

スリランカ国
スリジャヤワルダナプラ総合病院
第2次事前調査報告書

昭和60年9月

国際協力事業団
医療協力部

スリランカ国
スリジャヤワルダナプラ総合病院
第2次事前調査報告書

JICA LIBRARY



1026992[6]

昭和60年9月

国際協力事業団
医療協力部

国際協力事業団	
受入 月日 '85.11.22	120
	98
登録No. 12111	MCF

序 文

スリランカ国政府は、昭和57年2月、わが国の無償資金協力により、コロンボ市郊外のコッタ地区に建設中のスリ・ジャヤワルダナプラ総合病院を円滑に運営していくために、医療機器の操作指導及び維持管理を中心とした技術協力を要請越した。

新病院の開院が昭和58年秋に予定されていたため、日本側は同年1月事前調査団を派遣し、開院後のプロジェクトの開始に備えたが、スリランカ側の事情により同病院の開院は大幅に遅れ、昭和59年12月ようやく部分開院にこぎつけ現在に至っている。

最初の事前調査からすでに2年が経過し、現地事情に変化がみられることから、当事業団は、再度要請の具体的内容、技術協力の可能性及び妥当性を調査するため、昭和60年3月小佐野満慶応大学医学部教授を団長とする第2次事前調査団を派遣した。

本報告書は当該プロジェクトの計画策定に資するため今回の第2次事前調査の結果を取りまとめたものである。

ここに事前調査団の各位並びに同調査団派遣にご協力を賜った関係者各位に対し、深甚なる謝意を表する次第である。

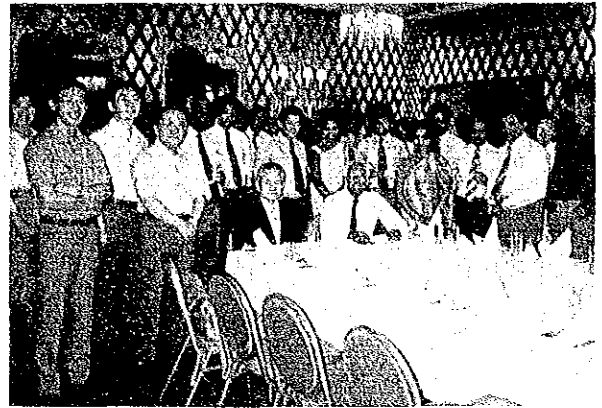
昭和60年9月

国際協力事業団

理事 末永昌介



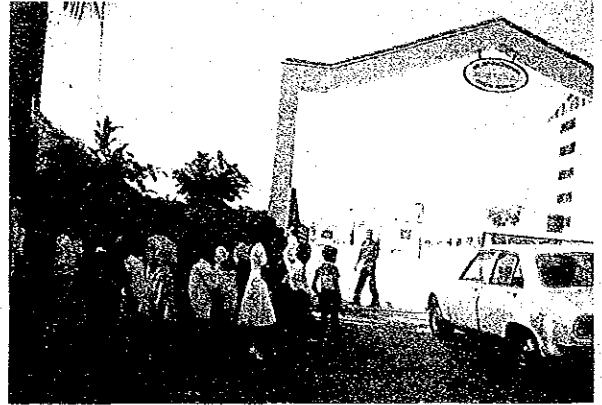
MINUTES署名
左：小佐野団長 右：Dr. Peiris



関係者全員で



討議風景
SJGH会議室



SJGH警備厳重な正面門
(患者の付添は2名までに制限)



中庭からみたSJGH



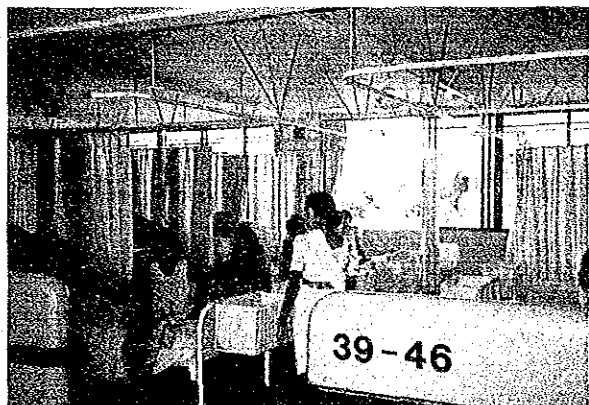
外来待合室



待合室



小児病棟



病棟（産婦人科）



ICU



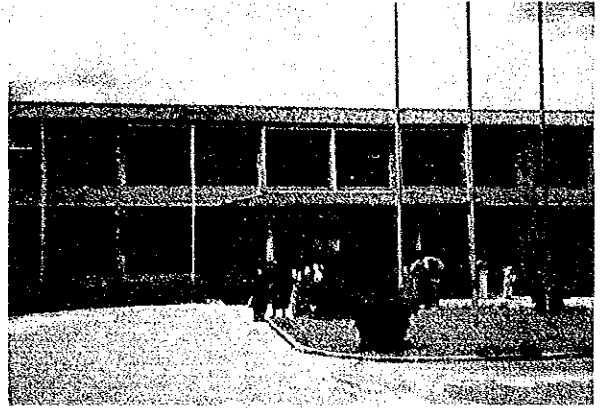
個室



給食



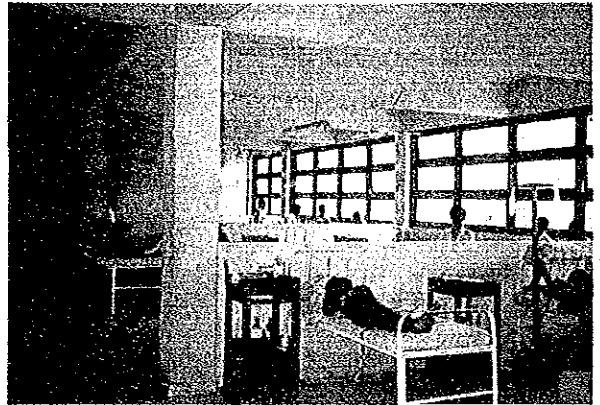
洗たく



正面玄関



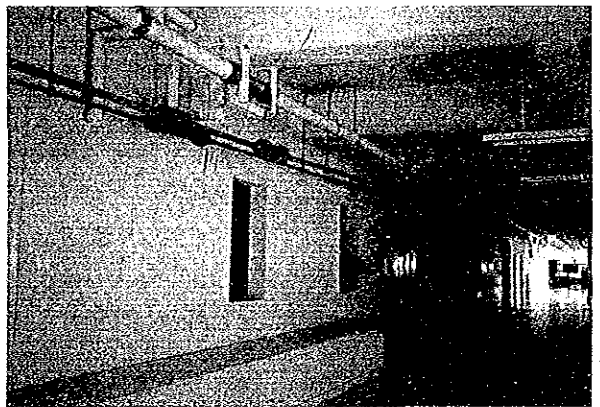
カルテ室



病棟

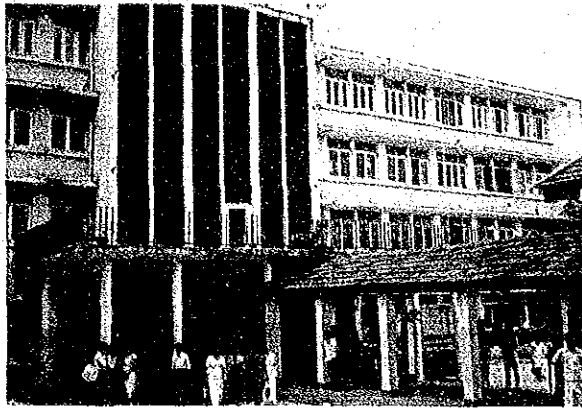


事務室

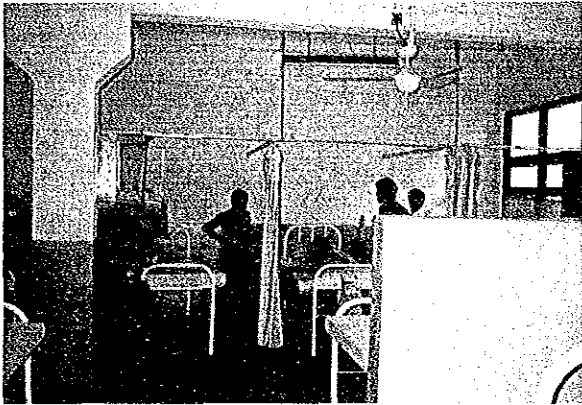


配管

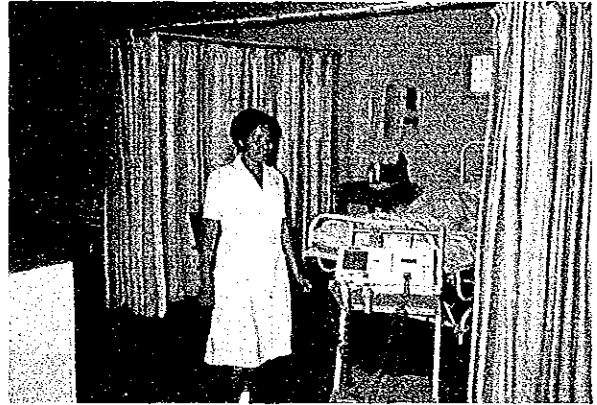
キャンディ総合病院



正面玄関



ガン病棟



ICU



主に社会的理由により入院した患者の病棟



給食

コロソ総合病院



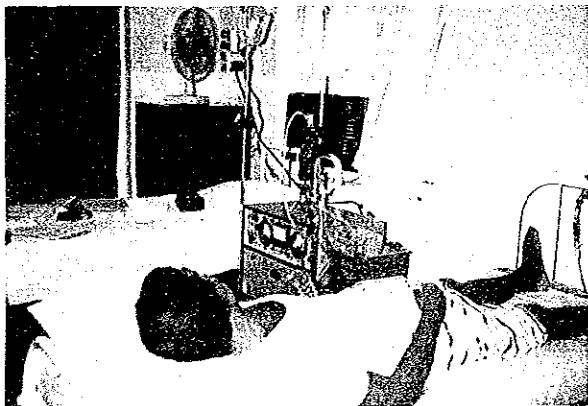
正面



外来待合室



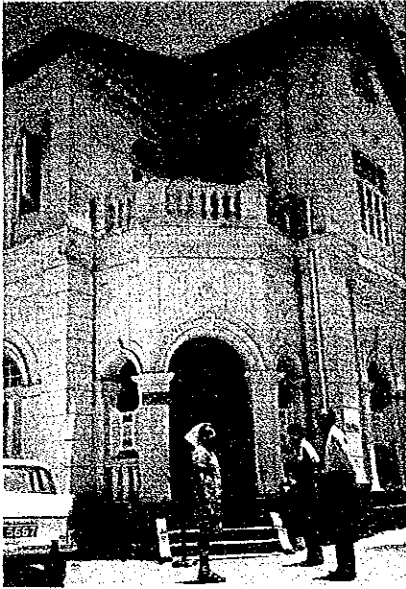
洗たくものの乾燥



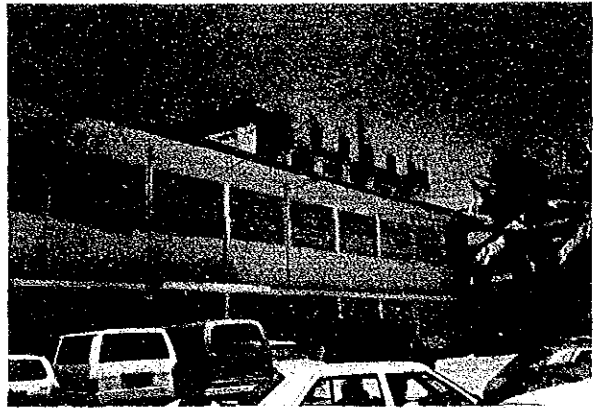
唯一の慢性透析患者
(ドイツ政府が負担)



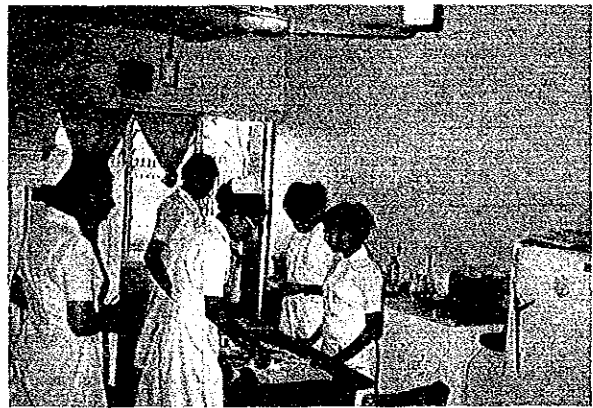
個室に入院している陸軍少佐



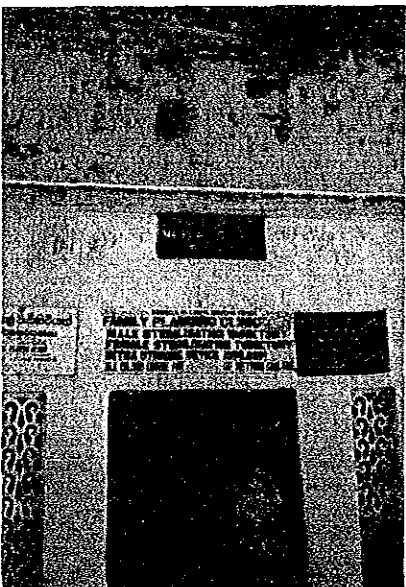
コロンボ市内私立病院
Ceylon Hospitals Ltd.(C.H.)



Ceylon Hospitals Ltd.



C.H. ナース・ステーション



プライマリー・ヘルス・ケア (PHC)
のヘルスセンター



C.H. 個室病室
(付添用ベッドあり)

目 次

序 文	
写 真	
I 調査団派遣の経緯	1
II 調査団派遣の目的	3
III 調査団の構成と調査日程	3
1. 調査団の構成	3
2. 調査日程	3
IV 調査概要	6
1. スリジャヤワルダナブラ総合病院 (SJGH) の概要	6
1) 背景となる医療環境	6
2) SJGHの位置づけ	8
3) SJGH管理機構	9
4) SJGH人員	10
5) SJGH予算	11
6) SJGH今後の課題	12
2. 技術協力	14
1) 内視鏡的検査及び治療	14
2) 新生児集中管理及び生化学検査	14
3) CTスキャン	15
4) 人工透析	15
5) 病院管理	16
V 総 括	17
VI MINUTES (30th March, 1985)	18
" (第1次事前調査)	21
VII 資 料	25
VIII 関係記事	113

I 調査団派遣の経緯

1) スリランカ国政府は、新首都開発計画により首都コロンボから近郊のスリ・ジャヤワルダナプラに行政の中枢を移動しつつあり（新国会議事堂は建設済み）、これを契機に、1,000床の新病院を建設することを計画し、わが国に無償資金協力を要請した。

スリランカにおける医療サービスの現状は、地方の医療施設が量・質共に充分でないことから患者がコロンボに所在するコロンボ病院グループに集中し、特にコロンボ総合病院にその傾向が顕著となっている。2,500床を有するコロンボ総合病院を拡張することは、医療サービス及び管理上からも避けるべきであり、コロンボ近郊に設備の整った総合病院を開設し、患者の分散を図ることが緊急課題となっている。

以上の状況を考慮し、わが国政府は無償資金協力をを行うことを決定し、新病院の起工式は1981年11月、1983年9月には建物が完成し、先方へ引き渡された。

2) 新病院に対する技術協力については、当初スリランカ国政府より要請はなかったため、新病院の施設及び機器内容は技術協力なしという前提で進められていたが、1982年2月にスリランカにて行われた同国との経済技術協力に関する年次協議の際、スリランカ国側より新病院を円滑に運営するために、医療機器の取扱い及び臨床分野を中心とした技術協力の要請がなされた。1982年11月同国保健省フェルナンド局長は訪日した際、前記同様に医療機器の維持管理を中心とした技術協力を日本政府に要請した。（第一次事前調査報告書、昭和58年2月より）

3) これに応え、当事業団は1983年1月、田崎寛慶応義塾大学医学部教授を団長とする事前調査団を派遣し、要請の具体的内容、技術協力の可能性及び妥当性を調査した結果、新しいプロジェクトとして開始することは意義あるものとの結論を得た。

こうして1983年度中にもこの新プロジェクトが開始できる見込みがたつたにもかかわらず、実際は開院式が1984年9月17日と1年も遅れたために、プロジェクトの開始も延期された。

この原因は①国内の暴動、②所管が「保健省」から「教育病院及び女性問題担当省」に移管されたこと、③病院運営経費の不足、④病院に配置する医師、看護婦の確保、及び待遇についてコンセンサスが得られていないこと、等スリランカ側の実施体制が国内事情に阻まれ、予定どおり進まなかったことにある。特に医師の確保については、医師の大量国外流出という途上国特有のパターンがここでも起こっており、（後出1）背景となる医療環境参照）運営経費の確保とあわせて今後引き続き課題となるであろう。

4) 1984年12月17日、新病院はようやく実質開院し、第1号の患者(内科)を迎えた。スタッフがまだ定員に充たないため、部分開院であるが、これによりスリジャヤワルダナプラ総病院としての一步を踏み出したわけである。

全面開院がプロジェクト開始の条件であったが、これまでの経過から部分開院を肯定的に捉え、可能な範囲での技術協力を行なうことが現状では望ましいと判断された。

こうして、最初に派遣した事前調査からすでに2年以上が経過しており、現地の状況にも変化が見られること、又病院が部分開院であること、を考慮して、再度事前調査団を派遣し、協力内容の調整をすることとなった。

Ⅱ 調査団派遣の目的

第1次事前調査時のMINUTES及びその後の新しい要請に基づく技術協力の具体的な要請内容の把握、スリランカ政府の新病院に対する考え方の再確認、先方実施体制の調査を通し、効果的なプロジェクト方式技術協力の実施計画を策定する情報を収集する。

Ⅲ 調査団の構成と調査日程

1. 調査団の構成

- 1) 団長 小佐野 満
慶応義塾大学医学部小児科教授
- 2) 団員 石引久弥
慶応義塾大学医学部外科助教授
- 3) 団員 池上直己
慶応義塾大学医学部病院管理学講師
- 4) 団員 橋政昭
慶応義塾大学医学部泌尿器科助手
- 5) 団員 堀内清美
国際協力事業団医療協力部医療協力課

2. 調査日程

月日	曜日	内 容
3月26日	火	(池上, 橋, 堀内, 先発) 10:25 成田 $\xrightarrow{\text{JL721}}$ クアラルンプール $\xrightarrow{\text{UL315}}$ コロンボ(22:30) 池田JICAコロンボ所長の出迎えを受ける。
27日	水	9:00 JICA事務所にて日程及び調査方法打合わせ 現地事情聴取 12:30 / 所長と昼食 14:00 15:45 成田 $\xrightarrow{\text{SR167}}$ ボンベイ $\xrightarrow{\text{UL182}}$ (コロンボ)
28日	木	6:55 小佐野, 石引コロンボ着(UL182) 10:00 JICA事務所訪問

月 日 曜日 内 容

- 10:30 大使館表敬
大鷹大使, 網野二等書記官, 小林三等書記官
- 12:00 大蔵企画省援助局表敬, 局長 Mrs. C. Amerasekera
- 14:00 教育病院省次官表敬, Dr. Daya Samarasinghe
- 16:00 スリジャヤワルダナプラ総合病院訪問
- 18:00 理事長 Dr. Rienzie Peiris
病院長 Dr. R.C. Rajapakse

3月29日 金 病院にて調査

- 9:00 各医師の希望聴取
- | | |
|-------------------------|------|
| Dr. R. Peiris | 理事長 |
| Dr. R.C. Rajapakse | 院長 |
| Dr. Kingsley de Silva | 産科医 |
| Dr. K. Yoheswaran | 外科医 |
| Dr. A. Sonnadara | 小児科医 |
| Dr. D.N. Wijeratne | 産科医 |
| Dr. Keneth Perera | 麻酔医 |
| Dr. H.H.R. Samarasinghe | 内科医 |
| Dr. N.S. Jayasinghe | 内科医 |
| Dr (Mrs) Rane N. Perera | 病理学者 |
| Dr. K.M.C. de Silva | 放射線医 |
- 11:00 理事長及び病院長と協力内容について討議
- 13:00 理事長主催昼食会
- 14:30 引き続き討議及びMINUTES作成
- 17:30 MINUTES タイプ時間を利用して, 各団員関係資料収集及び関係者より事情聴取
- 18:00 調査団, 池田所長, 網野書記官打合わせ
- 19:00 大使主催夕食会
- 30日 土 午前 小佐野, 石引, 報告書作成
池上, 橘, コロンボ総合病院等視察
堀内 MINUTES 修正及びタイプ
- 12:30 MINUTES 署名 (小佐野団長, Dr. Peiris理事長)
- 14:00 団長主催昼食会
- 19:00 網野書記官宅にて夕食会

月	日	曜日	内	容
3月	31日	日		資料整理, 報告書作成
			07:30	キャンディへ(池上, 堀内)
				} ペラデニア総合病院及びキャンディ総合病院視察
			18:00	
			22:45	コロンボ発(堀内を除く全員)
				UL452
4月	1日	月	12:25	成田着
			午前	援助局, 大使館小林書記官へ報告, 残務整理
			14:00	コロンボ発 $\xrightarrow{\text{UL314}}$ クアラルンプール
	2日	火	20:45	クアラルンプール $\xrightarrow{\text{SQ115}}$ シンガポール
	3日	水	06:10	成田着 JL710

IV 調査概要

1. スリジャヤワルダナプラ総合病院の概要

1) 背景となる医療環境

Sri Jayewardenepura General Hospital (以下SJGHと略)を正しく把握するためには同病院を巡る医療環境を理解する必要がある。そこで、Primary Health Care (以下PHCと略)、医師のおかれている状況、医療福祉政策の再検討、の3つの大きな背景要因を中心に、最近の動向を踏まえて述べることにする。

a) PHC

「西暦2000年までに全員に健康を」という目標を達成するためにPHCの達成は最重要な課題である。PHCの基底にあるのは公平性の追及であり、医療を含めての資源の再分配である。このような抜本的な対策なしには乳児死亡率等の健康指標の改善は望めないという基本認識が背景にある。具体的には、国の医療予算を、都市部の病院に大部分配分していた従来の形態を改め、大多数の国民が居住する農村部のヘルス・センターを中心に再配分することである。また、医療内容としては、乏しい資源を有効に利用するため、費用効率を念頭にして高度な治療医学より簡単な予防医学への転換を促進することである。

スリランカ国政府も以上のPHCの考えを踏襲したAlma Ata 宣言の調印国であり、PHCを国の医療政策の基本としている。そして、1984年を以って病院に対する新たな設備投資は行なわない方針である。すなわち、おそらく当SJGHはスリランカにとって今世紀最後の新規大病院建設事業となったと思われる。そこで、同病院に対するスタッフの意気込みには並々ならぬものがあり、また同時に後述するように同病院では斬新な運営形態が試みられている。なお、スリランカはPHCの体制としては制度的には極めて整備されているが、内容的にはこれより述べる種々な理由により、完全に形骸化している。

b) 医師のおかれている状況

雇用機会に恵まれない発展途上国にとって医師となることは最高のエリートとなることを意味している。また医学教育は旧宗主国の影響下にあることが多く、学問的関心も最先端の医学の追求にある。そこで、PHCの理念と相対立する立場になることが多い。一方において、都市部の新興の中流階級より先進国並みの医療を受けたいとする希望が多く、且つそのために支払う用意がある者も出現しつつある。医師はこの需要を満すために私的医療に流れる傾向にある。

スリランカにおいても、上記の傾向が著しい。医学教育は、最近新設された私立の1校を除いてすべて国立であり、授業料は無料できわめて厳しい競争率が入学に際してある。1982年までは専門医の資格は即、英国における学会認定を意味し、現在でも卒後教育において1年以上の英国留学は義務付けられている。一旦留学した医師は、帰国しても修得

した診療，研究水準を維持するための施設，設備が恵まれなため，英国にとどまることを希望する者が多い。また，英国にとっても旧植民地からの医師は従来まで貴重な人的資源とみられており，現在でも医師の28%は外国出生である。スリランカにとってこの20年間の医師の国外流出は深刻な問題ではあるが，現在のところ何等規制策は施されていない。

最近，英国における若手訓練医の失業率が高まっているため，スリランカを含めた旧植民地からの医師の流入は制限されるようになった。そこで，スリランカに帰国する医師が増加することが期待されているが，中近東諸国に新たに流出するようになった。中近東諸国では2～3年働けば本国で一生得る収入を確保でき，またこれらの国は必ずしも居住環境が良くないため，最終的には帰国する医師が多いようである。しかしながら，帰国した医師は専ら，私的部門で働く傾向にある。

スリランカの医療は無償が原則であるが，医療資源の絶対不足から運営の困難をきたしている。特に公立病院で働く場合は報酬は安く，そのため医師は私的部門でアルバイトをすることが常識化しており，午後になると医師を見つけることは困難のようである。また，入院すること自体は比較的容易のようであるが，設備が整った有償の病床へ入院することは難しく，種々の政治家，官僚，医師などからの圧力が介在するといわれている。なお，コロombo近郊には100床程度の私的病院が25あり，いずれも株式会社形態の営利病院である。これら病院へ入院することも需要が多く難しいようである。

c) 医療福祉政策の再検討

各国とも高度成長時代に常識化していた医療福祉の拡充が再検討されており，それと平行して民間の活力導入が焦点となっている。

スリランカにおいてもかつては社会主義政権下であって，医療や教育の無償提供の他，基礎食糧も一律無償配給が行なわれていた。しかしながら，1977年に現政権下となると，徐々に見直しがされてきており，食糧については現在は低所得階層に限られている。それでも流通段階での乱用などが指摘されている。また，電信電話業務等，かつては政府の直轄にあった事業の公社への移管，民間払い下げ等が検討されている。

医療においては，こうした政策の転換には抵抗が多く，表面にあまり表われてない。そのため，病院は救貧院としての性格をも呈している。スリランカにおいて，患者が入院を強く希望する場合には医師が拒否することは困難のようであり，このような患者のための病棟も用意され，それが主因で病院の定床を越えた患者が入院している。教育病院である

Colombo General Hospital の定床は2,380床であるが，常に3,000人以上の患者が入院し，廊下はベットであふれている。このうち，約半数はむしろ福祉上の必要から入院しているものと推測されている。但し，一旦入院できれば，その後病院側が圧力をかけると退院はしてゆくようである。そのため同院における1983年の平均在院日数は8日となっている。

Kandy General Hospital では小児下痢患者のための病棟の給食を常食より治療食に改めたところそれをきらってか患者数が減少したということの小児科医が指摘していた。

医療提供側についても、職員の士気は人員不足、中央官庁で決まる完全な年功序列型の昇任制度等により低下している。特に無資格の看護助手は臨時職員が約半数を占めていることもあって、質が低く、患者からの不満が多い。備品、材料についても財源不足、中央統制による流通段階の硬直性に加え、職員の横領が日常化しているため、不足が目立つ。特に薬剤の3分の1程度は横流しされていることが指摘されている。そのため、病院側は守衛をおき、職員、患者の所持品の検査を行なっているが必ずしも十分な効果を上げていないようである。このようにスリランカの病院は管理上の基本的な多くの問題点を需要側、供給側ともかかえているといえよう。

d) 運営上の制約状況

以上の厳しい医療環境からして、SJGHの運営上、以下のような問題点を考慮する必要がある。

- ① PHCの政策上の推進は、医療ニードの視点からも、また公平性の確保は国家の安定からも必要である。したがって、病院部門への財政投資の拡大は今後望めない。
- ② 医師にとって魅力的な診療上、研究上の設備を用意し、且つ、十分な報酬を約束しない限り、公的部門で医師を確保することは困難となる。
- ③ いきすぎた福祉政策を見直し、病院を医療の場として限定する。それと同時に管理機構を簡素化し、病院の管理体制を強化する必要がある。

上記のうち、①と②の要望を調整することが最も重要な課題であるといえよう。

2) SJGHの位置づけ

SJGHの当初の構想では、既存の公立病院の延長線上にあったように思われる。そのため病床規模が重視され、基礎的器材の設置に重点がおかれていた。この段階における指導権を発揮していたのがSJGH Development BoardのFernando委員長であった。同氏は現在も保健省のDirector of Health Services（医務局長に相当）としてSJGHのBoard（理事会）の理事の一人であるが、発言権は低下しているようであり、今回の代表団との会見は1回も行なわれなかった。

現在、SJGHの管理運営上の一切の権限を有しているのはSJGHのBoard Chairman（理事長）であるPeiris氏である。同氏はSJGHにおいて全く新たな運営形態をとろうとしており、それに対して親密な関係にある大統領が強くバックアップしているようである。その考えの基底には従来の形式の運営をしている限りはスリランカの医療を向上させるために焼石に水で真に役立たず、むしろ医療環境を十分考慮した発想の転換が必要であるとする認識である。

SJGHは従来の病院と本質的に異なる2つの要素がある。第1に、SJGHは管理運営を担

う Board (理事会) が法律により設置されている点である。付属資料 1 に示す法律 (Act, No. 54 of 1983) で明らかなように、理事会には予算執行権等の大幅な裁量権があり、所轄官庁である教育病院・婦人問題省からかなり独立している。人事面においても、現在の Peiris 理事長の実力からして、同省の年功序列の体系を無視して断行できているようである。理事会については組織、人員の項でさらに詳しく取り上げる。

第 2 には、SJGH の運営費の 4 分 1 程度は患者支払いからの収益によることが計画されている点である。これは従来の free medicine から 180 度の転換であり、国民の反発を考慮して徐々に浸透されている。具体的には、患者の支払い能力と希望により、室料を等級に応じて徴収し、医療費もそれに即して出来高払いにしたがって請求することが計画されている。(この詳しい仕組は予算の項参照) それと同時に、上級病室に入院した患者からは医師は自由に別途に doctor's fee を請求することを認めている。これらの私費患者の診療は勤務時間外で行なうこととなっている。この特権は、SJGH の上級医 (Consultant) の他、院外の専門医にも認めることが計画されている。なお、調査時点では開院間もないこともあって、支払いをしている患者は一人もいなかった。

第 1 の点より、病院の組織体としての自律性が確保され、第 2 の点より限られた財源の中から SJGH の医師をある程度満足させることが期待される。私的病院の繁栄からして、それ以上の設備と人材を誇る SJGH では支払い能力のある患者を集めることは容易であるように思われる。なお、スリランカにおいて民間の健康保険に加入しているのは国民の 3% 程度と推測されている。

3) SJGH の管理機構

a) Board (理事会)

SJGH の最高意志決定機関として理事会がある。11 名の理事より構成され、理事長を含め 8 名の理事は教育病院・婦人問題相により 3 年の任期で重任に制限なく任命され、3 名は職権により理事である。理事会の構成は下記のようなものである。

- i) 理事長 (Peiris 氏)
 - ii) 教育病院・婦人問題省からの代表 1 名 (現在同省の次官)
 - iii) 大蔵企画省からの代表 1 名
 - iv) SJGH の上級医師より 3 名の代表
 - v) 有識者 2 名 (現在、弁護士 2 名)
 - vi) 保健省医務局長
 - vii) 卒業医学教育院所長
 - viii) SJGH 病院 (Director)
- } 職権による理事

これらの理事は、理事長を含めすべて名誉職であり、会議出席費を除いて完全な奉仕である。

理事会は教育病院・婦人問題省において他の教育病院が Director of Teaching Hospitals の管轄下にあるのと異なり、大臣が直轄している。なお、同省は与党の有力議員の落選に伴って1984年6月に保健省より急拠独立した省である。保健省の方が予算規模は大きい、権威は同省の方が高いようである。

b) 病院組織

SJGHの組織図は図1のようである。理事長のもとに Director (病院長) がおり、そのもとに Matron (総婦長)、Secretary (事務長)、主任会計士 (Accountant) がいる。なお、事務長は理事会、事務局長も併任しているので病院長の上につらなる破線が組織図にある。

本院の院長は管理専任の医師であり、Kandy General Hospital でみせた手腕を買われて抜擢され、同時に本省において Deputy-director を併任している。公衆衛生方面から、New Zealand で病院管理の課程を修得後、管理に専任するようになった。なお、スリランカでは病院長はいずれも管理専任で、時間外でも臨床に従事することは許されていない。そのため、医師としては最高の号級に属するが、あまり希望者が少ないようである。

SJGHにおいて同国の病院としては、初めて設けた2つの高いポストがある。1つは会計主任に公認会計士をあてたことであり、もう1つは器機の保守管理に科学省より優秀な人材の割愛を求め、Maintenance Engineerとしての地位にあてたことである。会計業務と保守管理の重要性の認識からとられた措置である。

病院の日常の業務を行なうために病院長を委員長とする運営委員会があり、構成員は院長の他、上級医師より3名の代表、総婦長、事務長、主任会計士よりなる。しかしながら現状では Peiris 理事長がすべてを統率しているようである。

c) 民間委託

SJGHのもう一つの画期的要素は、警備と清掃部門を完全に民間に委託している点である。そのため両部門の効果的運用が可能となっている。警備のため200万ルピー、清掃のため240万ルピーで年間契約している。なお、病院をよごす者がいれば500ルピー以下の罰金を加えることが明確に表示されている。(付属資料2参照)

4) SJGHの人員

SJGHの1985年3月末現在の人員は表1のようであり、総人員425名である。現在の入院患者は150名程度であることからすると、かなりゆとりがあり、また今年末で予測される入院患者数が仮に500名であるとしても他の病院の水準からすると恵まれているといえよう。さらに、給与は他病院の同一号級に比して50%の加給が一率に認められていることからすると、質の良い人材を集めることができたように思われる。

人員選考はまず病院長から始まり、次に順次上級医師、総婦長、事務長等が採用されていた。採用にあたっては、書類審査のうえの面接であったが、実質的には Peiris 理事長が

決めた人事のようである。上級医師 (Consultant) を採用する際には、8.00より16.00時の勤務時間中は必ず院内に勤務することが約束させられて、遅刻した場合にはその日は半休の扱いとなっている。また毎朝、8.00のミーティングが制度化されている。

上級医師はSJGHの好条件にひかれて中近東へ行くことを見合わせた若手医師と、停年までの年限が延長された老令の医師の2集団があるようであるが、いずれも十分な資格等をそなえている印象を受けた。

なお、病院職員のうち Orderly とは看護助手であり、男性ばかりであり、Staff Nurse という有資格看護婦の指導下にある。Welfare Officer とは日本のソーシャル・ワーカーに相当する。

5) SJGHの予算

a) 全体予算

SJGHは将来的には1,000床が稼働し、病床利用率70%とし、患者支払いによる医療収益の運営費の25%として1984年価格で年間運営予算はおよそ1億ルピー(邦価で10億円)とされている。以上はPeiris理事長より聴取した予算規模である。この規模はスリランカの全医療予算26億ルピーの4%に相当し、また1984年のColombo General Hospitalの年間予算1.2億ルピーより若干少ないのみである。表2はSJGHの会計主任が500床、625床、750床、1,000床の各々の場合における運営予算を示している。

1985年の予算は6,200万ルピーであり、これに1984年からの繰り越しが4,000万ルピーとその利息を加えた額が実際に自由に使える予算額として解釈されている。(理事会に予算執行権があるため繰り越しが可能となっている。)

一方、大蔵企画省のDept of External ResourcesのDirectorより聴取した額は向こう5年間毎年1,000万ルピーにすぎない。Peiris理事長があげた額との格差があまりにも大きいためその理由を同DeptのDirectorに後日聞いたところ、第1に人件費が含まれていない、第2に医療収益も含まれていない、第3に5年計画ではあるが毎年見直しがされることになっている。等の理由をあげた。したがって、Peiris理事長の提示した額の方が正しいようである。しかしながら、いずれにせよ年間予算10億円程度で1,000床の近代病院を運営することはきわめてむずかしいように思われる。

b) 患者からの収益

患者からの収益がSJGHの今後の運営形態を決めるかぎである。全開院時には運営費の20~35%を患者からの収益に依存することが予定されており、この比率が高まるほど病院としての独立性も高まるものと思われる。なお、この中には上級医が一部の患者に直接請求するDoctor's Feeは含まれてない。

SJGHにおける費用徴収の仕組を簡単に紹介すると以下のようなになる。まず、病室は有償の3つの等級と無償との計4つに分かれる。但し、従来のスリランカで行なわれたfree

medicineとの決別を明白にするため、後者に入院する場合も付属資料3に示すような世帯収入の申告書を提出させ、月収1,000ルピー以上であれば、収入に応じた入院費を徴収することになっている。最も低い負担額である5日を限度とする1日10ルピーの費用はきわめて低いようであるが、この額は当国における一日当たり給食材料費の約70%に相当する。

有償の病室は以下3等級である。

Class I (21床) : 1日室料 500ルピー空調付き個室

Class II (112床) : 1日室料 3人部屋 : 250ルピー

6人部屋 : 200ルピー

Class III (200床) : 1日室料 150ルピー

このうち、Class IとClass IIは手術料、検査料を規定された価格にしたがって支払い、薬剤費も実費徴収される(付属資料4,5参照)。そして外来でfollow-upされる場合もこれに準拠して徴収される。また別途にdoctor's feeを支払うことが想定されている。本来の意味での有償はこれら2つのClassであり、Peiris理事長は当初の設計の段階でこの枠をもっと確保しておれば経営はより容易であったと後悔していた。

これに対して、Class IIIは収益を確保するため、急拠一般病棟の中で各2病室16床を指定した結果生まれた有償病室である(付属資料6参照)。給食内容、便所の使用等で無償病床との差をつけることが計画されている。Class IIIと無償病床に入院している月間世帯収入2,000ルピー以上の申告患者は、手術料、検査料はClass I・IIの半額を支払うことになっている。なお、薬剤費は入院料に含まれる。

こうした処置の結果、SJGHの1,000床のうち、133床は完全な出来高払い、また世帯収入が月間2,000ルピー以上の患者が無償病床入院者の2割弱構成することが予測されることから、彼等とClass IIIを合わせた部分的出来高払い患者がおよそ350床分を占め、結局半数近くの患者において施行した医療行為に対して収益が伴うことになる。

これはColombo General Hospitalにおいて室料を徴収する患者の割合が全体の3%からすると格段の相違である。また医療行為の対価はColombo周辺の私立病院に比べて10%程度低く設定したと病院長は述べていたが、参考までに示したCeylon Hospitals Ltd.(付属資料7)の価格表と比べて必ずしもそうでないようである。但し、SJGHは後者に比してはるかに設備が充足されており、また医師も常勤していることから優位であるように思われる。

6) SJGHの今後の課題

SJGHは理事会設置による自主的運営、及び費用負担の原則からして従来のスリランカの国立病院とは明白に異なった形態をとっている。そのため、いわば未踏の分野を開拓することになるゆえ、はたして周囲の圧力に屈せず円滑に運営できるかが最大の課題である。すな

わち、free medicineへの住民の根強い期待、他の教育病院からの嫉妬、有償患者と無償患者のバランス、公平性と採算性のバランス、医師間の要望の調整等いずれも難問が控えている。現在の所、Peiris理事長の強力な指導力と大統領の後押しで切り抜けられているが、いずれかが去った場合にはたちまち混乱する危険性がある。

第2は、上記のような厳しい現状であるため急速に管理体制を整備しなければならない。そのためには病院の役割を明確に位置づけ、何を重点的に行なうかを決めなければならない。これに対して病院側は十分に検討していないように思われる。医療機能として血管造影はColombo General Hospitalにまかせるということ以外に両者の分担は聞かれなかった。また、開院当初は紹介患者に外来を限定していたのを、調査時点(3月25日)で無制限にしたため、今後いかに患者を振り分けるかが問題である。今年中に振り分け外来のための専用棟を建設する計画があるが、仮にこれが完成しても振り分けられた患者をどこに依頼するかが未だ検討されていないようである。

第3に医師の確保は目途がついているが、看護婦、パラメディカルの確保は今後とも容易でない。絶対的な不足も去ることながら、質も問題である。なぜなら、スリランカでは農村における看護婦の定着をはかるため、各国議員が自分の選挙区から5名の看護志望者を看護学校に推薦する制度をとっているゆえ質のばらつきが大きいようである。SJGHにおいて看護・パラメディカルの学校を併設する計画はあるが、この推薦制度に関係なく学生を集めることができるかどうかもまた一つの課題である。

最後にSJGHと日本の関係に触れることにする。当地ではSJGHの通称はJapan Hospitalとなっており、日本の無償援助をスリランカ国民に印象づけるには十分な効果があったように思われる。但し、今後とも良いイメージを維持していくためには2つの危機を回避しなければならない。第1は、「金持ち」のための病院というイメージが定着する危険性であり、第2には反対にColombo General Hospitalのように病院の主体性が完全に失われる危険性である。なお、Peradeniya病院はすでに後者の危険性が存在していたように思われた。

スリランカ国民の特に医師を含めたエリート層のイギリス志向は根強いものであり、この中で日本の立場を強化することは容易ならざる状況である。そこで、当面は技術援助等においてSJGHの要望をある程度そのまま受け入れざるをえないが、その中で併せて長期展望に立って日本との友好関係に役立つような検討は十分されるべきであろう。

付属資料 8 : General Hospital Colombo Administration Report 1983

" 9 : Colombo General Hospital 病歴, 伝票

" 10 : " " " 人員

" 11 : SJGH病歴, 伝票

2. 技術協力

1) 内視鏡的検査及び治療

内視鏡として要望されたものは、上部及び下部消化管内視鏡 (Esophagoscope, Gastroscope, Duodenoscope 及び Sigmoidoscope, Colonoscope—内科, 外科), 腹腔鏡及び子宮頸部鏡 (Laparoscope, Colposcope—産婦人科), 経尿道的前立腺切除鏡 (Transurethral Prostate Resectoscope—外科) であった。そのうち、食道, 十二指腸も対象としうる胃鏡, 大腸全域を対象としうる結腸鏡, 及び前立腺切除鏡の3機種が最も強く希望された。

a) 機種; 構造的には Fiberscope (Resectoscope は硬性), 機能的には鉗子, 電気メス, 注射操作などの多チャンネルを有し, 他内視鏡にも転用できる Xe 光源装置を附属し, 35 mm カラーフィルム記録装置 (他サイズのフィルムは現地現像不能) をもつ必要がある。又, 補修, 点検のため現地への機材搬入, 要員派遣が可能である製品を選択するべきであろう。なお, 消耗, 破損の頻度の高いと考えられる部品については若干の予備部品を附属させねばならない。

上部消化管内視鏡の目的は食道静脈瘤, 胃十二指腸潰瘍よりの急性出血の診断, 治療であることを考慮した機種, 機数を選定する (胆管, 膵管検査は実施されない予定である)。下部消化管内視鏡は頻度の高い下痢症の診断を目的としており, それに適合した機種, 機数を決定する必要がある。

前立腺切除鏡には高周波電源, 洗浄装置が附属されねばならない。

b) 専門医派遣; 供与内視鏡の有用な使用のため, 器機取扱い, 診断・治療の指導を目的とした専門医派遣が望ましい。現地の要望, 生活条件を考慮すると, 2~3週間の滞在で目的は達せられるものと思われる。

c) 日本における現地医師の研修; 現地医師の研修は初期の成果によりあらためて検討してよいと考えられる。現職の内科医, 外科医はすでに英国におけるこれら内視鏡使用の経験を若干ながら有しており, その熱意からも急速な技術向上が期待されるためである。

2) 新生児集中管理及び生化学検査

第二の要請は超未熟児, 極小未熟児の集中管理に欠くことの出来ない器機の供与であった。スリランカ国の未熟児出生率は10%を越え, しかも未熟児の死亡率は60%以上に及んでいる。その中で出生体重が少ないものほど呼吸の自立が困難で, 出生体重1,000グラム以下の超未熟児の殆どは呼吸不全のために死亡している。

したがって人工呼吸器による呼吸管理は必須であるが, 正確な呼吸管理のために動脈血ガス分析は欠くことが出来ない。

近年, 採血することなしに経皮的に動脈血酸素分圧を測定する方法が開発され, 急速に普及し現在では未熟児の呼吸管理は著しい進歩を遂げ, 救命成績の向上に寄与している。

また新生児黄疸は出生体重の少ないものほど核黄疸をきたし易く, 経時的な血中ビリルビ

ン濃度の測定は未熟児の集中管理の上で極めて重要である。

しかし従来の測定方法では毎回の検査に要する採血量がかなり多くなり、採血による失血を補う為に輸血しなければならないことが多かった。

微量分析計 (microanalyzer) を用いれば採血量は極めて少ないので、容易に検査をくり返すことが出来、超未熟児、極小未熟児の検査には最適である。

スリランカ側は同等の必要度をもつものとして、病理検査室における生化学的検査用の自動分析器と、血球数自動算定器を要請した。

現在、1検体で24項目について短時間の中に自動分析しうる器機が普及しており、スリランカ国における最高水準の病院として、生化学検査部門の質的・量的充実には不可欠のものと思われる。

同様に1,000床の本院の診療能力を効果的に発揮させるためには、基本的な検査である血球数算定の自動化は極めて当然な要請である。

3) CTスキャン

SJGHのSri Lanka国における位置づけは当国においての最も近代的かつ高度な医療センターおよび教育病院を目ざすものであろうことはDr. PeirisをはじめとするSri Lanka国側各関係者の話より明らかである。現在の西欧および日本の医療レベルを鑑みてもCTスキャンのもたらす効果は、臨床医学において多岐、全般にわたり、大きなものがあることは言うまでもないことである。今回、SJGH staffの要望においても、CTスキャンの導入は、欠くべからざるものとして、各々臨床科医師より強い希望が出されていた。しかしながら今回の要請においてそのpriorityを3番目にしたという点においては、機器独自の費用が高価であること、若干の設備工事を必要とすること、maintenanceの複雑さ、さらには現在のSJGHの医療設備におけるバランスよりこれを導入する以前に、他の部門の充実を計ろうとするSJGHの当面における医療運営上からの配慮であると考えられる。

4) 人工透析

人工透析(血液透析)(以下HD)に関しては、病院側は最低1unitの設備を希望したが彼らにSri Lanka国における血液透析unitの配備状況、慢性腎不全患者の実態調査等のまず基本となる情報に関する事前調査結果は全く持ち合わせておらず、さらに血液透析に要する費用の運用等に関しても漠然としたものであった。(患者個人より徴収するのか、あるいは国家より補助するのか等、明確な意見を持っていない。)このような状況下におけるHDの開始は本法をまず開始した以上、生涯的に本法を施行しなければならないという特殊性質に鑑みて、医療および人道的にも大きな問題を含んでいるものと考えられた。また、最低必要となると思われる臨床検査技術の整備、専門技師の育成、AV-shunt作成に係わる医師および技術、腎臓内科専門医の確保あるいは育成といった多くの事前に解決すべき点も残しており、現時点でのHDの受入には疑問を持たざるを得ない状況と考えられた。また、

Colombo 市内最大の General Hospital である Colombo 病院には、4 台の HD unit をドイツよりの援助で保有していることを確認した。しかしながら、当センターでの慢性透析患者は、ドイツ留学経験を有する医師であるもの 1 名のみで更には当人の AV-shunt 作成術もドイツで施行されている状況であるとのことであった。しかし将来の腎臓移植を考えると人口の 60% が脳死を認める宗教的背景をもつことからこの国においても血液透析の技術を確立しておくことは必要である。すなわち腎臓移植手術の前後に血液透析は欠かすことができないからである。

5) 病院管理

スリランカ側より病院管理、特に病院会計の専門家の 6 ヶ月ないし 1 年間の専門家派遣の要請、および病院のコンピュータ導入についての援助要請が事前になされていた。しかし SJGH の Peiris 理事長からは JICA 代表団に対して簡単な打診を除いて強い要請はなされなかった。またスリランカ側からの Minutes 原案においても全く触れていなかった。

SJGH 病院を視察した限りにおいては、病院システムの基礎から整備する必要があり、とても安易なコンピュータ導入で解決が見つかる問題ではないように思われた。その中でまだしも可能性があるのは給与計算システムを組み込んだマイコン程度の部分導入である。システムの整備を待つて順次、在庫管理等に進めてゆくことは予測できる。但し、SJGH は全く新たな管理システムを採用しようとしているため、システムを新たに開発する必要があり、且つ、他の同国の病院においては今のところ汎用性がないため、ソフト開発にはかなり費用がかさむものと思われる。

そこで、包括的な病院情報システムを整備することは限られた資源の中ではきわめてむずかしいといえよう。またスリランカ側も病院管理の中核問題上触れられることには抵抗があるような印象を受けた。

V 総 括

今回の調査において Sri Jayewardenepura General Hospital (SJGH) 側が前向きの姿勢と、極めて意欲的な態度を示したことは、各団員の共通した印象である。

従来、この種の協力に際しては、ともすると供与を受ければ良いと言った趣きがなきにしもあらずであった。しかし、今回 SJGH 側と技術協力について詳細に検討し、又、病院運営についても従来見られなかった新機軸を打ち出していることが明らかとなり、誠に積極的なものが読みとれた。

未だ開院後、日が浅く、使用病床数も限られてはいたが、院内を視察しその整然とした流れと清潔さには目を見張る思いがした。

病院のパラメディカル・スタッフを話し合っても、又、入院患者の SJGH に対する印象を聞いても、Dr. Peiris の並々ならぬ決意と努力の浸透していることが感じられた。

技術協力上の具体的問題についての SJGH 側の要請が前回の調査の時と若干異なっていたことは事実である。これは開院前に描いていた考えと、現実に診療が開始されてから浮かび上がった問題との差によるものである。

したがって、スリランカ国における最高水準の総合病院を目指している SJGH 側の意欲の現われに外ならぬものと思われ、むしろ評価されるべきである。

今回の再調査により SJGH に対する技術協力は、先ず実際に最も必要度の高い内視鏡部門を第一とし、並行して強い要請の出されている新生児集中管理設備、並びに微量分析装置等を備えた生化学的検査部門の充実を中心に検討すべきものとする。

VI MINUTES

MINUTES ON THE TECHNICAL COOPERATION FOR SRI JAYEWARDENEPURA GENERAL HOSPITAL PROJECT

The Japanese Preliminary Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency and headed by Prof. Mitsuru Osano visited the Democratic Socialist Republic of Sri Lanka from 26th March to 31st March 1985 for the purpose of identifying the needs of the technical cooperation to assist Sri Jayewardenepura General Hospital to proceed to fuller utilisation for the facilities provided under the Japanese Grant Aid Scheme.

During its stay in Sri Lanka, the Team exchanged views and had a series of discussions with the Sri Lanka authorities concerned in respect of the outline of the above mentioned cooperation to be extended by the Government of Japan.

As a result of the discussions, both parties agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Colombo, 30th March, 1985.

Mitsuru Osano
.....

Prof. Mitsuru Osano
Leader,
Preliminary Survey Team,
Japan International Cooperation
Agency, Japan

Rienzie Peiris
.....

Dr. Rienzie Peiris
Chairman,
Sri Jayewardenepura General
Hospital Board,
The Democratic Socialist
Republic of Sri Lanka.

ATTACHMENT

Technical Cooperation required for utilisation of the facilities provided in the Hospital, was discussed as below :

1. Priority of Technical Cooperation

(1) Endoscopy

Equipment

Concerning endoscopies, upper GI tract endoscopy (esophagoscopy, gastroscopy and duodenoscopy), sigmoidoscopy and colonoscopy and surgical unit for transurethral resection of prostate were strongly requested, in the above order, by Sri Lankan Team as the most urgent project. It is desirable that the endoscopic instruments from Japan would be delivered with complete specifications and functions to fulfill each procedure.

Expert

It was also requested that technical aid by Japanese experts for these endoscopies will be offered, when necessary.

(2) Neonatal intensive care and pathology laboratory

Equipment

Since there is no equipment for intensive care of very low birth weight infant, ventilator, percutaneous O₂ monitor and microanalyzer should be ready in the very near future.

Biochemical autoanalyzer and other automatic blood cell counter are also strongly requested as there is the urgent need arising from the increasing number of patients.

(3) Whole body CT - scanning

Equipment

Recently CT-scanner has been widely accepted in modern medicine. Introduction of this equipment to Sri Jayewardenepura General Hospital will provide many benefits for both patients and physicians in Sri Lanka.

Training

Training for a radiologist.

Contd../

(4) Hemodialysis

The role and the need for hemodialysis was discussed.

Some problems in prior preparations associated with hemodialysis were disclosed. One of the major problems will be the considerable resources required in the form of disposable dialyzer, tubing set and needles.

Therefore, statistics as to the incidence of chronic renal failure in Sri Lanka and the indication of this procedure should be thoroughly evaluated beforehand.

Both Japanese and Sri Lankan Teams felt that a decision on the starting of the hemodialysis's unit should be profitably postponed for future discussion.

2. Later Requirements

In addition to the above mentioned priorities, the following further requests were made as later requirements from the Sri Lankan Team.

The Obstetrics Department requested specialist advice on infertility. Advice and equipment on lapare-scopy and Colposcopy, Instruments for micro surgery for tubal reconstruction.

The Radiology Department requested replacement of the 6" screen and tube for the fluoroscopy X-ray apparatus by a 9" tube, a 2nd automatic film processor, and enlargement of the facility for manual film processing from the present capacity of 30 films per day to 150 per day.

The Medical Unit requested an E.M.G. apparatus as well as an E.E.G. apparatus.

3. Hospital Administration

The possibility of dispatching an expert on hospital accounting from Japan and the introduction of computers was raised from the Sri Lankan Team.

The Japanese Team replied that the matter could be best dealt with by starting from introducing computers in payroll calculation of the administrative department and then progressively enlarging the scope of computer utilisation awaiting the development of systems within Sri Jayewardenepura General Hospital.

4. To Be Noted

The two Teams took note of the fact that the recommendations now made differ somewhat from the recommendations made after discussions with Prof. Tazaki's Team. These variations were considered necessary as new problems and ideas have arisen following the opening of the Hospital and having used the Equipment already provided. Basically the recommendations of the present discussion do not differ greatly from the conclusions made after the previous discussions.

Summary of Minutes of discussions between the Japanese
Preliminary Survey Team and the Sri Lankan Team for
Development of Sri Jayewardenapura General Hospital

Three meetings were held between the two Teams mentioned above and the Chairman stated that the Ministry of Health was interested in the Technical Co-operation between the Government of Sri Lanka and the Government of Japan and that this would be centered on two main areas :-

- i. Maintenance of equipment,
- ii. Clinical Fields

Maintenance of equipment was considered important specially as this hospital was to be a Post-graduate Training Centre and also from the experience gained in running the Peradeniya Hospital and the difficulties that had been encountered in the Peradeniya Hospital Project. Reference was also made to the sophisticated equipment which was installed at Peradeniya, and will be installed at Sri Jayewardenapura Hospital which probably could not be repaired by local Firms.

Spare Parts -

A request was made that spare parts in selected areas should be supplied.

Guarantee Period -

The Japanese Team was requested to use their good offices to see that a guarantee period for the equipment, etc. was made available for a period of 05 years.

Equipment -

Equipment was categorised into three categories :-

- i. Building equipment,
- ii. Machinery and equipment of ordinary nature,
- iii. Equipment of sophisticated nature

The Japanese Team stated that they would consider advising the Government of Japan to extend technical co-operation to the third area which is maintenance of medical equipment of sophisticated nature.

Training of Officers -

Request was made that appropriate technology available in Japan be made available to Sri Lanka. It would be best that training be carried out in Sri Lanka. Further since Sri Lanka is looking more towards Japan for equipment it was desirable that training in the maintenance of equipment be imparted to out officers by technical staff. The Japanese Team stated that Japanese Consultants would come only in advisory capacity and not as labour substitutes. However, the Chairman pointed out that in the process of advising a certain amount of work has to be performed.

Training Abroad -

The Sri Lankan Team mentioned that the Ministry does not envisage sending students abroad but the Consultants would be sent abroad for short periods of training. Post-graduate trainees could be trained in Sri Lanka and for this purpose the Japanese Government should consider sending their Consultants to Sri Lanka to teach them.

It was also considered important that new staff appointees should be trained in our environment rather than abroad. It was stated by the Sri Lankan Team that Consultants may be sent abroad for short periods of training.

Fields of Training to be looked into -

Japanese Expertise to come to Sri Lanka for short-term assignments in the respective fields in which expertise is required.

The initial areas were indicated in order of priority -

- i. Endoscopy,
- ii. Haematology,
- iii. Gastric Surgery
- iv. Intensive Care,
- v. Haemodialysis

Further training of para medical officers and nurses was also considered important.

It was stated that technical co-operation in these fields could start from January, 1984, within three months of the formal opening of the Hospital. In the field of endoscopy the Japanese Team mentioned that they would look into the possibility of sending endoscopy instruments on technical co-operation. The Sri Lankan Team stated that it would be very useful to have such equipment supplied.

Organization and Management -

The Officer who was posted as Superintendent to manage this hospital could be sent to Japan to study how similar Hospitals are managed in Japan. The Team stated that they would look into the possibility of sending an officer from Japan who could help in the administration of this Hospital during the initial stages.

Staffing pattern of the Hospital as planned by Department was handed over and discussed.

Budget for running of the Hospital -

Was handed over and discussed.

The Chairman also desired to know when technical cooperation could be started. The Team stated that it may be possible to include technical co-operation in the Japanese Budget for the year 1983/84.

It was mentioned that within this budget the first area would be Endoscopy and could start from January, 1984. Haematology was targetted for 1984. Third priority was Gastric Surgery. Priorities in the areas the Consultants would come in later was left flexible for discussion.

The Chairman also mentioned that it would be difficult to send Sri Lankan Consultants working in Sri Jayewardenapura Hospital to Japan in 1983. The earliest time that these Consultants would be in a position to go to Japan would be towards the latter part of 1984. Japanese Team wished to know details in regard to Medical Registration and the Chairman informed them that they would be registered under Section 31 of the Medical Ordinance and they could work thereafter in any Institution within the Government sector in Sri Lanka.

Opening of the Hospital -

Opening of the Hospital was discussed. It was stated that the Hospital was expected to function fully within one month of the formal opening of the Hospital. Within three months after the formal opening of the Hospital, it would be ready to take in any Japanese Consultants coming under Advisory Capacity.

It was also brought to the notice of the Japanese Team that the Operating Theatre and the Central Sterilizing Supply System would be in-charge of a Sister and the Path. Laboratory would be in-charge of the Pathologist.

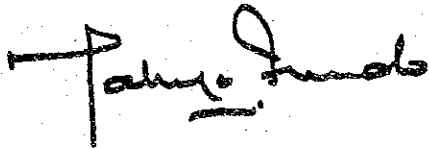
Board of Management -

The Board of Management would be appointed within next two or three weeks, it was anticipated.

Sub-Committee -

The Japanese Team suggested that a Sub-Committee be appointed under the Board of Management to look into the smooth implementation of technical co-operation.

Finally the Technical Co-operation Team informed the Sri Lankan Team that the Government of Japan had not yet decided whether technical co-operation would be extended on this project to Sri Lanka. The Japanese Team had been sent to Sri Lanka to study the position and on their recommendation the Government of Japan would make a decision.



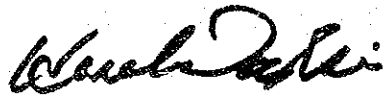
(Dr Malinga Fernando)

Chairman,

Sri Jayewardenapura General Hospital
Development Board

Dr. S. D. M. FERNANDO

Director of Health Services.



(Dr Hiroshi Tazaki)

Head of Preliminary

Survey Team

Norman

VII 資 料

表 1	SJGH PRESENT STAFF	27
資料 1	SJGH BOARD 設置法	28
" 2	入院規約	38
図 1	SJGH組織図	40
表 2	SERVICE INDUSTRY DETAIL	41
資料 3	収入申告	42
" 4	RATES FOR X-RAYS	44
" 5	RATES FOR PHYSIOTHERAPY	45
" 6	CLASS III 病室に関する規定	46
" 7	CEYLON HOSPITALS LTD 案内	48
" 8	GENERAL HOSPITAL COLOMBO	51
	ADMINISTRATION REPORT 1983	
" 9	GENERAL HOSPITAL COLOMBO 病歴, 伝票	60
" 10	" 人員	74
" 11	SJGH 病歴, 伝票	76
" 12	SJGH 統計 1985年3月	106
" 13	SJGH 職員名簿(1985年1月)	109
" 14	教育病院省組織	112

表 1.

SRI JAYEWARDENEPURA GENERAL HOSPITALPRESENT STAFF

1. Director	01.
2. Deputy Director	01
3. Secretaty	01
4. Accountant	01
5. Matron	01
6. Asst. Matron	01
7. Steno/Typist	02
8. Consultants	12
9. Senior HouseOfficers/House Officers	18
10. Sisters	12
11. Staff Nurses	110
12. Medical Record Officer	01
13. Radiographers	05
14. Physiotherapists	03
15. M.L. Technicians	12
16. E.C.G. Recordist	01
17. Clerks	37
18. Storekeepers	01
19. Telephone Operators	03
20. Welfare Officers	01
21. Diet Stewardess	01
22. Building Foreman	01
23. Electrical Foreman	01
24. Skilled Workers	11
25. Laundry Supervisor	01
26 Drivers	03
27. House Wardens	02
28. Seamstresses	06
29 Cooks	02
30. Kitchen Helpers	09
31. Orderlies	161
32. Family health Workers	01
33. Electro Medical Technologists	03.



SRI JAYEWARDENEPURA GENERAL HOSPITAL,

PARLIAMENT OF THE DEMOCRATIC
SOCIALIST REPUBLIC OF
SRI LANKA

SRI JAYEWARDENEPURA
GENERAL HOSPITAL BOARD
ACT, No. 54 OF 1983

[Certified on 29th December, 1983]

Printed on the Orders of Government

Published as a Supplement to Part II of the Gazette of the Democratic
Socialist Republic of Sri Lanka of December 30, 1983

PRINTED AT THE DEPARTMENT OF GOVERNMENT PRINTING, SRI LANKA

TO BE PURCHASED AT THE GOVERNMENT PUBLICATIONS BUREAU, COLOMBO

Price: 90 cents

Postage: 60 cents

Sri Jayewardenepura General Hospital Board
Act, No. 54 of 1983

[Certified on 29th December, 1983]

L. D.—O. 3/82.

AN ACT TO ESTABLISH A BOARD CALLED THE SRI JAYEWARDENEPURA GENERAL HOSPITAL BOARD, TO VEST IN THAT BOARD THE MANAGEMENT AND ADMINISTRATION OF THE SRI JAYEWARDENEPURA GENERAL HOSPITAL, AND TO PROVIDE FOR MATTERS CONNECTED THEREWITH OR INCIDENTAL THERETO.

BE it enacted by the Parliament of the Democratic Socialist Republic of Sri Lanka as follows :—

1. This Act may be cited as the Sri Jayewardenepura General Hospital Board Act, No. 54 of 1983. Short title.

2. (1) There shall be established a Board, which shall be called "The Sri Jayewardenepura General Hospital Board" (hereinafter referred to as the "Board") for the purpose of managing and administering the affairs of the Sri Jayewardenepura General Hospital (hereinafter referred to as the "Hospital"). Establishment of the Sri Jayewardenepura General Hospital Board.

(2) The Board shall, by the name assigned to it by subsection (1), be a body corporate and have perpetual succession and a common seal and may sue and be sued in such name.

3. (1) The Board shall consist of the following members :— Constitution of the Board.

(a) eight members appointed by the Minister (hereinafter referred to as the "appointed members"), namely—

- (i) the Chairman of the Board ;
- (ii) a representative of the Ministry of the Minister, nominated by the Minister ;
- (iii) a representative of the Ministry of the Minister in charge of the subject of Finance nominated by that Minister ;
- (iv) three persons elected by the Consultancy Staff of the Hospital from among its own members ;
- (v) two persons selected from among persons who have rendered distinguished service in their profession ; and

2—A 073979—0,950 (83/12)

2 Sri Jayewardenepura General Hospital Board
Act, No. 54 of 1983

(b) three *ex officio* members, namely—

- (i) the Director of Health Services ;
- (ii) the Director of the Post Graduate Institute of Medicine ; and
- (iii) the Director of the Hospital.

(2) (i) Every *ex officio* member shall hold office as a member of the Board, so long as he holds office by virtue of which he was appointed a member of that Board.

(ii) The Chairman and every appointed member shall hold office for a period of three years from the date of his appointment, and shall be eligible for reappointment at the end of the term of his office.

(3) In the event of the vacation of the office of the Chairman or any appointed member of the Board, the Minister may appoint another person to hold such office during the unexpired period of the term of office of the member whom he succeeds.

(4) If the Chairman or any appointed member of the Board is temporarily unable to discharge the duties of his office by reason of ill health or any other cause, the Minister may appoint another person to act in his place as Chairman or as such other member.

(5) The Chairman or any appointed member of the Board may at any time resign his office by letter in that behalf addressed to the Minister.

(6) Any appointed member may be removed from office by the Minister without assigning any reason therefor and such removal shall not be called in question in any court.

(7) Any appointed member who, without leave of the Board first obtained, fails to attend three consecutive meetings of the Board, shall *ipso facto* vacate his office.

(8) Any member of the Board who vacates office, other than a member who is removed from office under this Act, shall be eligible for reappointment.

Remuneration
of the
members
of the
Board.

4. The members of the Board shall be remunerated in such manner and at such rates as may be determined by the Minister in consultation with the Minister in charge of the subject of Finance.

5. (1) The meetings of the Board shall be held at least once a month. Meetings
of the
Board.

(2) The quorum for a meeting of the Board shall be five.

(3) The Chairman of the Board shall preside at the meetings of the Board, or in his absence any member elected from among the members present shall preside at such meeting.

(4) The Board may act notwithstanding a vacancy among its members.

6. The seal of the Board—

(a) shall be in the custody of the Chairman of the Board; Seal
of the
Board.

(b) may be altered in such manner as may be determined by the Board; and

(c) shall not be affixed to any document except with the sanction of the Board and in the presence of two members of the Board who shall sign the document in token of their presence.

7. (1) The Board shall have the power to do all things as are necessary for, or conducive or incidental to, the management and administration of the affairs of the Hospital. Powers,
duties and
functions
of the
Board.

(2) Without prejudice to the generality of the powers conferred by subsection (1), the Board may exercise and discharge the following powers and functions:—

(a) to receive grants, gifts or donations in cash or kind whether from local or foreign sources;

(b) to take or hold any property, movable or immovable, which may become vested in it by this Act, or by virtue of any purchase, grant, gift, testamentary disposition or otherwise, and to sell, mortgage, lease, grant, convey, devise, assign, exchange or otherwise dispose of, any movable or immovable property other than the Hospital;

(c) subject to the provisions of this Act, to appoint, employ, remunerate officers and servants of the Board and to make rules regarding the appointment, promotion, remuneration and disciplinary control of its employees and the grant of leave and other benefits to them;

4 *Sri Jayewardenepura General Hospital Board*
Act, No. 54 of 1983

- (d) to administer the Fund of the Board established under section 19;
- (e) to open, operate and close bank accounts and borrow or raise money, with or without security; and
- (f) to do all other acts and things as are incidental or conducive to the achievement of the objects of the Board.

Committee
of
Management.

8. (1) The Board may appoint a Committee of Management to administer the day to day affairs of the Hospital.

(2) The Board may from time to time delegate to the Committee of Management appointed under subsection (1) such of its powers, duties and functions as may be determined by the Board.

(3) The Committee of Management shall consist of the following members:—

- (i) the Director of the Hospital;
- (ii) three persons from among the Consultancy Staff, provided that not more than one person is from the same speciality;
- (iii) the Chief Matron of the Hospital;
- (iv) the Hospital Secretary of the Hospital or Chief Administrative Officer of the Hospital; and
- (v) the Chief Accountant of the Hospital.

(4) The Director of the Hospital shall be the Chairman of the Committee of Management.

(5) The Chairman of the Board shall have the right to attend any meeting of the Committee of Management.

(6) The Committee of Management shall determine the quorum for and the procedure to be followed at the meetings of such Committee.

Directions
of the
Minister.

9. The Minister may, from time to time, issue to the Board general or special directions as to the exercise, performance and discharge of the powers, duties and functions of the Board and the Board shall comply with such directions.

10. (1) The Board shall have and maintain its own Fund. The Fund
of the
Board.
(2) There shall be paid into the Fund of the Board—
(a) any gifts or donations of money ;
(b) any grant received from the Government ;
(c) income from endowments ; and
(d) all other moneys belonging to the Board from whatever sources derived.
- (3) There shall be paid out of the Fund of the Board all sums of money required to defray any expenditure incurred by the Board in the exercise, performance and discharge of its powers, duties and functions.
- (4) The Board shall be responsible for the administration of the Fund of the Board.

11. The Minister may make regulations in respect of matters for which regulations are required or authorized to be made under this Act and in particular in respect of all or any of the following matters :— Regula-
tions.

- (a) the establishment of Consultative Committees to advise the Board on—
- (i) the adequacy and efficiency of the services provided by the Hospital, including recommendations for the provision of new buildings and equipment for fulfilling the needs of the Hospital in respect of personnel and for the admission or denial of admission to the Hospital of patients suffering from any specified disease ;
 - (ii) the establishment and maintenance of high academic standards in the training of medical personnel ;
 - (iii) the provision of courses and the establishment of research projects and for this purpose to co-operate with other hospitals or institutions whether in Sri Lanka or otherwise in such manner and for such purposes as the appropriate Consultative Committee may determine ;
 - (iv) any other matters as the Minister may refer to a consultative Committee for its advice.

6 Sri Jayewardenepura General Hospital Board
Act, No. 54 of 1983

- (b) the remuneration of the members of the Consultative Committees ;
- (c) the restriction of admission or entry of persons into the Hospital, living quarters provided for employees of the Hospital and service areas and the regulation of the conduct of persons who enter therein.

For the purposes of this section, "property of the Hospital" includes property of the Hospital used by employees and the property of the Hospital leased or rented out to Governmental and private organizations.

Financial
year
and audit
of accounts of
the Board

12. (1) The financial year of the Board shall be the calendar year.

(2) The Board shall cause proper books of accounts to be kept of the income and expenditure, assets and liabilities and all other transactions of the Board.

(3) The provisions of Article 154 of the Constitution relating to the audit of the accounts of public corporations shall apply to the audit of the accounts of the Board.

Offences.

13. Any person who, within the premises of the Hospital—

- (a) uses or makes any obscene, indecent or offensive language or gesture or behaves in any manner likely to annoy or insult any person ;
- (b) spits upon, or wilfully spoils any part of, the property of the Hospital ;
- (c) smokes or carries any lighted pipe, cigar, cigarette or article for smoking in any part of the premises of the Hospital in which a notice prohibiting smoking is exhibited ;
- (d) throws out of the Hospital windows any bottle, liquid or other article or thing likely to annoy persons or to cause damage or injury to any person or property ;
- (e) parks a vehicle in any part of the premises of the Hospital in which a notice prohibiting parking is exhibited ; or
- (f) damages or destroys any plant or takes, collects or removes any plant therefrom,

shall be guilty of an offence and shall, on conviction by a Magistrate, be liable to a fine not exceeding five hundred rupees.

For the purpose of this section, "premises of the Hospital" include living quarters provided for employees of the Hospital and the service areas.

14. (1) At the request of the Board, any public officer may, with the consent of that officer and of the Secretary to the Ministry in which that officer is employed or attached, be temporarily appointed to the staff of the Board for such period as may be determined by the Board with like consent, or with like consent be permanently appointed to such staff.

Appointment of public officers and members of the Local Government Service to the Board.

(2) Where any public officer is temporarily appointed to the staff of the Board, the provisions of subsection (2) of section 13 of the Transport Board Law, No. 19 of 1978, shall, *mutatis mutandis*, apply to and in relation to him.

(3) Where any public officer is permanently appointed to the staff of the Board, the provisions of subsection (3) of section 13 of the Transport Board Law, No. 19 of 1978, shall, *mutatis mutandis*, apply to and in relation to him.

(4) Where the Board employs any person who has entered into a contract with the Government to serve the Government for a specified period, any period of service to the Board by that person shall be regarded as service to the Government for the purpose of discharging the obligations of such contract.

(5) At the request of the Board any member of the Local Government Service or any other officer or servant of any local authority may, with the consent of such member, officer or servant and the Local Government Service Advisory Board or that authority, as the case may be, be temporarily appointed to the staff of the Board for such period as may be determined by the Board with like consent or with like consent be permanently appointed to such staff on such terms and conditions including those relating to pension or provident fund rights, as may be agreed upon by the Board and the Local Government Service Advisory Board or that authority.

15. (1) No suit or prosecution shall be instituted against any member of the Board or against any officer, servant or agent of the Board appointed for the purposes of this Act for any act which is in good faith done or purported to be done by such person under this Act or on the direction of the Board.

Protection of members of the Board and officers &c. of the Board for action under this Act.

(2) Any expense incurred by the Board in any suit or prosecution brought by or against the Board before any court shall be paid out of the Fund of the Board, and any costs paid to, or recovered by, the Board in any such suit or prosecution shall be credited to the Fund of the Board.

(3) Any expense incurred by any such person as is referred to in subsection (1) in any suit or prosecution brought against him before any court in respect of any act which is done or is purported to be done by him under this Act or on the direction of the Board shall, if the court holds that such act was done in good faith, be paid out of the Fund of the Board unless such expense is recovered by him in such suit or prosecution.

No writ to issue against person or property of a member of the Board.

16. No writ against person or property shall be issued against any member of the Board or any officer or servant of the Board in any action brought against the Board.

Officers and servants of the Board deemed to be public servants under the Penal Code.

17. All officers and servants of the Board shall be deemed to be public servants within the meaning and for the purposes of the Penal Code.

Board deemed to be a scheduled institution within the meaning of the Bribery Act.

18. The Board shall be deemed to be a scheduled institution within the meaning of the Bribery Act, and the provisions of that Act shall be construed accordingly.

Inter-pretation.

19. In this Act, unless the context otherwise requires—
“local authority” means—

- (a) any Development Council established under the Development Councils Act, No. 35 of 1980, or any other authority, body or institution created and established by or under any law, vested with the exercise, performance and discharge of the powers, duties and functions of any Municipal Council, Urban Council, Town Council and Village Council under the Municipal Councils Ordinance, Urban Councils Ordinance, Town Councils Ordinance and Village Councils Ordinance respectively, or under any other law ;

(b) any Municipal Council, Urban Council, Town Council or Village Council and includes any authority created and established by or under any law to exercise, perform and discharge powers, duties and functions corresponding to or similar to the powers, duties and functions exercised, performed and discharged by such Council ;

"Post Graduate Institute of Medicine" means the Post Graduate Institute of Medicine established under the Universities Act, No. 16 of 1978 ;

"service areas" mean property of the Hospital leased or rented out to Governmental or private organizations for the purpose of providing facilities to patients of, and visitors to, the Hospital.

Annual subscription of Bills and Laws of the Parliament Rs. 150 (Local), Rs. 200 (Foreign), payable to the SUPERINTENDENT, GOVERNMENT PUBLICATIONS BUREAU, P. O. Box 500, COLOMBO 1, before 15th December each year in respect of the year following.

LIST OF CONSULTANTS WITH CLINIC DATES

Dr. K. Yoheswaran F.R.C.S. (Edin), F.R.C.S. (Eng)	Consultant Surgeon	Daily Clinics at 8.00 a.m.
Dr. Gamini Karunaratne F.R.C.S. (Eng.), F.R.C.S. (Edin.)	Consultant Surgeon	do
Dr. S. A. W. Gmawardene M.B.B.S., F.R.C.S. (Eng.)	Consultant Surgeon	do
Dr. D. D. Ranasinghe M.D., D.L.O. (Lon.), F.R.C.S. (Edin), F.R.C.S. (Eng.)	Resident Surgeon	do
Dr. H. H. R. Samarasinghe M.D. (Cey), M.R.A.C.P., F.R.C.P (Lon)	Consultant Physician	Wednesdays & Fridays at 8.00 a.m.
Dr. N. S. Jayasinghe M.D. (Cey.), M.R.C.P. (UK)	Consultant Physician	Tuesdays & Thursdays at 8.00 a.m.
Dr. B. S. Mendis M.D. (Cey), D.C.H. (Cey), M.R.C.P. (UK)	Resident Physician	Mondays & Saturdays at 8.00 a.m.
Special Afternoon Clinics by the Physicians :		
Physicians	Hypertension	Mondays at 1.30 p.m.
	Gasrto - Intestinal	Tuesdays at 1.30 p.m.
	Headache	Thursdays at 1.30 p.m.
	Epilepsy	Fridays at 1.30 p. m.
Clinic days		
Prof. Kingsley de Silva F.R.C.S. (Edin), F.R.C.O.G. (Gt. Br.)	Consultant Obstetrician & Gynaecologist	Mondays & Wednesdays at 8.00 a.m.
Dr. D. N. Wijayarathne M.R.C.O.G. (Gt. Br.)	Consultant Obstetrician & Gynaecologist	Tuesdays & Thursdays at 8.00 a.m.
Dr. (Mrs.) M.R.C. Abeywardene , M.R.C.O.G. (Gt. Br.)	Resident Obstetrician & Gynaecologist	Fridays & Saturdays at 8.00 a.m.
The Obstetricians conduct both Maternity and Gynaecology Clinics Daily		
Dr. Gamini Karunaratne M.B.B.S., F.R.C.S. (Eng.)	Consultant Paediatrician Surgeon	
Dr. D. A. Sonnadara M.D.(Cey.), D.C.H.(Lon), M.R.C.P. (UK)	Consultant Paediatrician	Daily Clinics at 8.00 a.m.
Dr. I. Arlyawansa D.C.(Lon), M.R.C.P. (UL)	Resident Paediatrician	do
Dr. (Mrs) Rancee N. Perera D.C.P.(Lon), D. Path, F.R.C. Path, Ph.D. (Lon)	Consultant Pathologist	
Dr. K. M. C. de Silva D.M.R.D.(UK), D.M.R.T.(UK)	Consultant Radiologist	
Dr. Kenneth Perera F.F.A.R.C. (Eng)	Consultant Anaesthesiologist	
Dr. (Mrs) N. E. S. Amarasekera D.A.(Eng), F.F.A.R.C.S. (Eng)	Consultant Anaesthesiologist	

University Press, Moratuwa

THALAPATHIPITTA, NUWEGODA

Telephone : 563610



**Sri Jayawardene
General Hospital
KOTTE**

付屬資料 2. 入院規約

Sri Jayewardenepura General Hospital, Kotte

Sri Jayewardenepura General Hospital is your hospital and we who are working here will make every effort to give you the best possible service. It is our hope that this Hospital should provide you with the best possible medical care in clean and comfortable surroundings. The authority to start this Hospital was through an Act of Parliament. This Act laid down certain rules and regulations which will ensure that we provide you what we have mentioned earlier. Certain Sections from this Act are attached herewith for your information. In addition to the regulations in the Act, the Board has decided that any items such as King Coconut and other fruits should not be allowed to be brought in. No meals need to be brought for patients as the Hospital provides a diet which has been approved by the Nutritionists.

As you are aware, most people in our country like to live in very clean and hygienic surroundings and it is only a very few who tend to spoil and soil the place they live. To those very few, we appeal to use the Hospital facilities in such a manner that those patients who come after you will be able to use clean and unsoiled surroundings.

You may have noticed that in certain hospitals, arrack, toddy etc are brought into the Wards either for relatives or to sell. This, though used by very few, cause a nuisance to other inmates and brings the hospital to disrepute. To prevent this, we have requested the Guards to check bags and vehicles coming in. You may also know that articles from patients as well as valuable items from the hospital are stolen. To prevent this, we have decided to check all bags and vehicles leaving the Hospital. Only 2 visitors per patient will be allowed at a time.

Once again, I appeal to you to help us to give you an efficient service in clean surroundings. It may be necessary for the greater good of many to discharge from the Hospital the very few who do not help us.

2

Paying Wards

The Board has decided that the Hospital should levy the following rates of payment in Paying Wards

Class I : Rs. 500/00 per day (Air-conditioned single rooms)

Class II : Rs. 250/00 per day (3 Beds in a Cubical)

Rs. 200/00 per day (6 Beds in a Cubical)

Class III : Rs. 150/00 per day *✓* *not surgery*

Drugs, Dressings, Surgical charges etc will be charged separately in Class I and Class II.

Non-Paying Wards

Non-Paying Wards will comprise of the balance Hospital Beds. We feel that those who can afford should pay something even a small amount so that we can provide a better service to those who cannot afford to pay anything at all. On admission, all patients will be provided an income declaration form in which patient will declare his/her family earnings, and on this declaration, following Table will be used to calculate how much they have to pay. We believe that the majority of the people of this country are honest and a genuine declaration will be made.

Monthly income below Rs. 1000/00: Totally free

Rs. 1000/00 — Rs. 1500/00 :

Rs. 10/00 per day Maximum Rs. 50/00

Rs. 1500/00 — Rs. 2000/00 :

Rs. 20/00 per day Maximum Rs. 100/00

Rs. 2000/00 — Rs. 2500/00 :

Rs. 30/00 per day Maximum Rs. 200/00

There are no facilities in this Hospital to have a general out-patient department. It is our intention to provide this facility in the near future.

All admissions to this Hospital will be through Clinics. To be seen in a Clinic, it is best that you bring a letter from a doctor. Any pregnant mother who wishes to be seen in an ante-natal clinic, can make an appointment either by a letter or a telephone call. A list of clinic days is attached here with.

We are sorry that we are unable to provide an accident and emergency service immediately, due to shortage of Staff.

3

Offences : 13. Any person who, within the premises of the Hospital —

(a) uses or makes any obscene, indecent or offensive language or gesture or behaves in any manner likely to annoy or insult any person;

(b) spits upon, or wilfully spoils any part of, the property of the Hospital;

(c) smokes or carries any lighted pipe, cigar, cigarette or article for smoking in any part of the premises of the Hospital in which a notice prohibiting smoking is exhibited;

(d) throws out of the Hospital windows any bottle, liquid or other article or thing likely to annoy persons or to cause damage or injury to any person or property;

(e) parks a vehicle in any part of the premises of the Hospital in which a notice prohibiting parking is exhibited ; or

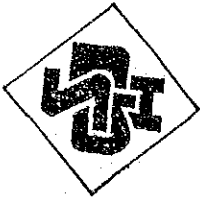
(f) damages or destroys any plant or takes, collects or removes any plant therefrom,

shall be guilty of an offence and shall, on conviction by a Magistrate, be liable to a fine not exceeding five hundred rupees.

For the purpose of this section, "premises of the Hospital" include living quarters provided for employees of the Hospital and the service areas.

4

圖 1. S J C H 組織圖



FLOOR CHART

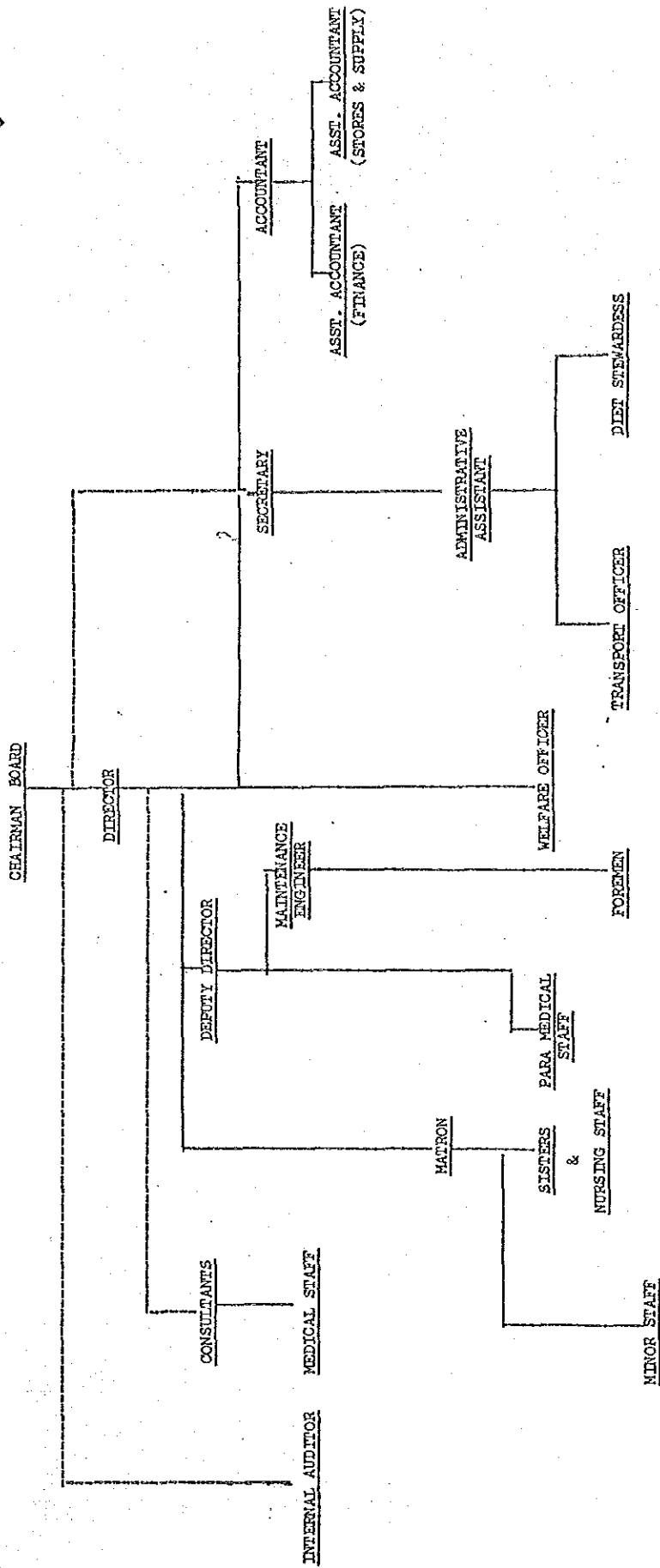


表 2. Common Format Reporting System

SERVICE INDUSTRY DETAIL

Name of Corporation: SRT JAVEWARDENEPURA GENERAL HOSPITAL

Year: 1985.

1.	Name of Service Hospital Service				
2	Unit of physical measurement	In Patent Days			
3	Maximum service capacity	1000	Inpatients at a given time		
4	Budgeted level of service	500	625	750	1000 In patents
		Rs.000	Rs.000	Rs.000	Rs.000
5	Budgeted cost of supplies	21000	24375	27750	34500
6	Labour	20000	23750	27500	35000
7	Energy	2700	3375	4050	5400
8	other operating exp.	12250	13250	14250	16250
9	Budgeted operating cost	55950	64750	73550	91150
		5500	9625	13750	22000
10	Budgeted revenue				
11	Name of input supply				
12	Unit of physical measurement				
13	Budgeted purchases - domestic				
14	- import				
15	Budgeted usage				
16	Budgeted stocks at end of year				
		Rs.000	Rs.000	Rs.000	Rs.000
17	Cost of purchases - domestic				
18	- import				

Form number: PED/B15

රෝහල් භාණ්ඩ අය කිරීම.

1V වෙතින් ඉන්ද්‍රිය වාර්තාවල රෝගීන් විසින් පහත සඳහන්

පරිදි භාණ්ඩ ගෙවිය යුතු බව ශ්‍රී ජයවර්ධනපුර රෝහල් මණ්ඩලය විසින් තීරණය කර ඇත. කරුණාකර මේ සමඟ ඇති ආකෘති පත්‍රය සම්පූර්ණ කරන්න:-

පවුලේ මාසික ආදායම:-

රු. 1000/= සිට රු. 1500/= දක්වා	:	දිනකට රු. 10/= ඔැගින් රු. 50/= ක උපරිමයක්.
රු. 1500/= සිට රු. 2000/= දක්වා	:	දිනකට රු. 20/= ඔැගින් රු. 100/= ක උපරිමයක්.
රු. 2000/= සිට ^{වැඩි} රු. 2500/= දක්වා	:	දිනකට රු. 30/= ඔැගින් රු. 200/= ක උපරිමයක්.

HOSPITAL CHARGES

The Board of Sri Jayewardenepura General Hospital has decided that the following charges should be paid by patients in the Grade IV wards. Please fill the annexed form.

Monthly family earning:-

Rs. 1,000/- to Rs. 1,500/-	:	Rs. 10/- per day. Maximum of Rs. 50/-
Rs. 1,500/- to Rs. 2,000/-	:	Rs. 20/- per day. Maximum - Rs. 100/-
Rs. 2,000/- to ^{above} Rs. 2,500/-	:	Rs. 30/- per day. Maximum - Rs. 200/-

ආදායම් පිළිබඳ ප්‍රකාශය

පදිංචි.....වන මම
මෙය ප්‍රකාශ කර සිටිමි.

මම රැකියාවක් කරමි/නොකරමි.

මගේ පවුලේ සියලු මාර්ගවලින් ලැබෙන මාසික ආදායම රුපියල්.....
.....කි.

ඉහත සඳහන් විස්තර සහ බවත් නිවැරදි බවත් ප්‍රකාශ කර සිටිමි.

දිනය

ප්‍රකාශ කරන්නා

වරුමානම් පற்றිය අறிකික

..... இல் வசிக்கும்
.....ஆகிய நான், இவ்வாறு அறிக்கை
இடுகின்றேன்.

நான் தொழில் செய்கின்றேன்/செய்வதில்லை.

என் குடும்பத்திற்கு எல்லா வழிகளிலிருந்தும் கிடைக்கும் மாதாந்த வருமானம்
ரூபா.....ஆகும்.

மேற்குறிப்பிட்ட விபரம் உண்மையென்றும் பிழையற்றவையென்றும் நான் அறிக்கையிடுகின்றேன்.

திகதி

அறிக்கையிடுவார்

DECLARATION OF INCOME

I.....
of.....

declare as follows :

I am/am not employed.

The monthly income of my family from all sources is Rupees.....

I certify that the above statements are true and correct.

Date

Declarant

RATES FOR X-RAYS

		<u>COST</u>
<u>I.V.P.</u>	: Using 40 ml. Contrast	650/-
	: For extra ampoules at cost 60/-.	
	: Extended I.V.P. - 50/- per large film.	
<u>CYSTOGRAM</u>	: 2 ampoules - Contrast	400/-
<u>BARIUM MEAL</u>	: Single Contrast	550/-
	: Double Contrast	650/-
<u>BARIUM ENEMA</u>	: Single Contrast	550/-
	: Double Contrast	700/-
<u>CHEST</u>	: PA	75/-
	: PA and Lateral	120/-
<u>LUMBAR SPINE</u>	: AP Lateral	120/-
<u>LIMBS</u>	: One film	90/-
	: 2 films (17 x 14)	140/-
<u>PAEDIATRICS</u>	: Using 24 x 30 c.m. film -	
	: Chest - AP	70/-
	: AP & Lateral	100/-
	: Same for Limbs	
	: Abdomen	
<u>I.V.P.</u>	: 1 Vial Contrast -	400/-
	: 24 x 30 film	
<u>MYELOGRAM</u>	: 500 + Cost of Myodil/Amipaque	

RATES FOR PHYSIOTHERAPY

ELECTROTHERAPY

1. Short Wave Diatheramy	..	..	..	..	Rs 30.00
2. Micro Wave Diatheramy	..	..	..	..	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

Charges listed above are only for treatment of one site. . .

Any additional site would cost Rs 10.00 each.

Treatment of 2 sites with 01 form of Electrotherapy	..	..	..	..	Rs 40.00
Treatment of 2 sites with 2 different types of Electrotherapy	..	..	..	..	Rs 60.00
9. Any form of 01 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

Draft

28 March 1985.

CLASS III PAYING WARDS

At a conference held with the Consultants on 27th March 1985, it was decided that the beds in one or more cubicles in each ward should be set apart as Paying Beds for Class III patients.

(a) Obstetric & Gynaecology Ward

In this department, the O2 Consultants have 02 separate wards. 02 cubicles with 8 beds each will be set apart for paying patients. This will be at one end of the ward and the toilets at that end will be set apart for the paying patients.

(b) Medical Wards

Each Medical Ward will be under one Consultant, and this ward will have both male and female patients. It was decided that one cubicle at either ends of the ward should be set apart for paying patients, and the toilets and shower room be locked and kept for these patients.

(c) Surgical Ward

Each ward will have patients of both Consultants, thus, one ward will have male patients and the other ward female patients. In these 02 wards, 02 cubicles will be set apart at the end of each ward for paying patients and the toilet at that end will be used by these patients.

CHARGES IN THE CLASS III PAYING WARDS

It was also decided that the following rates should be charged from the patients in the Class III Paying Wards :

Rates per day - Rs 150/-

This will include drug supply. However, these patients will have to pay half the charge that Class I and Class II patients

: 2 :

pay for investigations, surgical procedures and physiotherapy. All patients who declare their income of more than Rs 2500/- per month should also pay the same charges for investigations, surgical procedure and physiotherapy as those patients who pay Rs 150/-,

O.P.D. Charges

All patients who visit clinics and who declare over Rs 2500/- as their monthly income should pay half the charges as paid by Class I and Class II patients.

Charges for Surgical Procedures 注)

- a) Major - Rs 750/-
- b) Intermediate - Rs 400/-
- c) Minor - Rs 200/-

The Department of Health classification of surgical procedures will apply for this Hospital.

注) Major とは全身麻酔を要するような手術

Intermediate とは虫垂切除等の局部麻酔ですむ手術

Minor とは切、縫合等の簡単な手術

Dr H.C. Rajapakse
DIRECTOR

CEYLON HOSPITALS LTD.

No. 3, ALFRED PLACE,
COLOMBO - 3.

IMPORTANT NOTICE

It is hereby informed that owing to the situation in the country, security checks would be conducted from time to time in the hospital by our security staff.

We request you to kindly give your full co-operation in the matter for your own safety as well as that of the Institution.

Thanking you,
CEYLON HOSPITALS LTD.

CEYLON HOSPITALS LIMITED

DURDANS HOSPITAL

3, ALFRED PLACE, COLOMBO - 3.

Telephone: 3-1, 3-6, 3-7, 3-8, 3-9
575205, 575206, 575207 3-1, 3-6, 3-7, 3-8, 3-9 Bookings Office

RATES & TERMS OF ADMISSION

- | | | |
|--|-----------|-----------------|
| 1. ADMISSION FEE: | | Rs. 50/- |
| 2. Nursing charges | | Rs. 15/ per day |
| 3. ROOM CHARGES: | | |
| (a) Rooms with attached toilets | Rs. 200/- | |
| | Rs. 210/- | |
| (b) Air Conditioned Rooms
with attached Toilets | Rs. 315/- | |
| (c) Rooms with Common Toilets | Rs. 125/- | Rs. 150/- |
| (d) Large Rooms with Common
Toilets (New Ward) | Rs. 200/- | |
| (e) Ward Beds | 125/- | |

Room charges include occupation, and diet only. No allowance is made for meals not taken and advance reservation for any specific room cannot be made. Patients admitted after 12. midnight and discharged before 12 noon will be charged half day Room charges. Patients admitted after 12 Noon and discharged before 12 midnight will be charged half day Room charges.

4. DEPOSIT

- | | |
|---------------------------|------------|
| Surgical Cases | Rs. 2500/- |
| Maternity & Medical Cases | Rs. 2000/- |

The deposit is payable on admission. It will be refunded at the time of departure after all bills are settled in full.

5. SPECIAL ATTENDANTS

Patients would have to employ their own special attendants if necessary and payment made to them directly. Rs. 30/- per shift.

6. LINEN

A consolidated fee of Rs. 10/- will be charged for a change of linen every 4th day.

7. OBSTETRIC FEE

- | | | |
|---|-----------|--|
| Maternity Drum Charges for: | | |
| (a) Normal Delivery by Visiting Doctor | Rs. 100/- | |
| (b) Forceps Delivery by Visiting Doctor | Rs. 150/- | |

8. DELIVERY FEE

Rs. 125/- will be charged for all normal deliveries under the direct care of our Medical officers.

9. THEATRE & DRUM CHARGES

- | | | |
|-------------------------|-----------|-----------|
| Minor Operation | Rs. 50/- | Rs. 50/- |
| Intermediate Operation | Rs. 150/- | Rs. 125/- |
| Major Operation | Rs. 225/- | Rs. 200/- |
| Special Major Operation | Rs. 250/- | Rs. 225/- |

10. EXTRAS

The following will be charged for separately.

- (a) Medicines, Injections etc.
- (b) Surgeons, Anaesthetists & Consultants fees, drugs used for Operations & Anaesthesia.
- (c) Pathological Examinations & Blood Transfusions
- (d) Special or extra meals
- (e) Telephone calls & other Sundry Services

11. INFECTIOUS DISEASES Etc.

Patients suffering from mental or contagious diseases including skin diseases, assaults and accidents and cases of suspected poisoning will not be treated or admitted

12. PAYMENTS OF BILLS

Bills should be settled weekly in Full and shall fall due for payment on the day they are rendered. Patients will not be released unless all bills are settled in full and all payments should be made by cash, Cheques will not be accepted under any circumstances and no credit will be allowed.

13. INQUIRIES

All inquiries with regard to reservations details etc should be made at the Inquiry Office and all arrangements, made with the matron.

Please note the following items are provided in the room you occupy:-

1 Bed Sheet	1 Table Spoon
3 Pillows	1 Desert Spoon
3 Pillow Cases	1 Tea Spoon
1 Draw Sheet	1 Fork
1 Towel	1 Knife
1 Serviette	1 Decanter
1 Sponge Cloth	1 Tumbler (Glass)
1 Mackintosh	1 Cup & Saucer
1 Mirror	1 Cruette set (Pepper & Salt)

VISITING HOURS

10.00 a.m. to 12.00 p.m. ~~NOT~~

5.00 p.m. to 10.00 p.m.

Please note that only the person staying with the patient will be allowed to have meals in the Patient's room.

Please also note that for health reasons only two visitors could be allowed in the patient's room at a time.

Please avoid bringing Children under 12 years to the hospital in their own interest for health reasons.

Visitors will not be allowed to remain inside premises after 10.00 p.m. without permission

No private Pillows and Bedding will be allowed.

Please keep your room and toilet clean and tidy.

In your own interest and for the sake of good order please peruse schedule indicating details of charges and terms, available at the inquiry Office.

TERMS STRICTLY CASH

DURDANS HOSPITAL

GENERAL HOSPITAL COLOMBO

ADMINISTRATION REPORT

1983

Dr Lucien Jayasuriya, MBBS (Ceylon), DTPH (London),
Director

PREFACE

Last year I produced an Administration Report for General Hospital Colombo covering the years 1978 to 1982.

It was well received.

This encouraged me to produce a report for 1983.

I hope that it will be of some use to its readers.

Comments and suggestions are welcome.

Dr Lucien Jayasuriya,
Director,
General Hospital, Colombo.

June 1984.

7.4. Wards (62)

7.5. Operating Theatres (11)

A, B, C, D, (General Surgery)
E. (Orthopaedics)
F. (E.N.T)
Neuro-Surgical
Accident Service
Orthopaedic Clinic
Navaloka Cardiac
Out Patients' Department

7.6. Intensive Care Units (8)

	<u>Beds</u>
Accident Service	05
Coronary Care	07
Intermediate Coronarycare	09
Dialysis Unit	06
Medical	10
Neurology	06
Recovery Unit	04
Surgical	06

7.7. Specialities

	<u>Beds</u>	<u>Cots</u>
Medicine - Professorial Unit	86	02
General Medicine (7 Units)	582	15
Cardiology	63	10
Cardiac Investigation	00	00
Dermatology	52	00
Neurology	34	00
Rheumatology & Rehabilitation	00	00
Surgery - Professorial Unit	68	00
General Surgery (07 Units)	430	12
Cardiothoracic Surgery (03 units)	82	11
E.N.T. (03 units)	82	10
Genito-Urinary Surgery (02 Units)	41	01
Neuro Surgery (02 Units)	96	19
Orthopaedic Surgery (03 Units)	297	26
Plastic Surgery	21	03
Plastic Burns Surgery	23	02
Trauma	64	00
Gynaecology Professorial Unit	50	00
Psychiatry Professorial Unit	23	00
Anaestheology		
Pathology		
Radiology		

7.8. Other Departments

Dispensaries -	Indoor
	Out-door
	Orthopaedics
Kitchen	Paying
	Non-Paying
	Staff
Medical Records	
Stores	Consumables
	Non-consumables
	Surgical
	Linen
	Stationery
	Orthopaedic workshop

(The Blood Bank is under the administration of the Director, National Blood Transfusion Service. The Central V.D.Clinic housed in the O.P.D. is under the Director Anti. V.D.Campaign).

7.9. Admission

Admission is free and is either through the out patient's department or the Accident Service. Paying patients are admitted through the Hospital Charges Branch.

7.10. Out Patients' Department

The M.O.I.C. with 15 medical officers (Cadre 25) manages the general out patients, Diabetic clinic, A.R.V. Clinic, the emergency treatment unit (06 beds) and 24 hour admissions. Clinics

in all clinical specialities in hospital (except gynaecology) plus oncology and leprosy are conducted at the O.P.D. In addition the Consultant Physician, OPD and the Consultant Surgeon, OPD, conduct daily clinics. The operation theatre O.P.D. is used for minor surgery.

	<u>General OPD</u>	<u>Clinics</u>	<u>Total</u>
Daily averages	2164	972	3136

7.11. Accident Service

This is the only 24 hour accident service facility in the country. At any time a resident surgeon, an anaesthetist and three or four medical officers are available. It has its own x-ray department, plaster room, operation theatre, C.S.S.D and intensive care unit. Patients are treated as out patients or admitted to the accident service wards (52,53,54 intensive care unit). The next day the patients are transferred to the surgical wards under the care of a general surgeon or an orthopaedic surgeon.

	<u>O.P.D.</u>	<u>Admission</u>
Daily average	250	41

7.12. Cadres (actual) 31.12.83	<u>Total*</u>	
Specialist Medical Officers		82
Non Specialist medical officers		201
Intern medical officers		00
Nursing officers		861
Middle level technical grade		232
Health clerical service		75
Subordinate staff		147
Minor employees		1689
(*Except students)		

7.13. Budget

The budget is from money provided by government through the Ministry of Women's Affairs and Teaching Hospitals (Head 152). Some money is provided through the Ministry of Health (Head 151).

Expenditure 1983

	<u>Rupees</u>
Total	115,183,743
Personnel Emoluments	61,445,385
Drugs & Dressings	26,882,612
Diet	7,893,585
Electricity	10,784,793
Gas	1,358,864
Surgical Consumables	1,080,142
Fuel	839,648
Uniforms	991,917

Revenue

(mainly from paying wards)	3,734,863
----------------------------	-----------

7.14. Basic Statistics

	<u>Paying</u>	<u>Non Paying</u>	<u>Total</u>
1. Patient beds	89	2,228	2,317
2. Admissions	1,543	117,224	118,767
3. Patients days	28,679	93,4467	963,146
4. Average daily sick	78	2,560	2,638
5. Average admissions	4	321	325
6. Average duration of stay (days)	78.6	8.0	8.1
7. Percentage bed occupancy	87.6	114.9	113.8
8. Deaths	46	4,495	4,541
9. Average deaths	0.13	12.31	12.44

7.15. Department of Pathology

Main Laboratory

Histology	11,116
Haematology	1,67,407
Parasitology	3,992
Urine	63,514
E.S.R.	30,203

SOME PAPERS READ BY MEMBERS OF THE STAFF - 1983

96th Annual Sessions of the S.L.M.A. 23rd to 26th March 1983

Sixty three short papers were presented at these sessions, thirty nine of them were from the staff of the General Hospital, Colombo (kindly see proceedings).

Other Papers Read

- Dr. S.D. Athukorala, Consultant Clinical Bacteriologist "Antibiotics on a best guess basis " Ruhuna clinical society sessions February 1983.
- Dr. P.T. De Silva, Consultant Physician with Dr. G.M. Pothupitiya K. Yogambaranathan, S.S.S. Gunawardena and M.T. Perera "Control of Diabetes, is Metformin the drug of choice?" Annual sessions of Ceylon College of Physicians -(1983)
- Dr. P. Nihal Thenabadu Physician in charge, Cardiac Investigation Unit "Non Atherosclerotic Coronary Artery Disease in young males with ischaemic heart disease" Proceedings of the Asian Pacific Congress of Cardiology, November, 1983.
- "Primary Pulmonary Hypertension in Sri Lanka" International Symposium on Pulmonary Hypertension, Chandigar, India, November 83
 Cardiac Revascularization - Medical or Surgical?" Annual Session of the Ceylon College of Physicians - 1983.

INFORMATION ABOUT GENERAL HOSPITAL, COLOMBO

7.1 General

G.H.C. is an important element in the health care delivery system of Sri Lanka. It serves directly the city of Colombo and is also the highest level referral hospital of the country. It is over 120 years old at the present site and has grown through the years to form the present complex. It occupies 12.3 hectares in Borella, Colombo 8.

7.2 Teaching

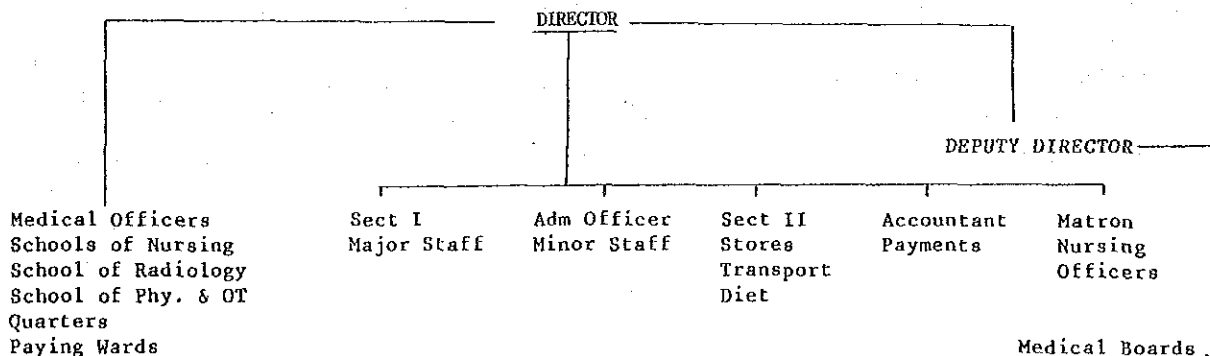
G.H.C. is the most important multipurpose teaching centre in Sri Lanka for doctors, nurses, paramedical personnel, and medical undergraduates of the Faculty of Medicine, University of Colombo (300 students).

Medical Postgraduates of the Post graduate Institute of Medicine University of Colombo (50 Students)

- School of Post basic Nursing (5143 students)
- School of Nursing (486 nursing students, 206 family health worker students)
- School of Physiotherapy and Occupational Therapy (44 students)
- School of Radiography (54 students)
- School of Pharmacy (63 students)

(Student numbers as on 31.12.82.)

ORGANISATION CHART



4. SOME SCIENTIFIC PAPERS PUBLISHED BY MEMBERS OF THE STAFF IN 1982/83

- DR. S.D. Athukorala, Consultant Clinical Bacteriologist with S.G. Premachandra and L. Jayakody " Prevalence of Gentamicin resistance among urine culture isolates: Ceylon Medical Journal (C.M.J.) (1983) 28 82-83.
- with Casinadar, M. Ranganathan, Sheriff " Treatment of oral candidosis with keto conazole, and orally absorbed broad spectrum antifungal agent -Clinical Research Review (1983) 3 (1/2) 1-3.
- Dr. Lucian Jayasuriya, Superintendent - The Epidemiology of patients examined by medical boards (C.M.J. 28 100-104).
- Dr. N. Nagaratnam Consultant Physician with Dr. Vinodany Ramachandran and Dr. A.J. Jiffry "Coexistence of leukemia and tuberculosis - C.M.J. (1982) 27 206-207.
- Dr. R. Natkunam Consultant Cardio-thoracic Surgeon " Abdominal Aortic Aneurysm - Jaffna Medical Journal (1983) 18 129-132.
- Dr. J.B. Peiris Consultant Neurologist "Strokes: a study of admissions to General Hospital Colombo C.M.J. (1982) 27 157-170.
- Professorial Unit of Medicine Drs. B.L.J. Mendis, B.C. Wijesiriwardena, M.H.R. Sheriff Prof. K.Dharmadasa "Irritable bowels " - C.M.J. (1982) 27 171-181.
- Drs. B.C. Wijesiriwardena, J. de Silva, K.S.A. Jayasinghe, M.H.R. Sheriff, Prof. K. Dharmadasa "Pernicious Anaemia A Case report - C.M.J. (1983) 28 - 56
- Dr. K.S.A. Jayasinghe, S.A. Susainathan, A. Canagasunderam, B.De Silva, M.H.R. Sheriff, Prof. K.Dharmadasa "Contaminated opium as a source of chronic poisoning in Sri Lanka- C.M.J. (1983) 28 22-27
- Dr. M.H.R. Sheriff Senior Lecturer in Medicine "Lesson to Learn from Medivian experience of shigella dysentery "Sri Lanka Family Physicians (1982) 5 117.
- Dr. S.J. Stephen Consultant Cardio-thoracic Surgeon "Surgical Management of mitral stenosis in pregnancy" C.M.J. (1983) 28 8-15.
- Dr. P.N. Thenabadu, Physician in Charge, Cardiac Investigation Unit: "The case against coronary care units", Journal of the Ceylon College of Physicians (1982), 15 72-75.

5. SOME SCIENTIFIC ORATIONS BY MEMBERS OF THE STAFF - 1983

- SLMA Oration Dr SJ Stephen, Consultant Cardio-Thoracic Surgeon, "Surgical Management of Mitral Stenosis in Pregnancy."
- SC Paul Oration Dr S Ramachandran, Consultant Physician: "The Young Diabetic - A Clinical Review."
- Murugesar Sinnathamby Oration Dr SD Athukorala, Consultant Clinical Bacteriologist, "Antibiotic Policy."
- PB Fernando Memorial Oration Dr SJ Stephen, Consultant Cardio-Thoracic Surgeon, "Lung Cancer in Sri Lanka."
- VT Pasupathy Memorial Oration Dr S Ramachandran, Consultant Physician, "Alcohol Induced Liver Disease."

I also wish to thank Dr Malinga Fernando, Director General of Health Services and Joe Fernando, Addl. Deputy Director General of Health Services for helping the smooth management of the hospital during this period.

I presented a paper entitled "The disturbances of July 1983 - Some Experiences of General Hospital Colombo" at the 97th Annual Sessions of the Sri Lanka Medical Association in March 1984. This paper is accepted for publication by the "Sri Lanka Family Physician" in 1984.

2. PERSONNEL CHANGES

DR. K. Arumugam, Consultant Surgeon retired. He was succeeded by Dr SYDC Wickremasinghe.

Dr Dayasiri Fernando assumed duties as Senior Lecturer in Surgery.

Professor DE Gunatillake Professor of Obstetrics and Gynaecology passed away. He was succeeded by Professor SHP Nanayakkara.

Professor SAW Dissanayake, Professor of Psychiatry vacated his post. Dr Nalaka Mendis is now Head of the University Department of Psychiatry.

Dr (Mrs) Pearl Perera, MOIC, OPD retired. She was succeeded by Dr(Mrs) Ramani Sathanandan.

Mr J Edirisinghe who was Head Overseer for over ten years retired. He was succeeded by Mr S Jayawardene.

3. NEW DEVELOPMENTS

The Government of Finland gave a grant to draw a Master Plan for the development of General Hospital Colombo. They appointed Paatella and Paatella Architects of Finland for this project. The local consultants were Resource Development Consultants of Colombo. The architects with other representatives from Finland and the local consultants had several discussions with the officials of the Ministry of Health, the then Ministry of Colombo Hospitals and Family Health, Ministry of Women's Affairs & Teaching Hospitals and General Hospital Colombo before drawing the plan. Dr Joe Fernando, Addl. Deputy Director General of Health Services did a large amount of work on the Master Plan. A survey of all the patients in General Hospital Colombo was conducted on 8.5.83 for this purpose. The Interim Report of the Master Plan was received and amendments made to it.

The Extensions to the Orthopaedic Clinic, including an operating theatre were completed.

A Dialysis Unit of six beds was opened on 6.5.83. It is in charge of Dr S Ramachandran, Consultant Physician. For the present only peritoneal dialysis of acute renal failure is undertaken. This unit has been successful in the optimal use of resources needed for dialysis and has proved a boon to patients. Several papers based on the experience of this unit were presented at the 97th Annual Sessions of the Sri Lanka Medical Association (SLMA) in March 1984.

The ultrasound scanner donated to GHC in 1982 was much used. A number of papers on this subject was presented at the same SLMA sessions. If more scanners are available the need for radiological examinations could be reduced.

A new centralised monitoring system in the Coronary Care Unit was installed on 8.5.83. A 3-D Echocardiograph was also installed in the same unit.

The new telephone exchange at the Accident Service was inaugurated on 6.7.83.

Two new x'ray plants were installed at the OPD and at the Main X Ray Department.

Operation Theatre 'D' was fully renovated and reopened on 16.5.83.

An underground sump was constructed at Barnes Place Medical Officers' Quarters to solve the problem of shortage of water.

No. 89 Regent Street was fully renovated and the Deputy Director shifted residence to this building.

No. 85, Regent Street "Violet Cottage" was handed over to the Buildings Department for demolition to make way for new house officers' quarters.

REPORT OF THE YEAR - 1983

(1)

1983 was a very eventful year.

The Ministry of Women's Affairs & Teaching Hospitals was created by His Excellency the President in June 1983. General Hospital Colombo came under this Ministry. We welcome the appointment of Hon. Sunethra Ranasinghe as Minister of Women's Affairs and Teaching Hospitals and of Dr Daya Samarasinghe as the Ministry's Secretary. They have been of immense help in the smooth management of the hospital.

I remember with gratitude the contribution made to development of this hospital by Hon. Dr Ranjith Attapattu, Minister of Health, when he was Minister of Colombo Hospitals & Family Health, and by the Secretary of that Ministry, Mr Tissa Devendra.

The Hospital Committee under the able guidance of Dr D.P.V. Kannangara continued to be an asset and helped the hospital in diverse ways. Its major achievement was the concession of the given by the Marketing Department in reducing overhead charges for provisions delivered to hospital from 20% to 10%. This gives an approximate saving of Rs 800,000/- to the General Hospital Colombo annually.

The Rev. Panvila Vipassi Thera continued his good work in helping the patients regarding both their spiritual and material needs. He continued to be the live wire of the neurology and neurosurgery building project of the Hospital Services Committee of the all Ceylon Buddhist Congress.

Mr K.G. Samaraweera, Director of Buildings went out of his way help renovate and maintain the buildings.

The Poson Committee organized all night 'PIRITH' for poson as usual.

The N.T.S. pupils sang 'Bakthi Gee' for Wesak and Christmas.

(1) A.

The disturbances of July 1983, which were unprecedented, had their effect on the hospital.

The casualties came in from 25th of July to 29th of July.

The Accident Service was strained to the maximum, but stood up to its responsibilities due to the devotion to duty of all categories of staff.

On the 25th of July, 812 patients were seen at the Accident Service. This is over three times the average of 251. Admissions on this day were 248, six times the average of 40.

During this period the percentage of admissions (32.1%) was more than double the average of (15.9%).

General out patients and clinics were restricted to the mornings. Admissions were also restricted. Routine operations were cancelled and Laboratory investigations restricted.

On the 25th of July admissions to G.H.C. (625) were about double the average (334). Admissions recorded the lowest (126) on 31st July.

On 3rd August, G.H.C. had the lowest daily average sick in recent years (1,477 patients).

61.5% of the Pharmacists, 41.5% of the MLTs and 19.8% of the Medical Officers were absent after the disturbances. It had virtually no effect on the nursing and minor staff.

Emergency supplies of food were obtained to feed the patients, extra staff who worked day and night and doctors and nurses who resided in the quarters.

General Hospital Colombo was the centre from which health care of the refugee camps was managed.

I wish to thank my deputy, Dr KNK Wijewardena; Dr SA Ediriweera, Surgeon in Charge, Accident Service; Consultant Surgeons especially Dr MH de Zoysa, Dr NY Wijemanne, and Dr AH Sherifdeen; Resident Surgeons; Medical Officers; Mr HA de Silva, Administrative Officer; Nursing Officers, especially Matron GHC, Mrs UK Senanayake; Radiographers, Pharmacists, Overseers, and Attendants who showed rare devotion to duty during the period of crisis.

Biochemistry	1,25,737
Bacteriology	82,126
Total	<u>4,86,110</u>

Daily average 1,331

O.P.D. Laboratory

Blood	17,257
Urine	38,627
Stools	962
Total	<u>56,846</u>

Daily Average 176

7.16. Department of Radiodiagnosis

	<u>Number of patients</u>
Main X'Ray	51,110
Accident Service	49,479
O.P.D.	16,479
Orthopaedic Clinic	11,313
Dental	9,473
Neuro-Surgical	6,990
X'Ray New Block	6,254
Total	<u>150,941</u>

Films Used 238,623

Typeset & Reproduced by the Computer Services Bureau of the Division of Biomedical Engineering.

© Director, General Hospital Colombo: 1984.

ප 074076 ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව දෙපාර්තමේන්තුව.
Health) 918
සෙබලා)
(23" x 11 1/2" S. & E.) 09/7

වෛද්‍ය ලේඛනය
(රහස්‍ය)

MEDICAL RECORD
(CONFIDENTIAL)

සෞඛ්‍ය සේවා දෙපාර්තමේන්තුව
 DEPARTMENT OF HEALTH SERVICES
 ඉල්ලුම් පත්‍රය/REQUEST FORM

සෞඛ්‍ය } 200
 Health }
 (F.O.S. & H.) 7/84

කොළඹ මහා රෝහලාලය ව්‍යාධිවේදී වෙතයි.
 To: The Pathologist, General Hospital, Colombo.

..... හා සම්බන්ධයෙන්
 නිදර්ශකය පරීක්ෂා කර බලනු ඇතැයි.

Please examine specimen of with
 regard to.....

අත්සන }
 Signature }
 දිනය }
 Date }
 පදවිනාමය }
 Designation }

රෝගියා පිළිබඳ විස්තර/Particulars of Patient

නම } වයස }
 Name } Age }
 රෝගියාගේ අංකය } ස්ත්‍රී පුරුෂ භාවය }
 Case No. } Sex }
 වාට්ටුව } දිස්ත්‍රික්කය }
 Ward } District }

රෝග විනිශ්චය සමඟ කෙටි ආයතනික ඉතිහාසය.
 Short clinical history with probable diagnosis.

(ව්‍යාධිවේදීගේ ප්‍රයෝජනය සඳහා/For Pathologist's use)

X - කිරණ රෝග විරූපණ පරීක්ෂණයක් සඳහා ඉල්ලීම
REQUISITION FOR X-RAY DIAGNOSTIC EXAMINATION

දිනය }
 Date }

නම සහ ලිපිනය Name and Address	වාට්ටු අංකය Ward No.	ස්ත්‍රී / පුද්ගල භාවය Sex
	දුර ලබා වාර්තා අංකය B. H. T. No.	වයස Age
සායනික ඉතිහාසය Clinical History	කොටස සහ පරීක්ෂණයේ ස්ථානය Region and Nature of Examination	
..... ඉල්ලා ඇති වෛද්‍ය/වෛද්‍යා. Surgeon/Physician		
දින මුද්‍රාව Date Stamp	X - කිරණ අංකය X'ray No.	..... වෛද්‍ය නිලධාරියාගේ අත්සන Signature M/O
X - කිරණ කාමරය X'ray Room	..... විකිරණ නිර්මාතෘගේ අත්සන Signature of Radiographer	
දිනය } Date }	යාවත්කාලීන කළ පවිලි ප්‍රමාණ සහ ඒවායේ සංඛ්‍යාව Size and No. of films used සටහන් Remarks	

විකිරණ රෝගියාගේ වාර්තාව
 RADIOLOGIST'S REPORT

X - කිරණ රෝග නිර්ණක පරීක්ෂණයක් සඳහා ඉල්ලීම
REQUISITION FOR X-RAY DIAGNOSTIC EXAMINATION

දිනය }
 Date }

නම සහ ලිපිනය Name and Address		වැටුප් අංකය Ward No.	ස්ත්‍රී / පුරුෂ භාවය Sex
		ඇඳ ඉහළ වාර්තා අංකය B. H. T. No.	වයස Age
වෛද්‍ය ඉතිහාසය Clinical History		කොටස සහ පරීක්ෂණයේ ස්වභාවය Region and Nature of Examination	
..... ලෙස වෛද්‍ය/වෛද්‍ය. Surgeon/Physician		පාරවිච්චි කළ පටලවල ප්‍රමාණය සහ ඒවායේ සංඛ්‍යාව Size and No. of films used	
දින මුද්‍රාව Date Stamp	X - කිරණ අංකය X-ray No.	වෛද්‍ය නිලධාරියාගේ අත්සන Signature M/O	
	X - කිරණ කාමරය X-ray Room	විකිරණ රේඛනයාගේ අත්සන Signature of Radiographer	
දිනය } Date }	විකිරණ රේඛකාගේ වාර්තාව RADIOLOGIST'S REPORT		

විද්‍යුත් කන්තු රේඛන පරීක්ෂණයක් සඳහා නියෝගය
REQUISITION FOR ELECTROCARDIOGRAPH EXAMINATION

රෝගියාගේ නම Name of patient	}	ඇද ඉහ වාර්තා අංකය B. H. T. No.	}	වාර්ථු අංකය Ward No.	}
		රක්ෂාව Occupation	}		

කෙටි චිකිත්සාගාර පුරාවෘත්තිය
SHORT CLINICAL HISTORY

අවශ්‍ය මං කමිති
LEADS REQUIRED

- සම්මත මං කමිති පමණයි
Standard leads only
- *වෙනත් මං කමිති
*Any other leads

සලකුණු වෛද්‍යවරයාගේ නම Surgeon Name of Physician	}	අත්සන Signature	}

විද්‍යුත්කන්තු අංශයේ ප්‍රයෝජනය සඳහා පමණයි
FOR THE USE OF THE DEPARTMENT OF RADIOLOGY ONLY

විද්‍යුත් කන්තු රේඛනයේ ලියාපදිංචි කළ අංකය Registered No. of Electrocardiogram	}
සටහන් Remarks	}

දින මුද්‍රාව
Date Stamp

ඇක්ස් රේ සහකාරයාගේ/තාක්ෂිකයාගේ අත්සන.
Signature of X-Ray Assistant/Technician.

විද්‍යුත් කන්ති රේඛනය පිළිබඳ වාර්තාව
REPORT ON ELECTROCARDIOGRAM

.....
වෛද්‍යවරයා/Physician.

අඛණ්ඩ පත්‍ර අංකය
Continuation Sheet No.

නම
Name

අංකය
No.

දිනය/Date

Time/Date

මාසය MONTH	වසර YEAR	වයස AGE	ල. ර. න. අ. න. REG. No.	නම NAME	මාසය MONTH	වසර YEAR	වයස AGE	ල. ර. න. අ. න. REG. No.
107°								
106°								
105°								
104°								
103°								
102°								
101°								
100°								
99°								
98°								
97°								
96°								
95°								
94°								
93°								
92°								
91°								
90°								
89°								
88°								
87°								
86°								
85°								
84°								
83°								
82°								
81°								
80°								
79°								
78°								
77°								
76°								
75°								
74°								
73°								
72°								
71°								
70°								
69°								
68°								
67°								
66°								
65°								
64°								
63°								
62°								
61°								
60°								
59°								
58°								
57°								
56°								
55°								
54°								
53°								
52°								
51°								
50°								
49°								
48°								
47°								
46°								
45°								
44°								
43°								
42°								
41°								
40°								
39°								
38°								
37°								
36°								
35°								
34°								
33°								
32°								

කොට්ඨාස 576
(G 4 c.d.) 10/65

මෙහි ඇති සියලුම දත්ත පවුලකට අදාළ වේ.

GADRE PARTICULARS

G. H. Colombo

	<u>Approved Cadre</u>	<u>Present Strength</u>	
Senior Administrative Grade	01	01	
Deputy Administrative Grade	01	01	
Consultants	353	67	) 284
House Officers		217	
Intern Medical Officers	37	34	
Hospital Secretary	01	02	
Accountant	01	01	
Assistant Medical Practitioner	03	--	
Dietician (すべて英国で教育・資格)	02	02	
Medical Record Officer	01	01	
Clerk, Supra Grade	02	01	
Clerks, Grade I & II	95	72	
Ward Clerks	47	48	
Male Attendants	170	152	) (3ヶ月訓練)
Female Attendants			
Binder	02	01	
Book Binders	06	04	
Carpenter	01	01	
Chirapodist	01	--	
Cooks	36	33	
Dark Room Assistants	05	05	
Dispenser	04	05	
Drivers	18	19	
Orthopaedic Works Formen	01	01	
Health Educator	03	--	
Diet Stewardesses (給食依頼クラーク)	07	07	
House Warden (Female)	09	13	) (看護婦寮管理人)
Male House Warden			
Office Peon (事務メッセンジャー)	06	03	
Welfare Officer (ソーシャルワーカー)	01	--	
Sanitary Labourer	212	184	
Female Labourers	223	194	
Unskilled Labourers	562	519	
Laundry Supervisor, Grade I	01	--	
" " , Grade II	01	--	
Librarian	01	01	
Latheman	02	01	

	<u>Approved Cadre</u>	<u>Present Strength</u>
Liftsman	24	23
Laundry Collector	01	--
Matron	05	04
Nursing Officers, Grade II	999	819
Male Nursing Officers	40	10
Senior Tutors	02	01
Nursing Sisters	40	36
Surgical Instrument Manufacturer, Gr. I.	07	05
" " " Gr. II	07	04
Asst. Surgical Inst. Manufacturer	06	07
Cycle Orderly	01	--
Lab Orderly	17	15
Hospital Overseer (看護助手表)	19	17
Painters	01	02
Pharmacist	50	41
Photographers	01	01
Physiotherapists	62	53
Physiotherapist Tutors	--	01
Production Manager (整形外科器具工作)	01	01
Public Health Inspector	01	01
Radiographers	52	45
Superintendent Radiographer	--	02
E. C. G. Recordist	23	13
E. E. G. Recordist	04	03
Seamstress	03	12
Shroff (患者支払い窓口)	04	04
Statistical Assistant	01	--
Stenographers	01	01
Instructor(Physical Exercise)	--	01
Store Keeper	05	06
Supervisor Telephonist	01	01
Telephone Operator	13	13
Clerk Typists	01	01
Typists	07	07
Watcher	42	36
Workshop Technician	03	02
Workshop Manager	--	01
Lether Worker	---	01
Shoe maker	---	10

**SRI JAYEWARDENEPURA
GENERAL HOSPITAL
KOTTE**

BHT Number.....
UNIT Number.....
NAME.....



PRIVATE AND CONFIDENTIAL

NOT TO BE HANDLED BY THE PATIENT



**Sri Jayewardenepura
General Hospital**

අවිච්චිත පත්‍ර අංකය } නම } අංකය }
Continuation Sheet No. } Name } No. }

දිනය/Date

OBSTETRIC / GYNAECOLOGICAL RECORD

SRI JAYEWARDENEPURA GENERAL HOSPITAL

MARITAL STATUS: Single MarriedYears Widowed years Separated..... years

INVOLUNTARY INFERTILITY: years GRAVIDA/PARA:

MENSTRUAL PATTERN: L.M.P.: E.D.D.: MATURITY: weeks

FAMILY HISTORY: Tuberculosis Malformation Multiple pregnancy Mental illness
 Essential Hypertension Diabetes Mellitus Other

PREVIOUS MEDICAL HISTORY: Heart disease Kidney disease Operation

PRESENT PREGNANCY: Vomiting Constipation Frequency of micturition Discharge
 Bleeding Headache Blurring of vision Backache
 Cramps Oedema

DATE OF QUICKENING: weeks' maturity

PREVIOUS OBSTETRIC HISTORY: Abortion..... L.B..... S.B..... N.N.D.....

To	Pregnancy		Place of Delivery	Abnormalities of Pregnancy, Delivery and puerperium	CHILD			
	Date	Duration			Sex	Birth Weight	L.B., S.B., N.N.D.	Present State

R. N.
Name
Age
E. G.
Occ.

ANTENATAL GYNAECOLOGICAL RECORD – FIRST EXAMINATION

GENERAL CONDITION:

Height	Weight (non-pregnant)	Weight (present)
Pallor	Teeth	Neck
Heart	Blood Pressure	Pulse
Lungs	Breasts	Oedema

ABDOMINAL EXAMINATION:

Inspection

Palpation

Size of Uterus Presentation and Position.....

Engagement Height of Fundus Girth

Percussion

Ascultation

PELVIC EXAMINATION:

Vulva and Perineum

Vagina

Cervix

Uterus

Fornices

Bony Pelvis

Sacral Promontory	D.C.
Sacrum	A.P.O.
Sacrospinous Ligament	
Ischial Spines	I.S.D.
Pelvic Sidewall	
Inlet	
Symphysis Pubis	
Subpubic Arch	
Intertuberous Diameter	

X-RAY PELVIMETRY:

Shape

Measurement O.C. T.D. A.P.O. I.S.D.

INVESTIGATIONS:

Blood Group Rh W.R. K.T.

Haemoglobin (1st visit)g% Haemoglobin (32nd week)g%

Urine Albumin Sugar..... Acetone.....

DIAGNOSIS:

Date Doctor's Signature

ANTENATAL RECORD - FIRST EXAMINATION

S. J. G. H. Kotte

OUT-PATIENT DIAGNOSIS CARD

R.N. A & E No.
 Name
 Sex Age Ethnic Group
 Unit
 Main Diagnosis
 External Cause of Injury
 (in case of accident)

Immediate Disposal :

- | | |
|---|--|
| <input type="checkbox"/> F.U. in Polyclinic | <input type="checkbox"/> Died in A & E |
| <input type="checkbox"/> Home (No. F.U.) | <input type="checkbox"/> Brought in Dead |
| <input type="checkbox"/> Admitted to Ward | <input type="checkbox"/> Other |
| <input type="checkbox"/> Kept in Observation Ward | |

Date Doctor's Initial

N.B. This card should be completed and ready for collection at the end of each day.

<i>Sex EG Age</i>			
50	51	52	53

<i>Unit</i>	
54	

<i>Attendances</i>		
58	59	60

<i>E Code</i>		
61	62	63

<i>Diagnosis</i>			
67	68	69	70

<i>Identification</i>	
79	80

MRUJ020476

MR 415.111



S. J. G. H. KOTTE
රෝග නිශ්චය තුන්ඩුව
DIAGNOSIS TICKET

රෝගියාගේ නම
Name of Patient

වයස
Age

ඔහුගේ
Ward

රෙජිස්ට්‍රේෂන් අංකය
Reg. No.

ඇතුළු වූ දිනය
Date of Admission

මුදා හැරූ දිනය
Date of Discharge

Clinical Findings

Treatment Given

CLINIC DAYS

MON	TUE	WED	THU	FRI	SAT
a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.

Consultant

House Officer