keyboard - World-wide power supply - Linecord	01
6450207	Addnl. 360KB Diskette Drive	01
5151002	IBM Monochrome Display	01
	Hercules Graphics Adaptor	01
	NEC (P7) Printer	01
1525612	Printer Cable	01
5150566	PC-1 System Unit includes; - 256KB Random Access Memory - 360KB Diskt. Drive - Diskt. Drive Adaptor - Keyboard - Linecord	01
1503810	Additional 360KB Dskt Drive	01
5151002	IBM Monochrome Display	01
1504900	Mono Display/Printer Adaptor	01

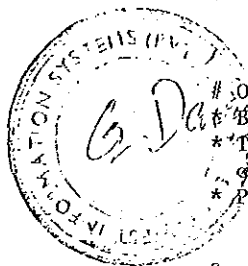
NETWORK ACCESSORIES

5178001	Network Translator Unit	01
6450213	Network Adaptors	02
6024195	Network Program	01
6024211	DOS 3.1	02
6450237	200ft. Cable	01
* TOTAL HARDWARE PRICE	...	Rs. 378,325/=
* SOLA 800 VA Stand-by Power Source System	...	Rs. 48,000/=

SOFTWARE

SYBIZ Inventory and Stock Control System	20,000/=
SYBIZ Payroll System	25,000/=
SYBIZ Multiuser Software	25,000/=
Harvard Project Manager for Maintenance Planning	4,950/=
* TOTAL PRICE ON SOFTWARE	... Rs. 74,950/=
** TOTAL PRICE ON HARDWARE AND SOFTWARE WITH SPECIAL VOLUME PROCUREMENT DISCOUNT...	Rs. 488,750/=

- # One Year Warranty
- * B.T.T. (Currently 1%) is payable.
- * These prices are for your information only, and are subject to change.
- * Payment Terms : By Cheque in our favour with confirmation of order.



3AA

460 MB Storage
45,000
533,750 = 32,536 1/2

225 (21)



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IBM PERSONAL COMPUTER QUOTATION

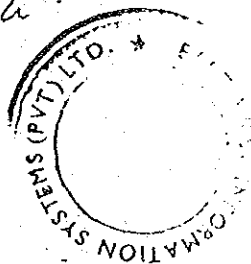
<u>DESCRIPTION</u>	<u>PRICE(Rs.)</u>
1 NO "LOGIC" 60MB Streamer Tape Backup ...	45,000/=
	=====

- * These prices are for your information only, and are subject to change.
- * Payment Terms : By Cheque in our favour with confirmation of order.

EAST-WEST INFORMATION SYSTEMS (PVT) LTD.

.....
Authorized Signature

G. Davidson



IBM PERSONAL COMPUTER
MAINTENANCE

Maintenance service offerings available for the IBM Personal Computer are

- (1) Customer Carry-In
- (2) EWIS On-Site

* All charges are on annual basis.

CUSTOMER CARRY-IN

The Customer will deliver the failing machine to the designated EWIS Repair Centre and when the machine is repaired it may be collected by the Customer.

EWIS ON-SITE

EWIS will provide maintenance service for the failing machine at the Customer's location. This offering is available for machines located upto 24km (15 miles) from the EWIS Repair Centre. Period of service availability for EWIS On-Site Repair is from 8.00 a.m. to 6.00 p.m. Monday through Friday.

Please note that charges include the replacement of all parts as well as services.

Maintenance will be provided under the terms and conditions of the EWIS Maintenance Agreement.

ITEM NO	QTY	DESCRIPTION	EWIS On-Site Rs.	Customer Carry-In Rs.
✓5170099	01	PCAT System Unit	15,700	11,500 ✓
✓5150566	01	PC-1	6,375	4,125 ✓
5155066	01	PC Portable	8,875	5,635
5160486	01	PCXT (256KB RAM)	12,100	6,700
✓5151002	01	Monochrome Display	1,400	900 ✓
5153002	01	Color Display	3,250	2,100
5154003	01	Enhanced Color Display	1,700	1,100
5152004	01	80cps Matrix Printer	1,650	1,050
	01	Wheelwriter 3 - 6746	3,000	2,300
	01	Wheelwriter 5 - 6747	4,200	3,200
✓6934699	01	Pro Printer	1,750	1,100 ✓
1501013	01	64/256KB Option	1,750	1,050
5161402	01	Expansion - 10MB) Hard Disk for XT)	5,755	3,700
1602500	01	10MB Disk Drive for PC1	7,600	4,900
6450205	01	20MB Disk Drive for At	4,500	3,250

285.5 700

MONTHLY HOSPITAL STATISTICAL BULLETIN
SRI JAYEWARDENEPURA GENERAL HOSPITAL, KOTTE

NOVEMBER 1986

IN-PATIENT SERVICE

Bed Complement	..	1001
Beds commissioned	..	625
Total Patients admitted	..	1410
Total Discharges (including Deaths)	..	1397
Daily Average Admissions	..	47
Daily Average Discharges	..	46.5
Average Daily Sick	..	354.5
Average Length of Stay	..	7.4
Bed Occupancy	..	56.7

HOSPITAL DEATHS

Deaths under 48 Hours	..	8
Deaths over 48 Hours	..	25
No. of Still Births	..	3
Death Rate	..	2.3

<u>CLINICS</u>	<u>No. of Clinics</u>	<u>No. of Visits</u>	<u>Av. Per Clinic</u>
Medical	26	2757	106.0
Hypertension	4	147	36.7
Gastro-Intestine	4	81	20.2
Paediatric	23	559	24.3
Paediatric Surgical	8	196	24.5
Gynaecology	23	1364	59.3
Surgical	23	1207	52.4

MATERNITY SERVICES

Admissions	..	205
No. of Deliveries	..	143
No. of Maternity Deaths	..	Nil
No. of Breech Births	..	Nil
No. of Live Births	..	142
No. of Deaths among Infants born in Hospital	..	Nil
No. of Deaths among Immature Babies	..	1

X-RAY SERVICES

No. of Patients X-rayed	..	1226
No. of X-Rays taken	..	2350
Routine X-Ray Examinations	..	1301
Special Examinations	..	135

PATHOLOGY SERVICES

		<u>No. of Investigations</u>
Biochemistry	..	3846
Special Investigations in Biochemistry	..	160
Histology	..	246
Microbiology	..	1420
Haematology, Blood Bank and O.P.D. Laboratory	..	11407

PHYSIOTHERAPY SERVICES

No. of Old Patients (from Previous Month)	..	44
No. of New Patients	..	162
No. of Patients Visits	..	816
No. of Treatment Units given	..	2457

EMERGENCY TREATMENT UNIT

No. of Patients Visits	..	1322
No. of Dressings	..	43
No. of Injections	..	280
No. of Admissions (E.T.U.)	..	451
No. of Deaths	..	3

I.C.U./C.C.U.

No. of Admissions to I.C.U.	..	11
(a) Surgical	..	11
(b) Gynaecological	..	Nil
No. of Admissions to C.C.U.	..	30
Total Admissions	..	41
Number of Deaths	..	6

OPERATIONS

No. of Surgical Operations	..	210
No. of Gynaecological Operations	..	166
No. of Paediatric Operations	..	35
No. of Orthopaedic Operations	..	18
No. of E.N.T. Operations	..	03
Total No. of Operations	..	432

DISCHARGE ANALYSIS

SERVICE	WARD	BEDS	LIVE DISCHARGES	DEATHS	AV. LENGTH OF STAY	AV. DAILY SICK	BED OCCUPANCY
Paediatric	1 FBU	40	78	01	5.0	15.9	39.8
		18	21	-	3.3	3.5	19.8
Gyn. & Obs.	2	62	275	-	4.8	48.2	77.7
Class I Paying	3	7	4	-	5.2	0.8	11.9
Class II Paying	4	48	57	1	5.0	9.4	19.6
Medical	6	62	211	7	6.6	46.5	75.1
Paediatric Surgical	7	41	56	-	5.0	8.8	21.4
Day Care	7	25	10	-	01	.3	1.3
Surgical	8	62	146	02	10.1	48.7	78.6
Gyn. & Obs.	9	62	177	-	7.7	43.3	69.9
Medical	12	62	181	16	8.0	52.4	84.5
Orthopaedic	15	62	40	-	18.6	25.2	40.7
Surgical	18	62	108	-	12.0	45.5	73.3
Intensive/ Coronary Care	ICU/ CCU	12	- (32)*	6	8.1	5.8	48.8

* Transferred to Wards.

CLASSIFICATION OF INPATIENTS

Ward		Paying Patients		General Patients					Exempted Payment			
				No. of Pts.	Patient Days	No. of Pts.	Patient Days					
							I N C O M E				No. of Pts.	Patient Days
No.	Class	No. of Pts.	Patient Days	Pts.	Less than Rs 1500	Rs 1500 - Rs 2000	Rs 2001 - Rs 2500	Rs 2501 & Above	No. of Pts.	Patient Days		
1	III & Gen. *	2	4	94	397	14	6	36	4	14		
2	III & Gen.	-	-	255	921	194	66	139	1	4		
3	I	4	21	-	-	-	-	-	-	-		
4	II (a)	2	6	-	-	-	-	-	-	-		
	II (b)	36	289	-	-	-	-	-	-	-		
6	III & Gen.	1	12	208	1197	108	29	43	9	69		
7	III & Gen.	-	-	55	232	18	12	6	1	13		
Day Care	III & Gen.	-	-	10	10	-	-	-	-	-		
8	III & Gen.	1	34	145	1275	58	43	66	2	24		
9	III & Gen.	-	-	173	1264	51	-	40	4	22		
12	III & Gen.	-	-	193	1281	99	30	102	4	75		
15	III & Gen.	-	-	-	-	-	-	-	40	747		
18	III & Gen.	-	-	105	1141	83	22	25	3	27		
ICU/CCU		1	5	5	33	10	1	-	-	-		
TOTAL		47	371	1243	7751	635	209	457	68	995		

* General

DEATHS BY AGE GROUP

Age Group	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
No. of Deaths	1	-	1	2	4	4	8	6	7	33

CAUSE OF DEATHS CLASSIFIED

1. Tuberculosis of Intestine, Peritoneum and Mesenteric Glands	..	1
2. Viral Hepatitis	.. ..	1
3. Leptospirosis	.. ..	1
4. Malignant Neoplasm of Pancreas	.. ..	1
5. Disseminated Malignant Neoplasm	.. ..	1
6. Diabetes Mellitus	.. ..	3
7. Hemiplegia	.. ..	1
8. Acute Myocardial Infarction	.. ..	1
9. Other Forms of Ischaemic Heart Disease	.. ..	1
10. Chronic Pulmonary Heart Disease	.. ..	3
11. Acute Myocarditis	.. ..	1
12. Heart Failure	.. ..	3
13. Ill-Defined Descriptions and Complications of Heart Disease	.. ..	1
14. Sub Arachnoid Haemorrhage	.. ..	1
15. Acute but Ill-Defined Cerebro-vascular Disease	.. ..	1
16. Bronchopneumonia Organism Unspecified	.. ..	1
17. Idiopathic Proctocolitis	.. ..	1
18. Chronic Liver Disease and Cirrhosis	.. ..	5
19. Liver Abscess and Sequelae of Chronic Liver Disease	.. ..	2
20. Hyperplasia of Prostate	.. ..	1
21. Other Disorders of Prostate	.. ..	1
22. Disorders relating to Short Gestation and Unspecified Low Birth Weight	.. ..	1
		<u>33</u>
		==

J. E. ...
MEDICAL RECORDS OFFICER

M. ...
DIRECTOR

4th December, 1986.

Talapathpitiya,
 Nugegoda

-SADCB-wcm.

SRI JAYEMARDENEPURA GENERAL HOSPITAL

STATEMENT OF EXPENDITURE - PAYMENTS

	1	2	3	4	5	6	7	8	9	10	11	12	Total Rs. 000	%
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.		
Salaries, E.P.F., E.T.F. etc.	2,030	2,031	2,165	2,219	2,105	2,396	2,310	2,305	2,351	2,312	2,485		24,709	46.83
Electricity	348	293	365	366	336	N.A.	380	339	304	351	367		3,469	6.57
Telephone	18	N.A.	N.A.	N.A.	N.A.	N.A.	31	5	97	4	25		180	0.34
Food Provisions	204	190	244	252	253	N.A.	39	421	59	547	225		2,434	4.61
Drugs, Dressings	352	729	30	995	781	1,471	758	154	897	1,157	574		7,898	14.97
Other Supplies	552	108	543	345	592	714	685	1,182	275	681	630		6,307	11.95
Capital Expenditure	38	16	55	89	101	516	114	221	106	124	1,080		2,460	4.66
Security	145	146	146	147	146	146	147	147	147	147	147		1,611	3.05
Janitorial Services	190	190	190	190	190	190	190	190	190	190	190		2,090	3.96
Garbage Disposal	9	8	8	8	8	8	8	8	6	8	9		88	0.17
Fuel	62	30	30	85	33	43	21	39	30	50	30		453	0.85
Water	50	58	53	62	59	N.A.	63	57	68	70	77		617	1.18
Miscellaneous Payments	8	99	7	16	49	11	22	32	14	41	148		447	0.85
<u>Revenue</u>														
Hospital Charges	427	356	516	470	473	563	600	844	741	656	482		6,128	12.72
Other Income	66	23	23	6	11	76	79	51	66	113	72		586	

Accountant :

SRI JAYAWARDENAPURA GENERAL HOSPITAL PERSONAL DATA

DURING THE YEAR 1986

DESIGNATION	NO. AVILABLE ON 31.12.85	NEW APPOINTMENT in Jan.-Dec.86	NO. TERMINATIONS Resignations,ect.
01. Director	01	-	-
02. Deputy Director	01	-	-
03. Consultants	12	19	03
04. Resident Officers	04	-	-
05. Senior House Officer & House Officers	29	10	10
06. Register in Pathology	-	1	01
07. Intern House Officer	14	18	14
08. Bio-Chemist	-	01	0
09. Radiographer	07	01	-
10. Physiotherapist	02	02	-
11. E.C.G. Recordist	02	-	01
12. Pharmacist	10	06	04
13. MED. Lab. Technologist	03	05	-
14. Med. Lab. Technologist (Trainee)	22	01	05
15. Secretary	01	-	-
16. Accountant	01	-	-
17. Asst. Accountant	01	-	-
18. Adm. Assistant	01	-	01
19. Internal Auditor	01	-	01
20. Supplies Officer	01	-	-
21. Medical Records Officer	01	-	-
22. Asst. Medical Records Officer	01	-	01
23. Store Keepers	03	-	-
24. Building Forman	01	-	-
25. Electrical Forman	01	-	-
26. Lundary Supervisor	01	-	-
27. Public Health Inspectors	02	-	-
28. House Warden	02	04	-
29. Steno-Grapher	01	02	-
30. Steno -Typist	01	-	-
31. Confidential Secretary	-	01	-
32. English Typist	-	01	-
33. Sinhala Typist	01	-	-
34. Cashiers	02	-	-

DESIGNATION	NO. AVILABLE	NEW APPOINTMENT	NO. TERMINATIONS
	ON 31.12.1985	in Jun-Dec. 86	Resinqnation ect.
35. Clerks	49	5	10
36. Hospital Welfare Officers	01	-	-
37. Telephone Operators	07	-	-
38. Drivers	03	03	-
39. Boilermen	02	-	-
40. Diet Stewardess	05	-	-
41. Book-Keeper	01	-	-
42. Chef	-	01	-
43. Skiled Workers	11	02	01
44. English Teachers	-	02	-
45. Matron	01	-	-
46. Deputy Matron	01	01	-
47. Nursing Sisters	17	02	01
48. Tutor Sissters	-	04	-
49. Staff Nurses	225	36	12
50. Family Health Worker	01	-	-
51. Sasmstres	05	-	-
52. Cooks	06	09	04
53. Kitchen Helpers	07	-	01
54. Lab. Orderlies	02	-	-
55. Dark Room Orderly	01	-	-
56. Orderlyes	253	89	31

JICA