



ANNUAL REPORT 2010

SRI JAYEWARDENEPURA GENERAL HOSPITAL

**THALAPATHPITIYA, NUGEGODA,
SRI LANKA.**



PLAQUE AT THE ENTRANCE

"Sri Jayewardenepura General Hospital & Postgraduate Training Center donated by the Government of Japan to the government of the Democratic Socialist Republic of Sri Lanka upon the initiative of His Excellency J. R. Jayewardene President of the Democratic Socialist Republic of Sri Lanka as a token of friendship & the Co-operation between Japan & the Democratic Socialist Republic of Sri Lanka. 1983."



THE MISSION

To be a Multi-Disciplinary Fee Levying State
Hospital & Tertiary Referral Centre with
High Ethical Standard providing Quality
Patient Care with Facilities For
Undergraduate & Postgraduate Education
& Research, Servicing National &
International Community Supported By a
Dedicated & Motivated staff.

THE VISION

To Be a Centre of Excellence
Providing Advanced Medical
Services to National
And International Community.



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Historical Facts

The Hospital was ceremonially opened by his Excellency the President J.R.JAYEWARDENE, then President of Sri Lanka & Honourable ISHIMAYSU KITAAGAWA representing the Government of Japan on 17th of September 1984.

The first Board was appointed by Minister of Women's Affairs and Teaching Hospitals, Hon.Mrs.Sunethra Ranasinghe on 23rd February 1985, consisting of Dr.R.B.J.Peris(Chairman), Dr.D.D.Samarasinghe (Ministry Representative), Mr.S.P.Chandradasa (Representative of Ministry of Finance), Mr.K.N.Choksy (President Counsel.), Mr. M.T.Fernando(Chartered Accountant), Dr.Malinga Fernando (Director General of Health Services),& Dr.S.A.Cabraal (Director /PGIM & Mr.K.D.L.Rathnasena was the Secretary to the Board. First Board meeting held on 28th February, 1985 The First patient was admitted to ward under the care of Dr.H.H.R.Samarasinghe ,(M.D,FRCP)on 17th December 1984.

The first surgical operation was carried out by Dr.K.Yoheswaran,FRCS(with anesthesia being administrated by Dr.K.A.Perera(FRARCS)on 17th January 1985.

The first delivery was on 18th January 1985 under the care of Dr. Kingsley De Silva,(FRCOG,FRCSE)

Sri Jayewardenepura General Hospital was setup to supplement the curative health service and to assist in the training of Medical Undergraduates, Postgraduates, & other health personnel. While the Board of directors takes the policy decisions, the operational control is vested upon a committee of Management, for day to day management of the hospital. Financing of the operations and capital equipment is through a grant from the General Treasury and revenue generated by the Hospital.



Corporate Information

Name of the Organization	: Sri Jayewardenepura General Hospital
Address	: Thalapatthipitiya, Nugegoda, Sri Lanka
Legal Form	: Board Established by Act of Parliament No: 54 of 1983

Board of Directors

- ✍ Mr.N.W.E.Wijewantha-Chairman
- ✍ Dr. D.L.De Lanerolle –Director of the Hospital (Ex-Officio)
- ✍ Dr.Ajith Mendis -Director General of Health Services (Ex-Officio)
- ✍ Prof. Rizvy Sherif- Director -Post Graduate Institute of Medicine –(Ex-Officio)
- ✍ Mr. W.Ekanayake–Treasury Representative(Ex-Officio) (up to19.03.2010)
- ✍ Mr. Sarath Vithana–Ministry Representative
- ✍ Dr.V.K.P. Indrarathne –Consultant Representative
- ✍ Dr. Hemantha Perera-Consultant Representative(19.03.2010)
- ✍ Dr. R.L.Satharasinghe -Consultant Representative
- ✍ Mr. J.L.M.K.Jayathilake -Appointed Member
- ✍ Dr. A.M.A.Amarapathy- Appointed Member
- ✍ Dr. Harsha Samaraweera – Ministry Representative (from 21.06.2010)
- ✍ Mr. Kiran Atpattu – Ministry Representative (from 21.06.2010)
- ✍ Mr. Mahinda Samarasekera – Ministry Representative (From 21.06.2010)
- ✍ Dr. (Ms)Anula Wijesundera- Consultant Representative (from21.06.2010)
- ✍ Mr. Jagath Thallapawila – Treasury Representative (Ex-Officio) (from 17.09.2010)
- ✍ Mrs.Thilani Rajapakshe (Secretary to the Board)

Bankers

Bank of Ceylon
 Hatton National Bank
 Standard Chartered Grindlays Bank

Management Committee

1. Dr. D.L.De Lanerolle –Director-Chairman of the Committee
2. Dr.L.U.C.Kumarage –Deputy Director, Member –on invitation
3. Dr.D.L. Piyarisi –Consultant General Surgeon ,Member (up to21.10.2010)
4. Dr. K.Cassim- Consultant Rheumatologist, Member (09.09.2010)
5. Dr.P.J.Ambawatta–Consultant Pathologist ,Member
6. Mr.R. Abeygunawardena – Accountant ,Member
7. Mrs. T. Rajapakse - Hospital Secretary , Member
8. Mrs. A.N. Saputhanthri.-Chief Matron ,Member.
9. Dr.Harsha Gunasekera - (from 21.10.2010)



Audit committee

Mr.Jagath Thallpawila – Board Member Chairman (from 17.09.2010)

Mr. K.Atapattu - Board Member, Member

Mr. J.L.M.K.Jayathilake –Board Member, Member

Dr.V.K.P. Indrarathne - Consultant Anesthesiologist ,Member

Mr.H.D.L.C.Karunarathne – Internal Auditor, Convener

Specialist Staff

Anaesthesiologists	Dr.(Ms.) C.N.Karunarathne	MBBS,MD(Cey),FRCA (London)
	Dr. V.K.P.Indraratne	MBBS,MD,FFARCSI,FRCA
	Dr (Mrs.) J.S.K.Rajasinghe	MBBS(MD Anesthesia),FRCA (UK)
Cardiologist	Dr.(Ms.) N.L.Amarasena	MBBS,MD(Colombo),FRCA (London)
	Dr.J.P.Herath	MBBS,MD
Cardiothoracic Surgeons	Dr. P.A.Gooneratne	MBBS,MS,FRCS
	Dr. A.D.Kapuruge	MBBS,MS,
ENT Surgeon	Dr.A.Jayasena	MBBS,MS,FRCS
Eye Surgeon	Dr.D.H. Wariyapola	MBBS,DO,FRCS (Ed),MS
Hematologist	Dr(Ms).C.Kariyawasan	MBBS,DipPath,MD(Hematology)
Microbiologist	Dr (Ms)S.K. Jayathilleke	MBBS(Col)Dip,Medical Micro,MD(Microbiology)
Histopathologists	Dr.(Mrs.)M. Joseph	MBBS,DipPath,MD(Pathology)
	Dr.PJ.Ambawatte	MBBS,DipPath,MD(Pathology)
	Dr.Sonali Rodrigo	MBBS,DipPath,MD(Pathology)
Neonatologist	Dr.(Mrs)M. Weerasekera	MBBS,DCH,MD(Paed.),MRCP(UK)
Nephrologist	Dr.C.A.Herath	MBBS,MD
Obstetricians and	Dr.Hemantha Perera	MBBS,MS(Sri Lanka),FRCOG(U.K.)
Gynecologist	Dr.M.Karunarathne	MBBS,MS,FRCOG,FSLCOG
Orthopedic Surgeon	Dr.A.B.S.Ananda Perera	MBBS,MS,FRCS



Paediatrician	Dr.R.A.R.D.Aloysius	MBBS,DCH,MD,MRCL
General Physicians	Dr.(Mrs.)A. Wijesundera	MBBS,MD,(Cey),FRCP(ENG), FCCPDGM(London),FRACP(Hony)
	Dr.C. Jayesundera	MBBS,MD
	Prof.R.L.Satharasinghe	MBBS,MD,FRCP (LOND) FRCP (End), FRCP (Glass) MRCP,(Ire),FRCP(USA), FRCP (Cey) CCST, (UK), MACG (USA)
	Dr.Chinthaka de Silva	MBBS,MD,MRCP (UK)
Radiologist	Dr.D.J.Wickramarathne	MBBS(CEY),MD (Radiology)
	Dr. (Ms.)N.M.P.K.Arambepola	MD(Radiology)
General Surgeons	Dr.G.Goonetilleke	MBBS(Cey),FRCS
	Dr.D.L. Piyarisi	MS,FRCS(Ed.)
	Dr.(Ms.)D.H.Samarakoon	MBBS,MS(Colombo)MRCP(U.K)
Rheumatologist	Dr.K. Cassim	MBBS,MD
Neurologist	Dr.H.H.Gunasekera	MBBS,MD,MRCP
Neuro surgeon	Dr.(Ms.)M.Wijeratne	MBBS(Hons,Melb)MS,(S.L.),FRCS(Edin)
Dermatologist	Dr.(Ms) D.Ariyawansa	MBBS,MD(Dermatology)



Chairman's Message

Year 2010 has been a very significant year in respect of improvements of the corporate governance aspects of the hospital management and on the overall physical performance of the Institution. As it has been in the past external factors like income levels status of the patients, communicable disease pattern, availability of medical care free of charge by the State hospital system have had some impact on the patients seeking medical care from Sri Jayewardenepura General Hospital. At the same time year 2010 has witnessed the occurrence of external factors like the end of the ethnic conflict, the general elections of April, 2010 and exposure of the management of the institution coming under the corporate sector by the public media have in directly affected the physical performance of institution. In this process Sri Jayewardenepura General Hospital is no exception.

These combined external factors have affected the out-patients visits and admissions when compared with the previous year 2009. However measures taken to improve performance and increase revenue continued without interruption with the encouraging support and guidance provided by the new Board of Directors appointed by the Hon. Minister in June, 2010. Bed occupancy in 2009 which was highest during recent year drop to lowest in 2010 which can be attributed to the cessation of the ethnic conflict and adverse media exposures.

However the reputation of the Sri Jayewardenepura General Hospital as a centre of excellence in providing quality curative care which has been etched in the heart of the clientele of our hospital was proved by the progress of performance of the medical units. Three medical wards 06, 12, 17 were well patronized during the year 2010. Ward (06) - 114.69%, Ward (12) -99.89, Ward (17) 114% - quite remarkable figures to show the popularity of our hospital in the provision of general medical care. In addition Diabetic clinic, Asthma clinic, Bronchoscope clinic were held weekly in the hospital. The paediatric treatment of the Hospital is well after by both medical units and paediatric surgical units. Weekly well baby clinic, vaccination clinic are very popular. Neonatal intensive care unit (NICU) which is adequately equipped is the best such unit in the country. Cases are referred from the hospital Obstetrics ward and from government hospitals and private hospitals. This unit which handle premature and low birth weight babies has shown a remarkable increase in the bed occupancy in the year 2010. Gynecological and Obstetrics unit which provide modern facilities in obstetrics and Gynecology recorded exceptional performance in 2010 indicate by 83% of bed occupancy. These units in keeping with advance national and international protocols and guidelines and guidelines deliver best care and serve high risk patients from all over the country.

Gynecology and obstetrics units are unique in the country for lowest maternal mortality, surgical units have maintained a satisfactory level of performances. Eye unit (Ophthalmology) of the hospital which is equipped with latest equipment carried out cataract surgery and is very popular among the patients suffering from cataract eye ailment. Eye unit pioneered laser treatment in Sri Lanka and number of diabetics making use of this facility has increase remarkably. Also OCT scanner is the only one is kind in the country for treating glaucoma patients. This unit carry out many research project and has won internal award for best paper presentation. Both bed occupancy and admission have recorded impressive performance.

Orthopaedic unit has continued has best performing unit in the hospital during the 2010 has carried out 77 knee replacement and 27 Hip replacement surgeries. Cardiothoracic Units has earned the reputation for pediatric heart surgeries and does adults surgeries most of the cases are referred from all over the country. Increase in the cost of consumables and availability of free surgeries at LRH and T.H kandy has effected the general performance of remarkably well during year 2010. Endoscopy unit has become



very popular among the patients suffering from Gastro Intestinal problems and performed remarkably well during year 2010. Nephrology and Dialysis unit have recorded significant increase in Dialysis numbering nearly 8000 in the year 2010 and bed occupancy rate was 86%. Newly established medical care services like Neurology Unit, Rheumatology unit, Neuro-Surgery and Dermatology units in spite of shortage of essential equipment are seems to be progressing satisfactorily.

Dept. of Anesthesiology continued their services with the availability of 04 Consultants and 15 junior Anaesthetist by providing their services to enable 10 theaters of hospital complex to function daily with the provision for 24 hours emergency surgeries.

The year 2010 has witnessed the uninterrupted provision of the support services for the effective treatment for the patient who sought the services of Sri Jayewardenepura General Hospital. SJGH has the best pathological lab which is fully automated with most modern electronic Auto-analyzer which can provide analytical report at high speed. Total test done for the year 2010 is 772125. Effective performance of the Radiology Dept. was observed in the increase of the CT scan studies Ultra Sound Scan and Mammogram tests when compared to the previous year.

Performance of the physiotherapy Dept. due to shortage of Physiotherapists has become less effective. ECG and EEG Dept. performance are satisfactory. ECG test has increased in numbers over the last year 37960 in the 2009 and 38166 in 2010.

Blood Bank which is an independent unit has expanded during the year with the support of National Blood Bank.

Medical Education - Undergraduates Medical students from Sri Jayewardenepura medical faculty and around 100 foreign students have undergone intern-training at the hospital. SJGH has performed its functions as a teaching hospital for Medical graduates and Undergraduates during year 2010.

Human Resource Development - Year 2010 witnessed the continuation of skill development of our minor staff by way of orientation training conducted in collaboration with Human Resource Development Dept. of Ministry of Labour and Manpower. It is with certain amount of pride that I state the long felt need for a Corporate Plan was accomplished during the year with the preparation of a corporate plan 2010 - 2014 with guidance and expertise of the National Institute of Labour Studies of the Ministry of Labour.

Mention must be made that in spite of the adverse publicity in certain sections of the print media the above accomplishment during the year under review were largely due to the continued faith general public extended to our hospital and the committed commitment by our medical service providers and the other employees of the hospital.

2010 witnessed the increasing interest of the board of Directors in the improvement of the corporate governance and correcting the long lasting management deficiencies. On the whole 2010 has been a very unique and catalytic year in the participation of the board in guiding the hospital on the correct track to achieve its objectives as a corporate body in providing excellent medical care. However facts remain that complete corrective measures to put the hospital as a profit earning medical care center still remain a far cry because of its very mixed character compressing of "service and commercial nature" making it neither fee levying a non-fee levying hospital according to the provision of Act No. 54 of 1983. This



aspects has to be considered by the policy makers to effect amendment to the Act and defined its role as a commercially viable health care provider.

In concluding this message I wish to put on record the support and guidance given by us th Hon. Maithripala Sirisena, Minister of health and the Hon. Mahinda Amaraweera, Deputy Minister of the Health. Our and gratitude is expressed to the secretary, DGHS, all other official of the Ministry of Health who gave their support to run the hospital smoothly. I wish to express my grateful thank for act support and guidance given to us by the members of the Board of the SJGH. Also I wish to express my sincere thank to Director and Executive staff and All Consultants, Medical Offices and all employees of the Sri Jayewardenepura General Hospital. It is my firm belief that Sri Jayewardenepura General Hospital shall continue to achieve its objectives of being a excellent medical care center serving the nation and international community with the implementation of the corporate plan 2010 - 2014 prepared during the year 2010.

N.W.E. Wijewantha

Chairman

Sri Jayewardenepura General Hospital



Director's Message

SJGH was established as a statutory board under the Parliamentary Act no 54 of 1983 by the parliament of the Democratic Republic of Sri Lanka.

SJGH was commissioned in 1984, and completed 26 years of service to the nation, and it has established itself with almost all the specialties and sub specialties to the level of tertiary care referral center in addition to performing as an undergraduate and postgraduate training center.

Many external factors such as the end of the ethnic war and general election may have contributed to the decline in outpatient visits and admissions compared to the same in the previous year. However some bold decisions taken by the management and the board of Directors, resulted in increased revenue in 2010.

I am very proud to be part of SJGH, which should be considered as a national asset. It is easily compared to any international hospital in it's layout and the compliment of extremely well qualified staff members. Our world class teams of consultants supported by the dedicated nurses, orderlies, paramedical and administrative staff provide un-parallel patient care every day, resulting in some miraculous recoveries in 2010.

Construction of the Cardiothoracic ward was completed and ward no 20 (Cardiothoracic ward) was transferred to the new building in this year all Cardiac Services were brought under one roof fulfilling the objective of the project. SJGH is now slowly building a sound reputation for the provision of cardiac care.

We have also initiated the rapid progression of the IT project and installation of local area network phase I of the project is planned to be completed in mid 2011.

I am expecting 2011 to be a very busy year with many action plans been put into place to increase patient care and profitability of this establishment.

I also would like to take this opportunity to thank all of the staff members of this institution for their hard work, enabling us to achieve all our goals.

Dr. S.A.K. Gamage.

MBBS(SL),Msc(Med.Adm.)

Director

Sri Jayewardenepura General Hospital



Segmental Review Of Operations

General

From the patients perspective the services can be divided in to two main sectors, namely the Out Patient Department & the In-Patient Department.

The Out -Patient Department consists of the Emergency Treatment unit, Out patient consultations, Channel Consultations and the clinics.

The In-Patient Department includes mainly the wards and units for patients who are warded for treatment procedures.

The physical performance has many confounding factors for the work out put. Some of these more significant issues are the hospital charges and the financial strength of the patients, communicable disease pattern within the year, availability and facilities offered free of charge by state hospital etc. In addition to this shortage of staff, non functioning equipment which takes place periodically also affects the performance of the hospital.

Outpatient visits and admissions have decreased significantly when compared with the previous year because of these reason.

The number of inward patient in 2010 decreased when compared with the previous year was mainly due to the end of the War.

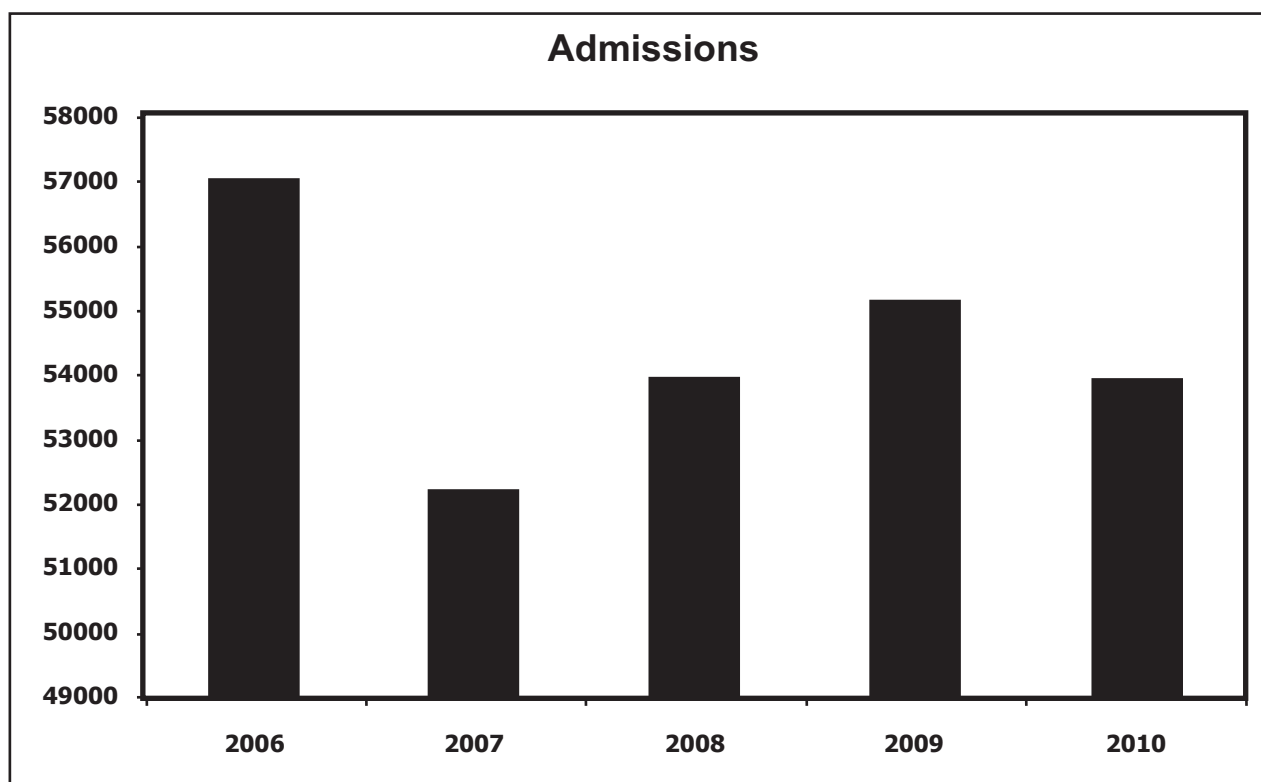


Figure. 1

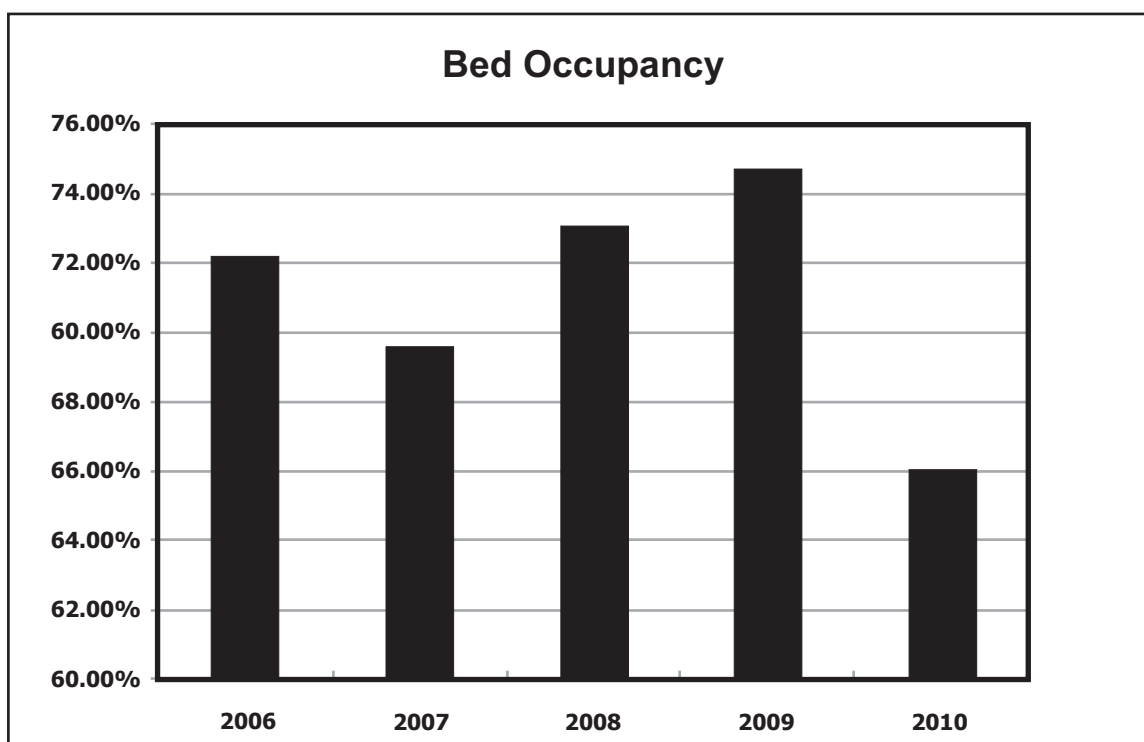


Figure. 2

As depicted in the figure, the Hospital has achieved the highest bed occupancy in 2009 in five years, while the lowest bed occupancy is in 2010.

Medical Wards

	2006	2007	2008	2009	2010
Clinics held	293	293	291	288	292
Patient visits	45886	41545	38837	38671	37408
Admissions	19303	16823	17229	17291	17009
Bed occupancy	113%	106%	113 %	111%	110%

Medical Units

Three medical wards ((6, 12, 17) consisting 186 beds were generally well patronized during 2010, the average bed occupancy was 110 %. (Bed Occupancy – Ward (6) - 114.69%, Ward (12) - 99.89%, Ward (17)-114%)

In addition to the 3 clinics held every week, there are associated diabetic clinics namely, Asthma and Bronchoscope clinic held every week in the hospital.

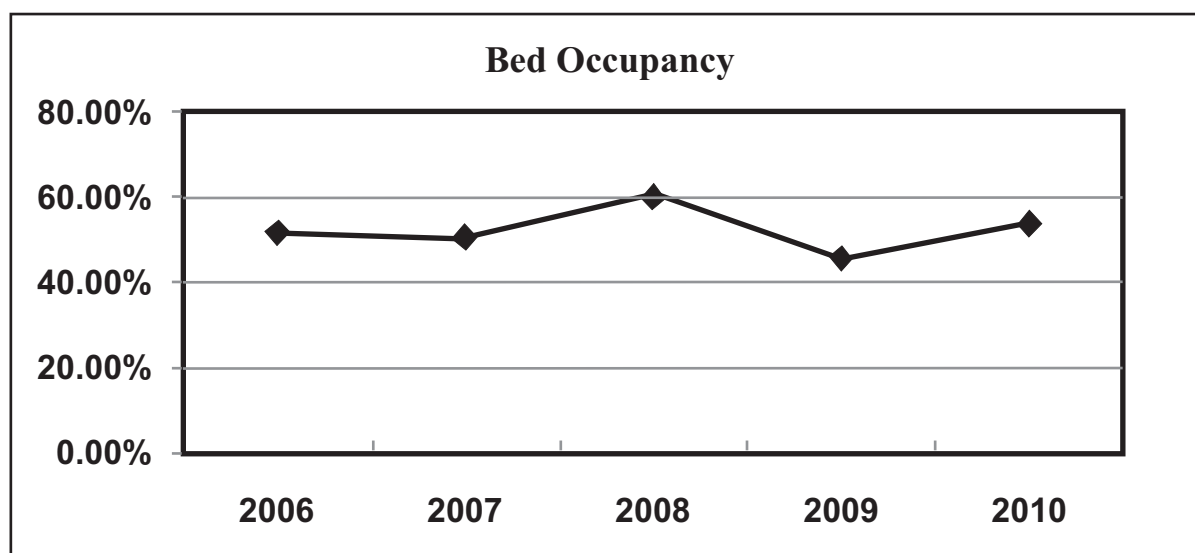


Neonatal Intensive Care Unit (NICU)

NICU at SJGH continues to be the best such unit in the country. It is well equipped to handle extremely premature and low birth weight babies. Cases are referred to this unit not only from the hospital Obstetric wards but also from other government and private sector hospitals.

The bed occupancy shows a significant increase in 2010. Number of admission to NICU depends on the number of premature and low birth weight deliveries in the obstetrics department. A total number of 52 neonates have received Surfactant Therapy in the current year.

	2006	2007	2008	2009	2010
Admissions	945	897	937	892	916
Bed occupancy	52%	51%	60%	46%	54%



Gynaecology and Obstetric Units

The two wards with 124 beds have shown a moderate level of bed occupancy of 83% shown an exceptional performance in 2010. “This department boasts of the most modern facilities both in Obstetrics & Gynaecology”

Patient Education

Pre Pregnancy field visits are done for early pregnancy assessments by a team of doctors & nurses headed by the consultant. Patient education is done by conducting antenatal classes, introducing physiotherapy during pregnancy, familiarizing the labour room & its activities.

Antenatal Clinics

In ANC member of patients seen are unlimited USS /Doppler facility is available in both antenatal clinic and ward.



Referrals

These two units receive high risk referrals from all over the country, which include severe pre-eclampsia, Multiple pregnancy fetal growth restriction. High dependency care is given in the ward to the patients, Who require intensive monitoring.

In Service training

In Service training of the ward staff including Medical officers & Orderly staff is done regularly with journal club conducted on every Saturday.

Protocols & Guidelines

Suitable National & International protocols & guidelines are employed to deliver best care. Multi disciplinary approach is provided to high risk patients.

Maternal mortality

This department has the lowest rate of maternal mortality in the country, despite very ill mothers being looked after.

Post natal

Post natal plan for each mother is given, care of mother and family planning patients with diabetes mellitus & hypertension are regularly followed up during the post natal period.

Facilities in the department

The department has an up to date library & Internet, email facility for staff to upgrade their knowledge. Our wards has better hygiene for patients & provides recreational & library facilities for them.

Clinics

Multi disciplinary approach is provided for all patient.

Gynecology

In gynecology, Laparoscopy, Laparotomy, VH & R, TOT, Hysteroscopy, and vaginal reconstruction are carried out using up to date surgical methods. Post operative patients are closely monitored per protocol.



Surgical Procedures

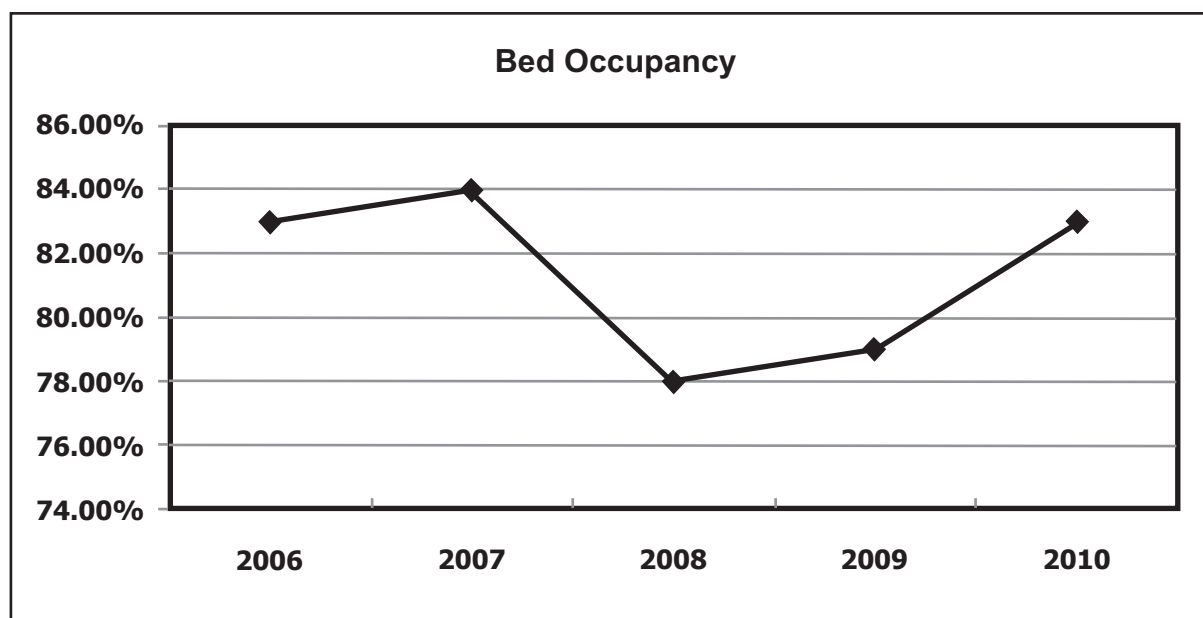
All Laparoscopic surgical procedures are video filmed & shown to patients & family before discharge & further plan is discussed there .

Follow up of post – Operative Patients

Follow up of post – Operative Patients are done & referrals to other centers both local /Foreign are made for further management such as malignancies and IVF. antenatal clinic & ward.

Audits

Audits are done regularly. Findings are discussed, in the prenatal meeting and near miss meeting, for risk management.



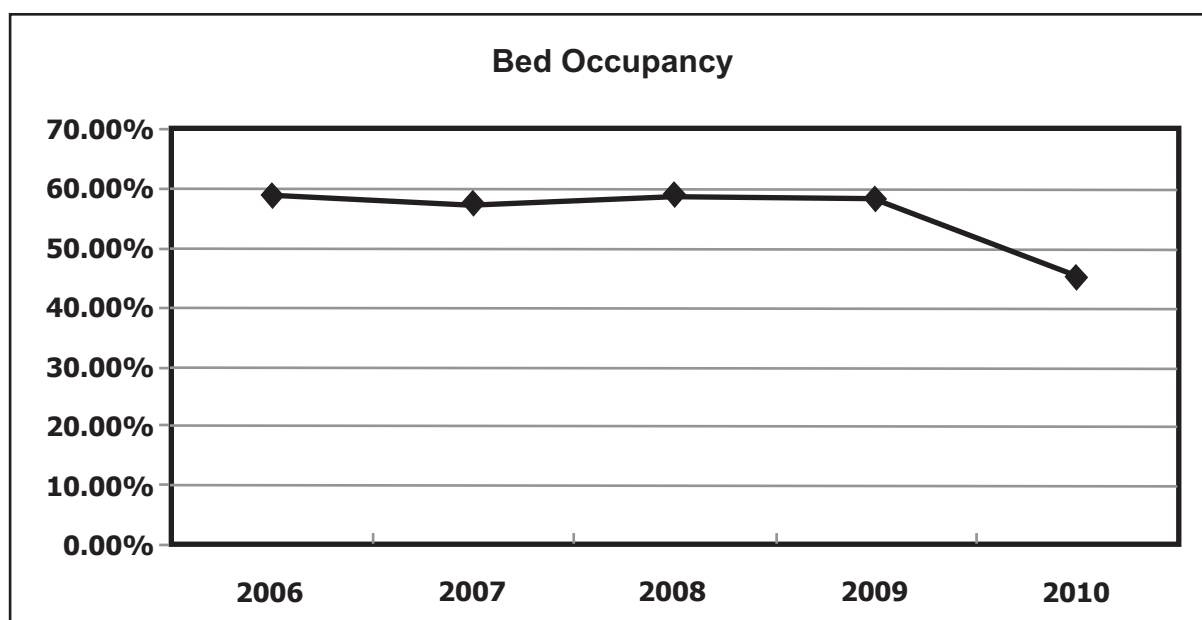
	2006	2007	2008	2009	2010
Clinic held	338	329	291	288	291
Patient visits	29110	31109	33026	28920	27277
Admissions	8673	8213	7720	7777	7810
Bed occupancy	83%	84%	78%	79%	83%
Deliveries	4620	4355	4417	4091	3476
Caesarian case	2425	2173	2261	2250	1987



General Surgery

Overall performance of three general surgical wards is decreased in last year with compared to the previous year.

	2006	2007	2008	2009	2010
Clinics held	358	374	435	422	431
Patient visits	15638	13531	12863	12895	12633
Admissions	7452	6770	6759	6284	6358
Bed occupancy	59%	58%	59%	58%	45%
Surgeries	5072	4135	4702	4706	3751



EYE UNIT (OPHTHALMOLOGY)

This unit specialized in modern microphacomulsification cataract surgery. Theater facilities include two ALCON 'INFINITY' phaco systems , a LUMERA I microscope with a calisto vedio recording system and Azeiss opmi 160 microscope .These facilities allow us to carry out cataract surgery through a very small incision ~ 2.2mm.

Approx 2900 phacomulsification procedure with intra ocular lens implantations were carried out last year.



Biometry facilities include non contact IOL master and ultrasound A – scan with immersion biometry facilities. IOL master makes lens power assessment very accurate. This has made cataract surgery results extremely predictable.

The unit also carries out most other ophthalmic surgical procedures including Lamellar Keratoplasty both deep anterior Lamellar Keratoplasty for Keratoconus and descemet's stripping endothelial Keratoplasty for endothelial disease. These help to reduce the complications and side effects associated with penetrating Keratoplasty. The Lamellar Keratoplasty procedures have been performed for the last two years in this unit.

The unit also has facilities for vitreoretinal surgeries and last year approximately 380 vitreoretinal surgeries were performed.

In addition, the unit also carries out glaucoma surgery and extraocular surgeries for squint, eversion and enucleations, dacryocystorhinostomy, cosmetic lid surgery, and tarsorrhaphy, etc.

Clinics are held thrice a week and there are approximately 1300 patients attending the clinic per month. Patients with Diabetic retinopathy, Glaucoma, refractive errors etc. are seen in this clinic. A clinic for children is held on every Saturday.

Laser Procedures are carried out for treatment of Diabetic retinopathy and other conditions. Approximately 60 focal laser treatment procedures and approximately 30 panretinal photocoagulation procedures are carried for a month.

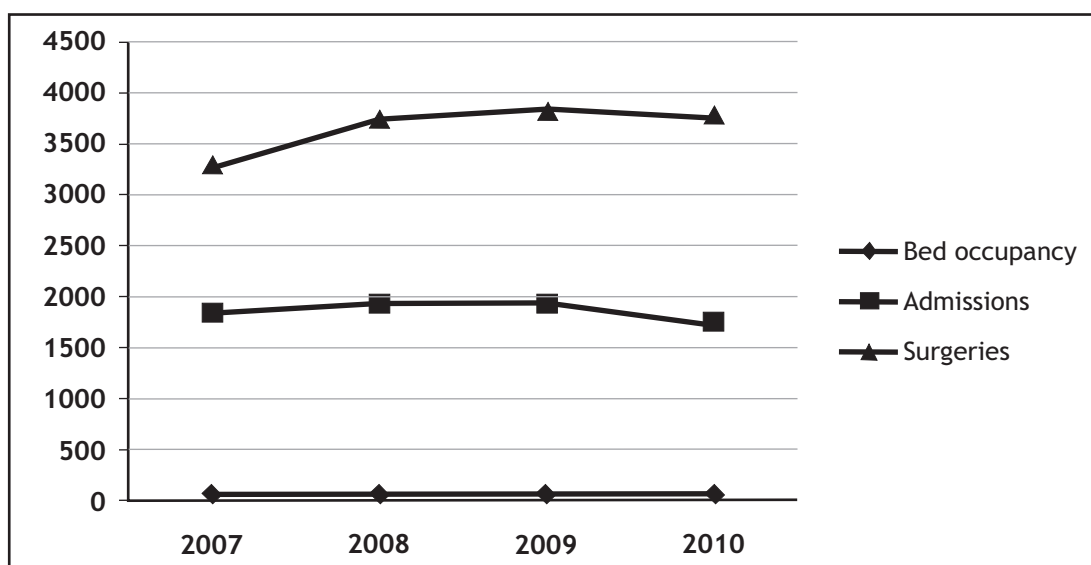
The unit has Fluorescein angiography and Indocyanine green angiography facilities which are essential for confirming the diagnosis and proper management of age related macular degeneration (ARMD). It is the only unit in the country performing photodynamic therapy for Idiopathic Polypoidal Choroidal Vasculopathy. (IPCV).

The anterior segment OCT scanner is the only one of its kind in the country and valuable in assessing the eye and angle especially in glaucoma patients. Other facilities include a B – scan Ultrasound machine and corneal Topographer.

The unit carries out many research projects. It presented 05 research papers last year. The presentations were in Lamellar Keratoplasty procedures DEEK AND DALK, Phacomulsification with intraocular lens implant, Uses of Visante – anterior segment OCT, Results of posterior capsular polishing and Results of collagen cross-linking.



	2006	2007	2008	2009	2010
Clinics held	145	146	140	140	140
Patient visits	14989	15341	14425	14837	14651
Admissions	1571	1842	1931	1931	1742
Bed occupancy	55%	69%	70%	68%	58%
Surgeries	2933	3304	3746	3814	3782



Autolaryngology (ENT)

The performance of the unit has been not satisfactory in terms of bed occupancy, admissions and patients' visits when compared with previous years. The number of clinics held per week has decreased from three to two.

The Speech Therapy Unit has treated 666 cases in the year 2010. The Audio Logical Services are provided for inward and clinic patients and are also a part of the medical check up scheme. During the year 2010, the Audiology unit has carried out the 1164 number of audio Logical services. Pure tone Audiometry (pta) 7, Tympanograms 872, brain Stem Evoked Response Audiometry (BSERA) 3.

	2006	2007	2008	2009	2010
Clinic held	99	98	101	99	99
Patient visits	7806	7515	7729	7554	7064
Admissions	1918	1877	1730	1558	1477
Bed occupancy	50%	47%	42%	38%	34%
Surgeries	705	724	766	690	687
Speech therapy	930	1225	1121	327	666



Orthopedic Unit

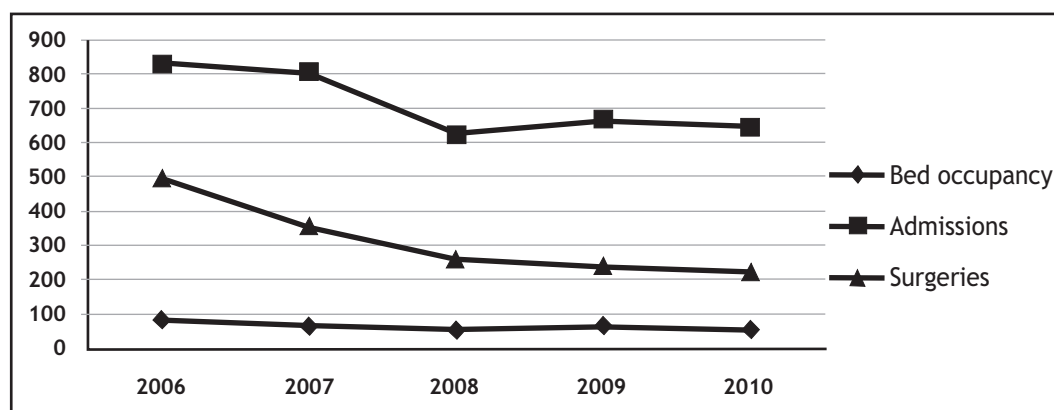
This unit continues to be one of the best performing sections in the hospital. During the year (2010) under review 77 knee replacement and 27 Hip replacement surgeries have been carried out by the unit.

	2006	2007	2008	2009	2010
Clinics held	98	96	95	98	98
Patient visits	8670	7810	8029	8761	8395
Admissions	2107	2167	2206	2159	2240
Bed occupancy	87%	82%	88%	112%	65%
Surgeries	2523	3072	3193	3928	2202

Cardio thoracic Unit

This specialized unit is managed by two Consultant Cardio thoracic Surgeons has earned the reputation for Paediatric heart surgeries and now a demand for adult heart surgery, including Coronary Artery Bypass Grafting . Most of the cases are referred from all over the country .General performance of the unit had not improved during the year when compared with the previous years. Out of 224 surgeries carried out during the year, 164 are Coronary Artery Bypass Graft (CABG) surgeries. The total number of surgery has come down by 15 cases and this can be attributed to the new units being opened in 2007 at LRH&T.H.Kandy, providing surgery free of charge to the patient. At the same time total cost of cardiac surgery has gone up due to the increase in the cost of consumables, which has affected the affordability of payment by the public.

	2006	2007	2008	2009	2010
Clinics held	98	97	91	96	100
Patient visits	6210	4831	4238	4069	4015
Admissions	826	805	621	667	644
Bed occupancy	83%	65%	53 %	66%	56%
Surgeries	498	357	259	239	224





Cardiology and Cardiac Investigation Unit

The Clinic visits and the admission policy of the unit is to handle referral cases from other units. The Echocardiogram investigations done by the unit has increased by 165 and the stress tests by 50, when compared with the previous year. An Ambulatory Blood pressure-monitoring unit was purchased last year enabling the unit to increase the number of investigations. Cath lab has performed 483 Angiograms in 2010.

Cardiology and Cardiac Investigation Unit

	2006	2007	2008	2009	2010
Clinics held	54	91	95	97	99
Patient visits	4032	4304	5040	5027	5234
Admissions	1131	1248	1651	1813	1829
Bed occupancy	46%	50%	60%	68%	52%
Echo cardiograms	8941	9858	10854	12199	12360
Stress tests	1525	1743	1863	2000	2050
Coronary Angio:	298	367	432	445	483
Temporary Pace Maker	0	3	7	22	16
Permanent Pace Maker	1	4	7	13	10
Right heart coronary	5	15	6	2	1
Percutaneous Traansluminal					
Coranary Angiogram	37	69	94	77	103
Holter Monitoring test done	1992	248	42	20	297

Endoscopy Unit

This unit conducts investigations and treatment for patients suffering from Gastro Intestinal problems. The performance of the unit has improved during last two years as physicians also carry out investigations in addition to the surgeons.

There is a significant reduction in E.R.C.P. during the year 2008 to 2010. This is mainly due to the fact that the other hospitals do not refer to any kind of Endoscopies, and also provides Endoscopies free of charge to the patient. However it is to be noted that 46% of the total performance of this unit is by patients from Medical ward 06



Endoscopy Unit

	2006	2007	2008	2009	2010
G.I.Endoscopy	1524	1535	1579	1832	1754
Colonoscopy	282	76	380	531	552
E.R.C.P.	57	43	33	21	24
Selorotheaphy	1	2	8	11	2
Bronchoscopy	55	45	46	41	35
Esophageal Varceal Banding	320	198	203	166	210
Total Examination	2239	1899	2249	2915	2867

Nephrology and Dialysis Unit

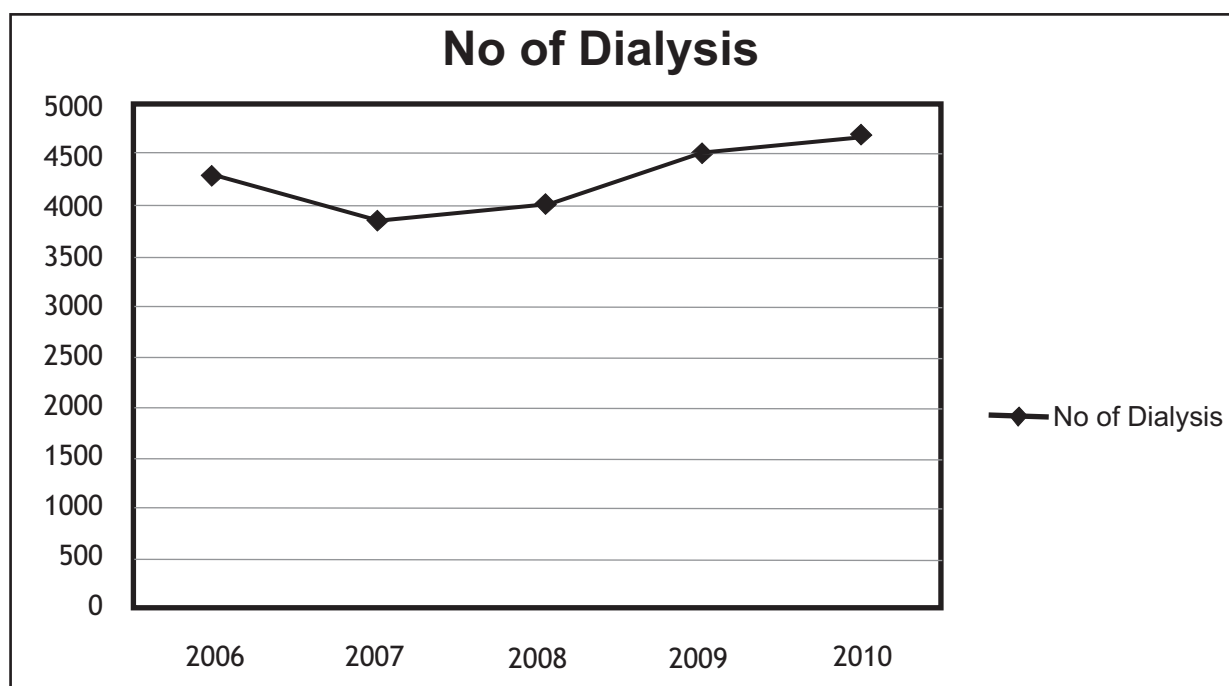
The Performance of the unit has improved during the year 2010. A slight increase in patient visits and a significant increase in dialysis is shown in the table below. Bed occupancy and the number of Dialysis done for year 2010 have improved.

In the year 2010, there were eleven (11) Kidney transplant surgeries. Financial assistance for these patients were given by the President's Fund for the surgeries. The post operative follow up medicine too were costly and after negotiations, the Minister of Health agreed to provide them free of charge to the patients.

Nephrology and Dialysis Unit

	2006	2007	2008	2009	2010
Clinics held	147	146	147	144	142
Patient visits	10420	10137	9031	9446	9876
Bed occupancy	85%	75%	88%	87%	86%
No of Dialysis	4209	3838	4072	4460	4668
Renal Biopsy	105	88	78	75	76

*Correction done in calculating bed occupancy rate with Board approval



Pathological Services

The Laboratory functions at the hospital are fully automated with most modern electronic and auto analyzers, which are capable of providing analytical reports at high speed.

Pathological Services

	2006	2007	2008	2009	2010
Biochemistry(Test)	375825	275383	397042	396226	379259
Hematology(Test)	247500	199891	209637	250537	245175
Histology Investigation	20582	19854	29627	24301	23484
Microbiology Specimens *	65526	56733	84020	69225	76584
OPD Lab Test	64775	45432	65509	61072	48495
Total	774208	597293	785835	785835	772997

*3-5 Tests are done on each specimen

Hospital Blood Bank

The Hospital Blood Bank provides 24-hours service. It was managed as an independent unit hence of this the institution had to face many practical problems including the shortage of consumables and not having adequate stock of blood. To overcome this situation, a Memorandum of Understanding was



signed between the National Blood Transfusion Service (NBTS) and SJGH, with the approval of Ministry of Healthcare & Nutrition in September 2005. With this arrangement all the consumables are provided free of charge to SJGH by the NBTS, and the patients are given all blood and blood products free of charge.

The unit supplies blood and blood components for specialized cardiac surgeries, Kidney transplant, NICU as well as to the Medical, Surgical and Gynaecology and Obstetric units. The blood is screened according to WHO recommendations before they are issued. The unit also has a Mobile blood collection service for obtaining blood from volunteered donors.

Radiology Department

Increase was observed in CT Scan studies, Ultra sound scan, Mammogram in the year under review compared to the previous year. All CT scan referrals has been sent to Cancer Hospital Maharagama in year 2008. CT Scan studies has been done at SJGH in 2010, and it was 4728.

Radiology Department

	2006	2007	2008	2009	2010
No of patients Routing X-rayed	37531	38721	49174	42526	40433
X – ray examinations	52083	47440	59685	50140	46738
CT scan studies	2979	973	0**	4213	4728
Ultrasound scans	5990	5536	7816	8834	8906
IVP	326	354	341	185	79
Mammograms	239	171	222	424	407

Paying Wards Class I

There are 18 Air –Condition rooms with telephone and TV Facilities in the Class 1 (Ward 3). There is a very high demand for the rooms. The unit performed well with admissions of 1840 Compared to 1764 in the previous year.

Class I

	2006	2007	2008	2009	2010
Admissions	1422	1573	1578	1764	1840
Bed occupancy	94%	98%	102%	108%	104%



Paying Wards Class 2

	2006	2007	2008	2009	2010
Admissions	5091	4837	5367	5625	5153
Bed occupancy	51%	50%	55 %	55%	45.8%

Class 2- paying section consists of 2 wards with a bed strength of 95 (ward 04 .,48,Wd 5,47).The bed occupancy & number of admissions have decreased this year when compared to2009.

General ICU

	2006	2007	2008	2009	2010
CCU	380	361	382	945	923
ICU	229	352	369		
No of death and	177	176	192	188	206
Percentage	29%	22.5%	25.5%	20%	
Bed occupancy	106%	111%	100%	101%	107%

Bed occupancy of over 107% due to more than one patient day.(due to high turnover) Death rate around 20% - 30% is due to the admission of patients of cardio respiratory arrest elsewhere , prior to ICU admission.

Physiotherapy Department:

The overall performance of the unit has reduced.Two Physiotherapists attached to the cardiothoracic unit and other rest of the hospital.

Physiotherapy Unit

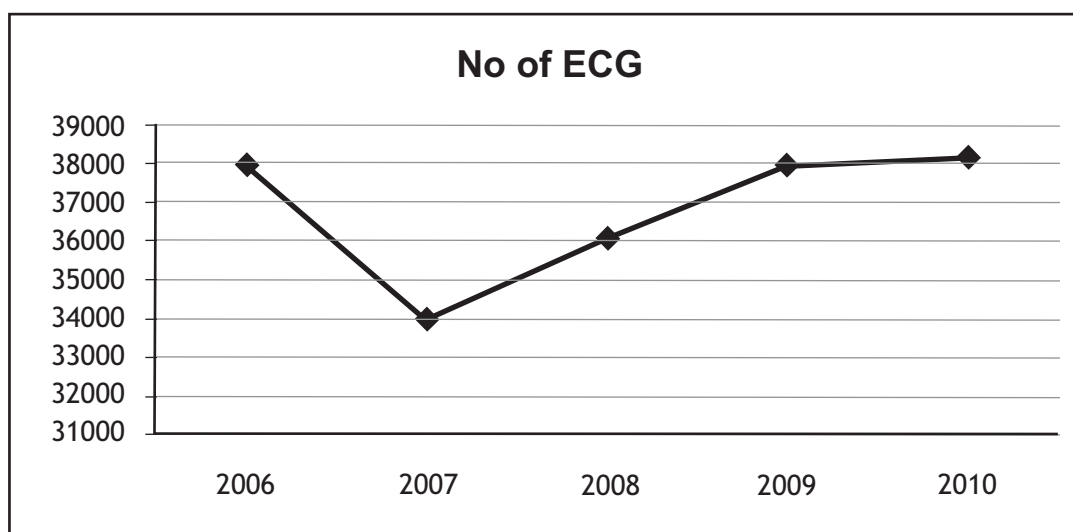
	2006	2007	2008	2009	2010
No of new patients	3881	2228	2103	1703	-
No of patients visit	29322	26365	19819	17150	-
No of Treatment unit given	38268	36089	29969	27621	-
No of Lung function test	274	281	209	89	-



ECG/ EEG Department

The number of Electro Encephalograms (EEG) done in the current year is increased due to the availability of trained technician.

	2006	2007	2008	2009	2010
ECG taken	37985	33971	36086	37960	38166
EEG taken	122	347	265	487	446
EMG taken				863	860

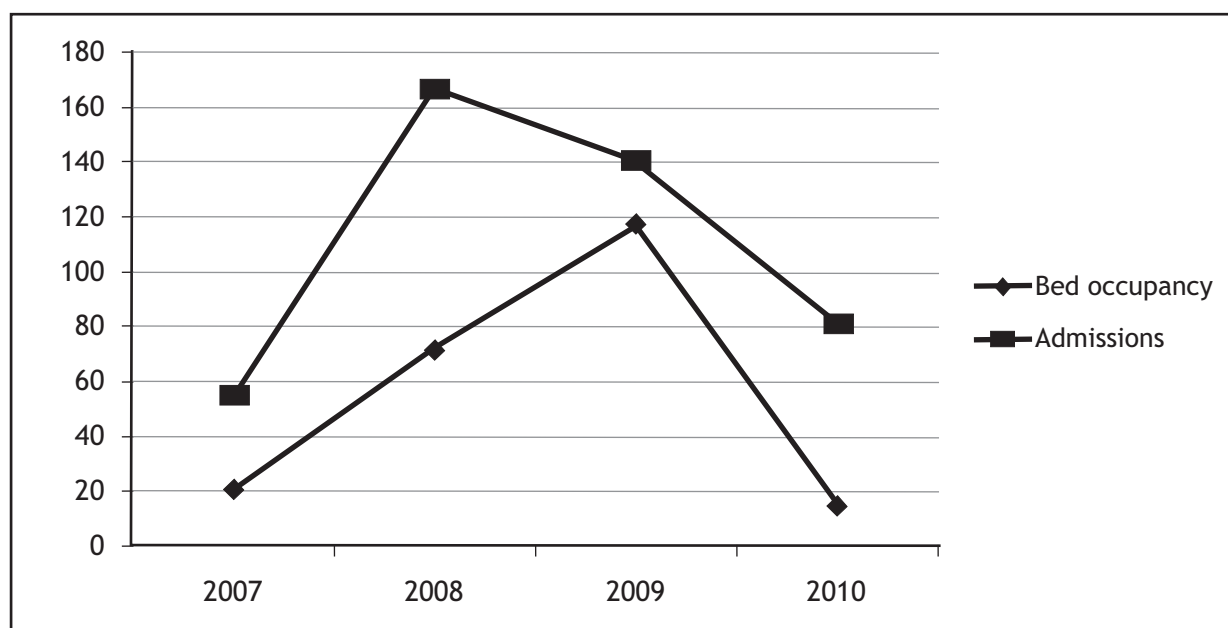


Neurology Unit

Neurology Unit and Rheumatology units have been established in 2007 and for these units were allocated 32 number of in beds in ward 16B.

Neurology Unit

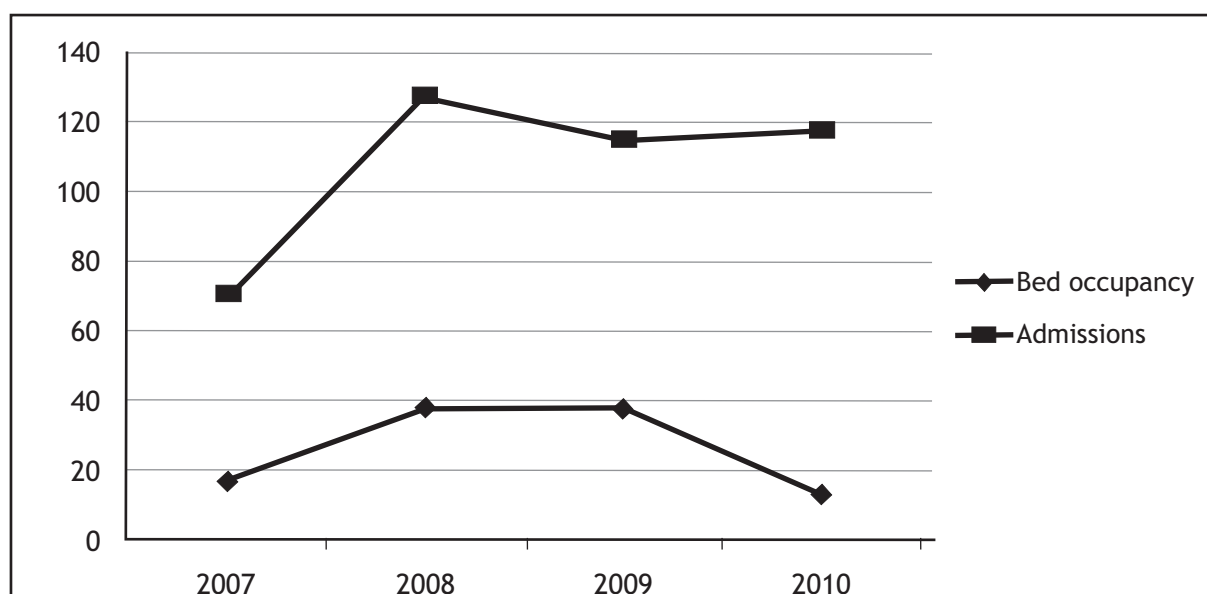
	2007	2008	2009	2010
Clinics held	115	97	96	96
Patient visits	1232	1355	2394	2063
Admissions	54	167	140	81
Bed occupancy	21%	73%	117%	15%



Rheumatology Unit

This unit has been established in year 2007.

	2007	2008	2009	2010
Clinics held	145	142	143	144
Patient visits	2046	2332	3581	4287
Admissions	70	128	115	118
Bed occupancy	17%	38%	38%	13%

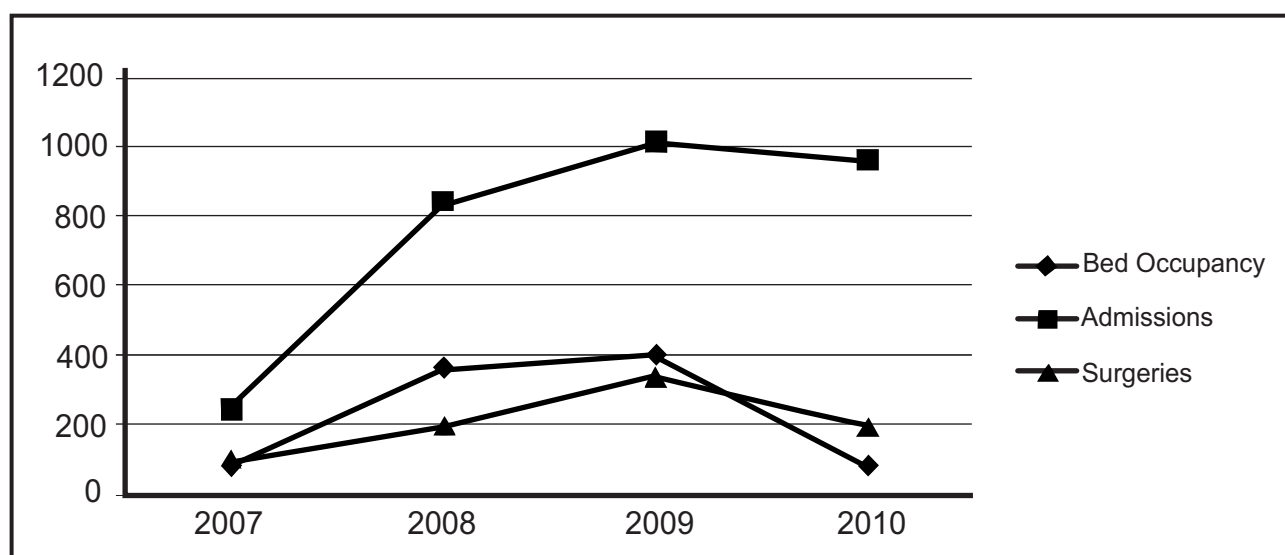




Neuro Surgery

Neuro Surgery Unit has been established in 2007 in ward 16B and, was shifted to the ward 18 in 2010.

	2007	2008	2009	2010
Clinics held	72	93	95	93
Patient visits	434	693	1132	850
Admissions	245	841	1015	963
Bed occupancy	82%	363%	40%	83%
Surgeries	98	196	340	194



Dermatology Unit

This unit has been established in year 2009. The Consultant In charge of the unit is Dr.(Mrs.)D.Ariyawansa, Consultant Dermatologist.

	2009	2010
Clinics held	171	188
Patient visits	3659	4321
Admissions	35	57
Bed occupancy	6%	9%

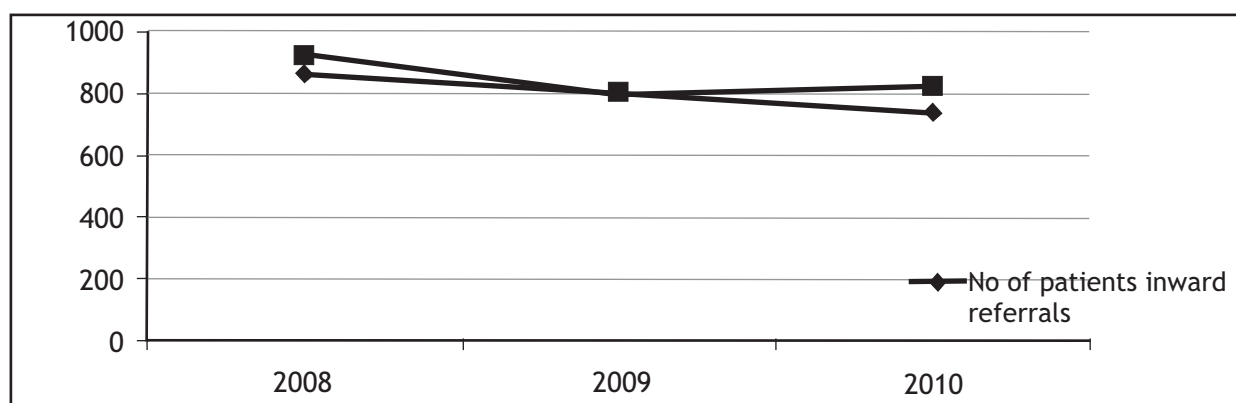


Nutrition Unit

Nutrition Unit started with the intention of providing the nutritional requirements of inward patients & Nutritional counseling for diet therapy.

Individual nutritional Assessment & Dietary advises are given for inward & out patients. eg :Hypercholesterolemia ,Diabetics mellitus, Obesity etc. Rs. 100 is charged only from out patients. In 2010 approximately 825 clinic patients have referrals to nutritional advice. Nutritional guidelines are provided for planning of patients as well as staff meals. Inward patients' special diets are prescribed according to individual nutritional requirements. Training of Nutrition undergraduate from Wayambe University is also done by this unit.

	2008	2009	2010
No of patients inward referrals	867	800	738
No of patients OPD & Clinics referrals	925	806	825



Department of Anaesthesiology

Anaesthetic services are provided by 3 consultants and 15 junior anesthetists, (2 of who have been released to the PGIM) in 8 Operating theaters main building and two operating theaters in the new cardiac building. All the theaters function daily with provision for 24 hour emergency surgery in one theater in each section.

Anesthetic services are also provided to the Endoscopy and Radiology investigations when required and to the ICU/CCU, cardio thoracic ICU and Cath - Lab and ETU. The department also provides an Epidural Analgesia service in the Labor room and responds to cardiac arrest calls 24 hour a day. SJGH is a recognized training center for MD Anesthesia and Cardiac thoracic Anesthesia on a regular basis.

HUMAN RESOURCES DEVELOPMENT

Training of employees:

Several in-house training programmes were conducted during the year to up- grade the knowledge and the skill of minor staff in patient care.



There were several employees from non – medical staff who were sent for courses conducted by Institute of Government Accountants and Sri Lanka Institute of Development Administration (SLIDA) to enhance their professional knowledge.

Lactation management programmers were arranged and conducted at SJGH by the staff attached to NICU with the guidance of Family Health Bureau and funded by WHO .Hospital staff as well as staff from Medical Officers of Health Divisions took part in the programme.

Medical Education

Over 100 Medical students from Medical faculty of Sri Jayewardenepura University and from foreign universities underwent clinical training at the hospital during the year

There were 33 Clinical meetings conducted by The Clinical Society of SJGH during the year, followed by Annual Academic Sessions.

Medical Check – Up Unit

The Medical Check-up unit was shifted to the ground floor of the new building in May2004. This unit caters for persons seeking overseas employment who have been directed to us from the Foreign Employment Bureau. The Number of persons underwent medical examinations through the year and was 6659 for the year of 2010.

Executive Medical Check-up packages are also carried out by the Medical Check-up unit. The 777 number of Executive packages has been done in year 2010.

****No of Channel patients gradually increased 2006 to 2009.**

	2006	2007	2008	2009	2010
Channel Patients	3727	9451	13178	15869	14205

Staff Strength

As at 31st December 2010

Executive Staff	16
Medical Specialists	33
Permanent Medical Officers	41
Contract Medical Officers	69
Intern Medical Officers	33
PGIM Trainees	58
Medical Officers on Annual Transfer	05
Clerical & Allied Grades	131
Para Medical Staff	95
Other staff	94
Minor staff	405
Nursing Sister	28
Nursing Officer	497
Student Nurses	103
Total	1608



CORPORATE GOVERNANCE

SJGH Board is guided by the “Code of Best Practice on Corporate Governance for Public Enterprises”, a handbook by the Public Enterprises department of General Treasury. Generally the successive Boards since the inception of the Hospital practiced the principles contained in this document.

The Board & The Members.

The Board consists of eight (08) members appointed by the Minister & three (03) ex-officio members. The Director of the Hospital implements the Board decisions and day to day administrative issues with the committee of management. The Hon. Minister of Health has the authority to give directives from time to time, under the powers vested by section No.9 of Sri Jayewardenepura General Hospital Board Act.

The non Executive Board members while not involved in the day to day running of the Hospital participate in the close review and monitoring of the operations. Two of the Board Member functions as members of the Procurement Board, and one in the Budgetary Planning and Implementation Committee. The Treasury representative chairs the Audit Committee meetings.

Remuneration of Board Members

The remuneration of the chairman and The Board Members is on the basis of the Public Enterprises Circular No.PED 04 of 01.01.2003.

The Committee of Management

The Committee of Management under the Chairmanship of the Director consist of the members as per SJGH Act, and administers the day- to – day affairs of the Hospital and Carry out an advisory function to the Board.

Audit Committee

The audit Committee functions under the Chairmanship of Treasury representative to the Board and consist of two other non-executive Board members. The Internal Auditor functions as the Secretary to the committee. The Audit Superintendent from the Auditor Generals' Department participates on invitation as an observer for audit committee meetings.

The committee is empowered to oversee and exercise due diligence and control over the financial aspects, operational and performances of the hospital.

Code of Ethics & Best Practices

The principles contained in the document published by Public Enterprises Department are being used as guidance



**SRI JAYEWARDENEPURA HOSPITAL BOARD
THALAPATHPITIYA, NUGEGODA**

Balance Sheet As At 31 December 2010

				2010	2009
Contributed Capital and Reserves	Note	Rs:	Rs:	Rs:	Rs:
Capital and Reserves					
Grants Received From Japanese Govt.		978,976,227		978,976,227	
Capital Reserve-(Other Grants Received)		37,848,335		37,848,935	
Capital Preservers		2,280,000		2,280,000	
				<u>1,019,105,162</u>	<u>1,019,105,162</u>
Deferred Income(Capital Grant From SL Government)				164,153,056	162,807,073
				<u>1,183,258,218</u>	<u>1,181,912,235</u>
Income & Expenditure Account				(825,224,578)	(877,527,177)
				<u>358,033,640</u>	<u>304,385,058</u>

Represented By :

Fixed Assets

Property, Plant and Equipment	Note 1	698,212,555		758,121,962
Furniture & Others	Note 1	105,425,334		73,774,457
		<u>803,638,890</u>	803,638,890	<u>837,896,429</u>

Add: Current Assets

Short term investment	Note 2	10,045,000		10,045,000
Stokes	Note 3	129,730,420		114,471,020
Debtors, Deposits, Pre-Payments	Note 4	133,580,208		126,989,588
Bank and Cash Balance	Note 5	<u>53,496,247</u>	326,853,875	21,885,755

Less: Current Liabilities

Creditors & Accrued Payment	Note 6	<u>772,459,125</u>	(445,605,250)	(806,882,735)
			<u>358,033,640</u>	<u>304,385,057</u>

.....
Accountant

.....
Director

.....
Chairman

Date : 05/04/2011.....



SRI JAYEWARDENEPURA GENERAL HOSPITAL

INCOME STATEMENT FOR THE YEAR ENDED 31 ST DECEMBER		2010	2009
		Rs.	Rs.
Revenue	Note : 07	1,620,030,213	1,523,860,336
Other Operating Income		3,333,679	4,823,479
		<u>1,623,363,892</u>	<u>1,528,683,815</u>
Materials & Consumables used	Note : 08	451,767,411	461,344,617
Staff Cost	Note : 09	874,862,871	841,827,937
Depreciation & amortization	Note : 10	6,700,817	6,429,473
Other Operating Expenses	Note : 11	227,548,929	216,835,119
		<u>1,560,880,028</u>	<u>1,526,437,146</u>
Surplus(Dificult) from operation		62,483,864	2,246,669
Finance Cost	Note : 12	2,297,874	1,981,561
Other Expenses	Note : 13	-	20, 672,763
Surplus(Dificit) before Taxation		60,1885,990	(20,407,655)
Income Tax (Economic service chargers & on interest)		<u>8,121,211</u>	<u>6,438,151</u>
Surplus(Dificit) after Taxation		52,064,779	(26,845,806)
Income & Expenditure Account brought forward	Note : 14	(877,289,359)	(50,681,370)
Income & Expenditure Account carried forward		<u>(825,224,580)</u>	<u>(877,527,176)</u>



Cash Flow Statement

FOR THE YEAR ENDED 31ST DECEMBER

	2010	2009
	Rs.	Rs.
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash generated from operating activities (Note A)	10,077,822	64,993,142
Interest paid		
Gratuity Paid	(10,701,715)	(10,910,844)
Net Cash Inflow from operating activities	<u>(623,893)</u>	<u>54,082,298</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Income	3,333,676	4,823,476
Capital Grant (received)	115,000,000	102,925,000
Purchase of Property, Plant & Equipment	(86,097,294)	(147,889,170)
(Increase)/Decrease in Deposits		
	<u>31,612,492</u>	<u>13,941,604</u>
Net Increase In Cash & Cash Equivalents		
Cash & Cash Equivalents as at 1st January	21,885,754	7,944,150
Cash & Cash Equivalents as at 31st December (Note B)	53,498,246	21,885,754
	<u>31,162,492</u>	<u>13,941,604</u>
Note A		
CASH GENERATED FROM OPERATIONS		
Surplus for the year	52,064,779	(26,845,808)
Adjustment in respect of previous year	237,819	5,906,885
Adjustment in Capital Grant Amortization	(113,653,017)	(111,154,017)
Depreciation	120,354,834	117,583,490
Provision for Gratuity	27,843,208	23,378,883
Provision for Expiry Items		(1,469,579)
Provision for Bed debts		
Interest Paid (Bank O/D)		
Investment Income	<u>(3,333,679)</u>	<u>(4,823,479)</u>



Operating Decifit before Working Capital Changes	83,512,944	2,576,375
Adjustment for Working Capital Changes		
(increase) / Decrease in Stokes	(15,259,399)	13,984,314
(increase) / Decrease in Debtors	(6,610,620)	(15,543,439)
Increase / Decrease in Creditors & Payables	(51,565,103)	63,975,891
	<u>10,077,822</u>	<u>64,993,141</u>

Note - B

ANALYSIS FOR CASH AND CASH EQUIVALENTS

Cash in Hand & Bank	53,498,393	21,983,667
Bank Overdraft	(147)	(97,913)
	<u>53,498,246</u>	<u>2,885,754</u>



Notes to the accounts

Note -1

FIXED ASSETS (PROPERTY, PLANE & EQUIPMENT, FURNITURE ETC...)

	Freehold Land (26acres) Rs.	Buildings Donated by Japan Rs.	Other Buildings Rs.	Other Donations by Japan Rs.	Furniture & fittings, Gas and other equipment Rs.	Medical Equipments Rs.	Automobiles Rs.	Computer software Rs.	Renovation Of Kitchen Rs.	Capital Work - in - Progress Rs.	Total 2010 Rs.	Total 2009 Rs.
COST / REVALUTION												
As at 1st January	15,015,732	453,028,834	326,266,287	418,490,078	76,552,741	1,107,678,599	26,630,282	850,000,	13,251,527,	35,511,739	2,471,075,599	2,324,688,317
Additions			410,618		3,233,126	52,020,142			15,508,858	30,636,340	101,807,884	184,017,832
Transfers / Disposals										15,710,590	15,710,590	17,840,350
As at 31st December	15,015,732	453,028,834	326,676,885	416,490,078	79,785,867	1,159,698,741	26,630,282	850,000	28,780,185	50,436,489	2,557,172,893	2,471,075,598
DEPRECIATION												
As at 1st January		228,514,319	83,527,307	415,848,206	49,857,533	854,667,518	21,314,136	325,000	1,325,152		1,633,179,169	1,517,107,566
Charge for the year		9,080,573	7,181,480	841,871	5,309,137	95,256,242	1,880,454	162,500	662,576		120,354,834	117,625,680
Charge on Disposals											-	1,554,076
As at 31st December	-	235,574,892	70,709,787	416,490,077	55,166,670	949,923,758	23,194,590	487,500	1,987,728	-	1,753,534,003	1,633,179,170
NET BOOK VALUE												
As at 1st of January	15,015,732	226,514,315	282,739,980	841,872	26,695,208	253,011,083	5,316,146	325,000	11,926,375	35,511,739	837,896,430	807,590,751
As at 31st December	15,015,732	217,453,742	255,968,098	1	24,819,197	209,774,983	3,435,692	162,500	26,772,456	50,436,489	803,638,890	837,896,420



Notes To The Account

Note 02. INVESTMENTS

	2010	2009
	Rs.	Rs.
Short Term Investment - Call Deposits		
Bank of Ceylon - call Deposits	10,000,000	10,000,000
National Saving Bank (Staff Security Deposits)	45,000	45,000
	<u>10,045,000</u>	<u>10,045,000</u>

Note 03. STOKES

General stores	12,334,297	9,048,646
Drug stores	8,045,406	4,829,247
Surgical consumables stores	46,247,622	41,605,904
Dressing stores	8,103,020	7,243,250
Electro Mechanical Engineering (EME) stores	9,975,008	10,725,765
Radiology Department stores	2,335,304	1,667,216
Path lab & Blood Bank stores	2,404,993	5,626,300
General items in sub stores	5,111,069	4,203,756
Drugs & Surgical consumables in sub stores	<u>35,889,213</u>	<u>33,009,126</u>
	130,446,011	117,959,210
Less: Provision for expiry items	<u>715,592</u>	<u>3,488,190</u>
	<u>129,730,419</u>	<u>114,471,020</u>

Note 04. DEBTORS DEPOSITS AND PRE - PAYMENTS

Miscellaneous deposits	5,805,781	5,805,781
Income Receivable	4,947,764	5,303,077
Staff Distress Loans	74,798,551	76,049,313
Staff School Book advance	51,500	53,550
Staff - Special Advance	5,800	5,800
Staff - Salary Advance	59,190	48,190
Staff Festival Advance	1,350,000	1,369,500
Local Perches Advance	20,221	20,221
Sundry debtors	12,307,317	7,846,678
Hospital Charges Receivable	28,710,327	25,518,722
Ministry of Health - Sewerage charges of NTS	5,907,011	5,907,011
Death Donation Recoverable	900,000	324,999
Clinical society	<u>44,463</u>	<u>44,463</u>
	134,907,924	128,297,305
Less - Proviton for bad debts	<u>1,327,716</u>	<u>1,327,716</u>
	<u>133,580,208</u>	<u>126,969,589</u>

**Notes to the account****Note 05, BANK AND CASH BALANCE**

	2010	2009
	Rs	Rs.
Standard Chartered	93,615	93,615
Bank of Ceylon Current a/c	29,18,336	8,280,692
Bank of Ceylon Current a/c - No 02	160,000	160,000
Hatton National Bank -20th Anniversary a/c	20	20
Hatton National Bank	11,683,613	(97,766)
H N B Call Deposit a/c	11,200,000	10,287,000
Bank of Ceylon	612,775	341,617
Cash in hand & Imprest account	513,024	2,784,567
Petty Cash Imprest for stamp duty	47,010	35,886
HNB - diaysis fund current a/c	(147)	(147)
	<u>53,498,247</u>	<u>21,85,754</u>

Note 6. CURRENT LIABILITIES

Creditors and Accrued Expenses	468,261,068	512,228,152
Other Liabilities	25,761,627	33,359,646
Provision for Gratuity	278,436,430	261,294,937
	<u>772,459,125</u>	<u>806,882,735</u>

**Note 06 - A****STATEMENT OF CHANGES OF EQUITY**

	2010 Rs.	2009 Rs.
CAPITAL GRANTS		
Grant from Japanese Government to Sri Lanka Government for the project	928,851,297	928,851,297
Grant received under Japanese International Co- operation	50,124,930	50,124,930
Deferred Income (Capital Grant from SL Government) Note - C	164,153,056	162,807,073
Capital Reserves	2,280,000	2,280,000
Donation to purchase a Hemo Dialysis machine	799,233	799,233
Cars and Equipment donated by Kajima Co-operation of Japan	260,000	260,000
Grant from Olympus Co- operation of Japan	79,700	79,700
Central Bank Grant for Cardio - thoracic unit	30,000,000	30,000,000
Grant from President Fund	6,710,000	6,710,000
	<u>1,183,258,216</u>	<u>1,181,912,233</u>

Note - C**Deferred Income (Capital Grant from SL Government)**

Balance as at 1st January	162,807,073	171,036,090
Add: Capital Grant Received During the year	115,000,000	102,925,000
Less: Capital Grant Amortization	113,654,017	111,154,017
Balance as at 31st December	<u>164,153,056</u>	<u>162,807,073</u>

Creditors and Accrued Expenses

	2010	2009
Accrued Expenses	67,408,624	72,187,822
Auditor Generals Department	1,732,901	3,204,172
Trade Creditors	44,386,328	78,200,073
N W S & D B	28,745,734	39,298,916
M S D	322,368,518	309,118,205
S P C	3,618,964	3,618,964
Wickramaratne Ltd	-	6,600,000
	<u>468,261,068</u>	<u>512,228,152</u>



SRI JAYEWARDENAPURA HOSPITAL
NOTES TO THE INCOME STATEMENT FOR THE YEAR ENDED 31ST DECEMBER.....

	2010	2009
	Rs.	Rs.
Note: 07 Revenue		
Revenue from Hospital care	812,121,169	721,761,261
Government Grant - Recurrent	775,000,000	775,000,000
Other Income - Note A	32,909,044	27,099,074
	1,620,030,213	1,523,860,335

Note A Other Income

Ambulance Charges	1,118,230	1,007,983
By-standers/Visitors	2,030,747	607,100
Revenue from staff meals	796,399	875,465
Revenue from staff rent and electricity	2,148,333	2,022,056
Hospital shop - Rent	870,000	705,000
Hospital shop - Electricity	236,294	243,173
Hospital Bank - Rent	240,000	130,000
Hospital Bank - Electricity	251,153	262,436
Sanasa Rent	12,000	12,000
Bank of Ceylon - Electricity	317,137	267,370
Miscellaneous Income	7,096,923	5,908,469
Bonds settled by staff members	7,875,997	4,981,411
Sales Commission	190,127	244,256
Channeling Fees	2,254,077	2,654,208
Security Service Electricity	41,430	37,656
Milk Bar Electricity	51,978	47,136
Milk Bar Rent	60,000	60,000
Rent - OSUSALA	1,020,000	1,020,000
People Bank Electricity	40,164	62,035
Service Charges 0.1%	275,626	255,678
Profit on Sale of PABX System		
Revenue from Car Park	5,982,430	5,393,386
Profit on Sale of Moto Vehicle	-	302,259
	32,909,044	27,099,077

Note : 8 Materials & consumables used

Purchase of materials

Drugs	102,107,630	94,612,210
Surgical Items	124,743,878	108,273,034
Dressing	44,421,981	50,133,811
Medical Oxygen	16,906,108	16,594,288
Lab Chemicals & Consumables	57,701,448	52,812,054
X-ray films Chemicals	13,570,902	11,171,094
General Supplies	30,858,620	21,567,092
Electro Medical Engineering (consumables)	5,806,657	7,105,027
Linen & Uniforms (materials)	2,868,852	4,550,348
	398,986,077	366,818,958
Add: Stocks brought forward	117,959,077	131,943,524
Less: Stocks carried forward	130,446,011	117,959,210
	386,499,276	380,803,272
Add: Contemned & expired stocks (Provision)	* (2,772,598)	- 1,469,579
Add: Material cost for meals (for patients and staff)	68,040,732	82,010,926
	451,767,411	461,344,619

*Adjustment for over provision is in brackets



	2010	2009
	Rs.	Rs.
Note: 09 Staff Cost		
(a) Salaries and Wages		
Salaries & Allowances	584,767,951	576,814,836
EPF & ETF	85,864,762	83,819,960
Overtime, Piece Rate and Extra Duty Payment	135,291,137	119,724,385
Uniform allowance	4,968,561	5,353,075
Encashment of leave	5,000,000	5,000,000
Pension Contribution	3,185,649	2,432,185
PAYE Tax	-	-
Traveling	783,179	841,919
	<u>819,861,239</u>	<u>793,986,360</u>
Add: Other staff related expenses		
Cost of free medical treatment	26,794,371	22,960,853
Staff Welfare	-	-
Human Resource development expenses	364,053	1,501,843
Provision for gratuity	27,843,208	23,378,881
	<u>874,862,871</u>	<u>841,827,937</u>
Note: 10 Depreciation & amortization		
Provision for the depreciation for the year	120,354,834	117,583,490
Less: Amortization	113,654,017	111,154,017
	<u>6,700,817</u>	<u>6,429,473</u>
Note: 11 Other operating expenses		
(a) Fuel		
Stand by generators	-	482,900
Incinerator	204,400	29,200
Boilers	4,844,400	5,162,940
Motor Vehicles	3,140,578	2,631,419
	<u>8,189,378</u>	<u>8,306,459</u>
(b) Utility services		
Electricity Charges	91,907,884	94,927,735
Water Charges	23,277,456	27,151,500
Telephone Charges (Communication)	3,025,973	3,274,046
	<u>118,211,313</u>	<u>125,353,281</u>
(c) Repairs & Maintenance		
Service Agreements signed with suppliers	9,388,314	4,290,732
Repairs to motor vehicles	1,653,852	1,163,405
Repairs to medical equipment/Other equipments (breakdown)	17,355,976	10,956,194
Repairs to steel furniture	26,020	101,972
Repairs to Buildings	4,374,030	1,267,882
	<u>32,798,191</u>	<u>17,780,185</u>
(d) Other Services		
Janitorial and cleaning services	22,253,228	22,845,708
Garbage disposal Service	1,492,680	1,094,260
Removal of unclaimed dead bodies	364,100	274,600
Maintenance of sewerage line	11,875,740	7,574,112
Laundry Service	4,792,257	4,390,219
Security Service	13,877,462	14,745,256
License and Insurance	387,647	755,652
Legal Charges	363,144	469,825
Audit fees	550,000	550,000
Disciplinary Procedure	342,260	994,830
Postage & Stamps	598,301	603,910
Refreshment	11,500	2,763
Allowances for Board Members/Tender Board Members	127,984	68,500
Hospital Charges exempted (clergy /other)	6,269,719	5,888,481
Press Advertisements	1,435,124	748,185
Books & Periodicals	1,008,273	1,027,215
Miscellaneous expenses	1,683,407	2,266,475
Rates & Taxes	917,220	1,122,203
	<u>68,350,046</u>	<u>65,395,194</u>
	<u>227,548,929</u>	<u>216,835,119</u>



		2010	2009
		Rs.	Rs.
Note:12	Finance cost		
	Bank charges	724,869	304,015
	Credit card commission	<u>1,573,005</u>	<u>1,677,546</u>
		<u>2,297,874</u>	<u>1,981,561</u>
Note: 13	Other expenditure & outgoings		
	Bad debts written off	-	20,272,763
	Provision for bad doubtful debts		
	Sale of fixed Assets (Loss)	-	400,000
	Payment written Off		
	Distress Loan Written Off		
		<u>-</u>	<u>20,672,763</u>
Note: 14	HOSPITAL FUND UN-APPROPRIATED		
	Surplus / (Deficit) as per income & expenditure a/c	52,064,779	(26,845,808)
	Income & expenditure a/c 1st January	(877,527,178)	(856,588,255)
	Adjusted in respect of previous years	237,819	(5,906,885)
	Income & Expenditure a/c 31 December	(877,289,359)	(850,681,370)
	Excess of Expenditure over Income at the end of the year	<u>(825,224,580)</u>	<u>(877,527,178)</u>



Significant Account Policies - 2010

01. GENERAL

1.1 Basis of Preparation

1. The Balance Sheet, Income Statement, of changes in Equity and Accounting Policies and Notes of the Board are prepared in accordance with the Sri Lanka Accounting Standards.
2. The Financial Statement of the Board are prepared under the historical cost convention.
3. The Financial Statement of the Board are prepared in Sri Lankan Rupees (Rs.)

1.2 Government Grants

Board received following Government grants namely:

Capital Grant - From the General Treasury

Recurrent Grant - From the General Treasury

1. In the absence of the Sri Lanka Accounting Standard for presentation of Government Capital Grant received by a statutory Board, the SLAS 24 Para 26 is adopted by Board. Accordingly Capital is credited to the deferred income account and amortized at the rate 25% per year Amortization rate is approximately equal to the weighted average depreciation rate calculated for the investment made in assets from the years 0117 to 2006.
2. Recurrent Grant from the Treasury has been recognized as income of the period and credited to income Statement of the year.

1.3 Taxation

The provision for income Tax is based on the elements of income and expenditure as reported in the Financial Statement and computed in accordance with the provision of the Inland Revenue Act No. 10 of 2006. However in view of Tax losses brought forward no provision has been made in the Accounts.

Rs. 1,225,060.00 has been provided on the Account as Economics Service Charge (ESC).

Income Tax on interest income had not been provided in the Accounts as such income tax can be set off against ESC.



1.4 Comparative Information

The Accounting policies have been consistently applied by the Board and are consistent with those of the previous year.

All Adjustment was made according to SLAS 10.

All exempted Hospital bills have been recognized has Hospital Income and shown as an expenditure in the Income Statement.

02. *ASSETS AND BASES OF THEIR VALUATION*

2.1 Property, Plant & Equipment, Depreciation and Re - valuation

1. Property, Plant & Equipment are stated at cost or valuation less accumulated depreciation.

The cost of property, plant equipment is the cost of purchase or construction together with any incidental expenses incurred in bringing assets to its working condition for its intended use.

Expenditure incurred for the purpose of acquiring, extending or improving assets of a permanent nature by means of which to carry on the services provided or to increase the capacity of the services provided has been treated as capital expenditure.

2. Depreciation is provided on the assets other than on freehold land using straight line method at the rates as stated below:

Japanese Government Donation

Building	02%
Electrical work	10%
Sewerage & Plumbing	10%
Air condition	15%
Lifts	10%
Furniture & Fittings	13%
Medical Equipment	20%



Other Assets

Other Buildings	05%
Furniture & Fittings, Gas cookers And other equipments	20%
Electrical equip..., Sewing machines Cylinders	10%
Medical equip..., & implement	25%
Refrigerator & Photocopy mach.	15%
Automobile	20%

3. No depreciation provided in the year of purchase or acquisition, full depreciation is provided in the year of disposal.
4. For the purpose of presentation of cash flow statement cash and cash equivalents consist of cash in hand and outstanding bank overdraft. Cash flow statement reported herein is based on the indirect method.

03 LIABILITIES & PROVISIONS

3.1 Capital Commitments & Contingencies

All material capital expenditure commitments and contingent liabilities as at the date of Balance Sheet have been disclosed in the notes to the accounts.

3.2 Retirement Benefit Cost

Provision is gratuity is made only for employees served over five (5 years recognizing their date of retirement.

A provision of Rs.27,843,208.00 was made in the 2010 in calculating the revised liability as at 31st December 2010.

3.3 Provision for expiry items of drugs & surgical requisites and provision for bad debts

- (a) The actual cost of drugs expired during the year is recognized as a provision for expiry items and the difference is adjusted in the Income & Expenditure Statement.



3.4 Valuation of Inventories

Inventories have been valued at the Average cost which is lower than the net realizable value assuming that the latter is equal to the Market price.

4 *INCOME & EXPENDITURE ACCOUNT*

4.1 Revenue

1. The revenue of the Board represents the Income from the Hospital Charges, Government Recurrent Grant, Interest Income from call deposits and loans to employees, and the other miscellaneous income.
2. All income has been recognized on an accrual basis.

4.2 Expenditure

1. All expenditure incurred in providing patient care services, and in maintaining the capital assets in a state of efficiency has been charge to revenue on an accrual basis in arriving at the surplus or deficit for the year.
2. For the purpose of presentation of the income Statement, the board is of the view that the nature of expenses method fairly present the elements of the Board's performance: hence such a presentation method is adopted.
3. Professional fees of Rs.166 million collected by the Hospital Board during the year had not been recognized in the accounts as the same fees are not earned to derived by the Board. These professional fees belongs to some identified employees of the Board for providing professional services on private clients during their off duty hours and on holidays. The Hospital Board has detected Rs.7.7 million as withholding tax from the above fees and remitted to the Department of Inland Revenue.



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கணக்காய்வாளர் தலைமை அபிபதி திணைக்களம்
AUDITOR GENERAL'S DEPARTMENT



මගේ අංකය } HW/B/SJGH/FA/2010
எனது இல }
My No. }

ඔබේ අංකය }
உமது இல }
Your No. }

දිනය } 23 September 2011
திகதி }
Date }

The Chairman,
Sri Jayewardenepura General Hospital Board.

Report of the Auditor General on the Financial Statements of the Sri Jayewardenepura General Hospital Board for the year ended 31 December 2010 in terms of Section 14 (2) (c) of the Finance Act, No. 38 of 1971

The audit of financial statements of the Sri Jayewardenepura General Hospital Board for the year ended 31 December 2010 was carried out under my direction in pursuance of provisions in Article 154(1) of the Constitution of the Democratic Socialist Republic of Sri Lanka read in conjunction with Section 13 (1) of the Finance Act. No. 38 of 1971 and Sub- section 3 of Section 12 of the Sri Jayewardenepura General Hospital Board Act No. 54 of 1983. My comments and observations which I consider should be published with the Annual report of the Board in terms of Section 14 (2)(c) of the Finance Act. appear in this report. A detailed report in terms of Section 13(7)(a) of the Finance Act was issued to the Chairman of the Board on 21 July 2011.

1.2 Responsibility of the Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Sri Lanka Accounting Standards. This responsibility includes: designing implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatements. Whether due to fraud or error. Selecting and applying appropriate accounting policies: and making accounting estimates that are reasonable in the circumstances.

1.3 Scope of Audit and Basis of Opinion

My responsibility is to express an opinion on these financial statements based on my audit. Audit opinion, comments and findings in this report are based on a review of the financial statements presented to audit and substantive tests of samples of transactions. The scope and extent of such review and tests were such as to enable as wide an audit coverage as possible within the limitations of staff, other resources and time available to me. The audit was carried out in accordance with Sri Lanka Auditing Standards to obtain reasonable assurance as to whether the financial statements are free from material misstatements. The audit includes the examination on a test basis of evidence supporting the amounts and disclosures in financial

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கொழும்பு 07, ශ්‍රී ලංකාව.

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සුதந்தිර சதுக்கம்,
கொழும்பு 07, இலங்கை

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statements and assessments of accounting policies used and significant estimates made by the management in the preparation of financial statements as well as evaluating their overall presentation. I have obtained sufficient information and explanations which to the best of my knowledge and belief were necessary for the purpose of my audit. I therefore believe that my audit provides a reasonable basis for my opinion. Sub-sections(3) and (4) of the Section 13 of the Finance Act. No. 38 of 1971 give discretionary powers to the Auditor General to determine the scope and extent of the audit.

2. Financial Statements

2.1 Opinion

So far as appears from my examination and to the best of information and according to the explanations given to me. I am of opinion that the Sri Jayewardenepura General Hospital Board had maintained proper accounting records for the year ended 31 December 2010 and except for the effects on the financial statements of the matters referred to in paragraph 2:2 of this report. The financial statements have been prepared in accordance with Sri Lanka Accounting Standards and give a true and fair view of the state of affairs of the Sri Jayewardenepura General Hospital Board as at 31 December 2010 and the financial results of its operation and cash flows for the year then ended.

2.2 Comments on Financial Statements

2.2.1 Deviation from Sri Lanka Accounting Standards

Government grants received in respect of capital assets should be recognised against revenue in terms of SLAS 24 but action had not been taken in accordance with the depreciation policy of the Hospital and only 25 percent of the annual grants had been recognised against revenue.

2.2.2 Accounting Deficiencies

The following observations are made.

- (a) As the capital expenditure of Rs. 1,865,408 included in the building repair expenditure, the expenditure of the year had been overstated by the same amount and the surplus of the year had been under stated by that amount. The Cost of assets had also been understated by a similar amount.
- (b) As a payment of Rs. 266,530 relating to the ensuing year in the licenses and insurance charges account had been brought to account as expenditure of the year under review the surplus of the year and the current assents had been understated by that amount.
- (c) As the balance of the provision for gratuity account had been understated by Rs. 1,048,783 the gratuity expenditure of the year under review and the current liabilities had been understated.
- (d) The distress loan of Rs. 185,216 given to an employee in the year under review had been omitted from the employees loan balances.
- (e) Even though the economic service charges to be provided in accordance with the income of the year under review amounted to Rs. 8,483,639 the provision of charges made amounted to Rs. 8,121,211 thus making an under provision of Rs. 362,428.



- (f) Instead of adjusting the value of cheques amounting to Rs. 2,561,975 issued and but subsequently cancelled through the cancelled cheques account, it had been brought to accounts as expenditure and a similar amount had been treated as income. As such the expenditure and the profit for the previous year had been overstated.
- (g) Action had not been taken to assess and account the value of 155 items of fixed assets received as donations from 2005 to 2010. This included 2 ambulance received as donations.

2.2.3 Unreconciled Accounts

The following non-reconciliations were observed.

Item of Account	Balance as per financial statements	Balance as per subsidiary records/ confirmation of balances	Difference
-----	-----	-----	-----
	Rs.	Rs.	Rs.
(a) (i) Value of stock consumed in the drugs stores, surgical material stores, medical equipment spare parts stores, General stores, and x-ray material stores	281,633,129	253,242,211	28,390,918
(ii) The value of bandage materials and stores materials consumed in the medical Laboratory Division	104,484,966	116,236,077	(11,751,111)
(b) State Pharmaceutical Corporation creditors	5,083,240	2,796,792	2,313,448
(c) Medical Supplies Division	322,368,518	206,320,152	116,048,366

2.2.4 Accounts Receivable and Payable

The following observations are made.

- (a) (i) Fruitful steps had not been taken to recover the following accounts receivable balances remained outstanding for a number of years even in year under review.

Item of account	Balance as at 31 December 2010	Age analysis
-----	-----	-----
	Rs.	
Income receivable	211,147	more than 5 years
Advances on local purchases	20,221	-do-
Sundry debtors	1,676,022	-do-
Clinical society	44,463	-do-



Sanitary charges - Ministry of Health	5,907,011	more than 1 year
Festival advances	178,500	more than 8 year
Salary Advances	29,690	more than 10 year
Special Advance	5,800	-do-
School Book Advances	48,300	-do-
Hospital Charges Receivable	309,731	more than 5 year
-do-	1,807,095	1 to 4 years

The chairman informed that action would be taken to write off from books, as these could not be recovered.

- (II) Confirmation of balance for accounts receivable valued at Rs. 211,147 and the sundry valued at Rs. 12,307,317 were not made available.

(b) Accounts Payable

- (i) Action had not been taken to settle the following balances for a number of years.

Item of account	Balance as at 31 December 2010	Age analysis
-----	-----	-----
	Rs.	
Payables to state	3,618,963	more than 5 years
Pharmaceutical Corporation		
Creditors and accrued expenses	177,797,320	-do-

- (ii) Confirmation of balances for the sundry creditors valued at Rs. 2,659,630 and the trade and service creditors valued at Rs. 128,345,802 were not made available.

2.2.5 Non-compliance with Laws, Rules, Regulations and Management Decisions

Instances of the following non-compliance are observed.

Reference to Laws, Rules, Regulations etc.,	Non compliance
-----	-----
(a) Establishments Code	
(i) Section 2.2 of Chapter IX	Ten percent of fees earned from non official work done outside the office time without any hindrance to the official duties, by using the experience and knowledge gained from the public service should be credited to the Consolidated Fund. Nevertheless, such fees from professional charges of Rs. 166,075,485 paid during the year under review had not been credited to the Consolidated Fund. The Chairman informed that those provisions could not be applicable to the hospital employees, as the Sri



- Jayewardenepura Hospital had been established by a Special Act of Parliament.
- (ii) (a) Sections 5.2, 5.3, 5.4 and 5.5 of Chapter XIX
- Although the rent of government quarter should be recovered on the percentage specified, only 5 percent from the salaries of the officers had been recovered as house rent on a board decision contrary to that provision.
- (b) Section 5.8
- Water, electricity and gas charges should be paid by the officers but only a sum of Rs. 25 per mensem had been recovered by providing water from the common water supply contrary to that provision.
- (b) Financial Regulations F.R. 751
- Although receipts and issues of all good should be posted to a stock register immediately, stock registers in respect of store held by the electricity repair division and the buildings repair division had not been maintained.
- (c) Public Enterprises Circular No. PED/12 dated 02 June 2003
- (i) Section 5.3.1
- A copy of the updated Corporate Plan approved by the Board of Directors should be sent to the Line Ministry. Department of Public Enterprises and Auditor General before 15 day of the beginning of the year of accounts. Nevertheless, the Corporate Plan for the period 2010-2014 had been approved by the Board of Directors on 20 May 2011.
- (ii) Sections (c) of 4.2.1 and 4.2.2
- An action plan clearly indicating the physical and Financial performance targets of the Hospital for the year 2010 had not been prepared, approved by the Board of Directors and presented.
- (iii) Section 7.4.1
- Action had not been taken to establish Audit and Management Committees of the Hospital for the year under review.
- (b) Circular No. 30 dated 15 May 2007 of the Department of Management Services and the Circular letter No. PED/PU dated 08 July 2009 of the Department of Public Enterprises.
- Although the scheme of recruitments and promotions should be prepared and submitted to the National salaries and Cadre Commission before 30 July 2009, it had not been submitted even as 31 December 2010.



3. Financial and Operating Review

3.1 Financial Review

3.1.1 Financial Results

According to the financial statements presented the operation of the Board of Hospital had resulted in a surplus of Rs. 52,064,779 for the year ended 31 December 2010 as against deficit of Rs. 26,845,806 for the preceding year thus indicating an increase of surplus by Rs. 78,910,585. Increase in hospital income by Rs. 90.3 million due to increase the hospital charges had been the main reason for that increase.

3.2 Performance

Matters observed in respect of hospital performance are given below.

Performance Criteria	Comments on achievements
(a) Utilisation of beds	74.78 percent in the preceding year had dropped to 66 percent in the year under review. Bed utilisation in 10 words and ICU had been at a level of less than 50 percent.
(b) Surgeries	17,413 had been carried out in the preceding year Whereas only 14,154 had been carried out during the year under review. It represented 18.72 percent decrease as compared with that the preceding year.
(c) No. of tests carried out for OPD relating to the diagnosis services	61,072 tests in the preceding year had dropped to 48,495 in the year under review by 12,577 or 20.59 percent.
(d) Barium Studies	257 had been carried out during the preceding year whereas only 136 had been carried out during the year under review, representing a decrease of 121 or 48 percent as compared with that of the preceding year.
(e) Physiotherapy	Performance for the year under review was not made available.
(f) Open Heart Surgeries	330 and 232 in the years 2007 and 2009 had been carried out respectively: only 221 had been carried out in the year under review.
(g) Closed Heart Surgeries	27 had been carried out in the year 2007 and only 3 had been carried out in both years 2009 and 2010.
(h) CCT tests of Ophthalmology	Even though 830, 242 and 135 tests had been carried out in the years 2007, 2008 and 2009 respectively, only 52 tests had been carried in the year 2010. Accordingly the



decrease as compared with that of the preceding year had been 61-48 percent.

- (i) Visual Fields tests of Ophthalmology 580, 754 and 271 had been carried out in the years 2007, 2008 and 2009 respectively but only 3 had been carried out in the year under review representing a decrease of 98.89 percent as compared with that of the preceding year.

3.3 Management Inefficiencies

The following observations are made.

- (a) A seven day call deposit of Rs. 10,000,000 had been opened in the year 2005 and it had been kept as a seven day call deposit even by the end of the year under review. Had this amount been invested in a long term deposit, a more favorable interest would have been earned by the Hospital.
- (b) As a result of delay in the recovery from monthly salaries of employees and settlement of the dead gratuity paid at the end of the each month, the dead gratuity recoverable up to the end of the year under review amounted to Rs. 900,000.

(c) Recovery of Professional Charges

The following observations are made.

- (i) As there is no specific system of charging professional charges and a standard charge for each surgery. Various doctors had charged various charges for the same surgery. In addition various charges had been applied for the same surgery carried by the same doctor.
- (ii) Professional charges of Rs. 166,075,485 had been collected from patients during the year under review. However, operation theaters, equipment and all other facilities of hospital had been used thereon but only a sum of Rs. 21,949,212 had been recovered by the Hospital on those surgeries.
- (iii) Even though the professional charges should be charged only for surgeries carried out after office time to paying wards, a professional fee of Rs. 663,950 had been charged on surgeries carried out during the office time 18 instances.
- (d) There were long delays in receiving 29 types of drugs to the stores again after exhausting the stock in drugs stores and there was a shortage of 29 types of drugs which should have been essentially available in a hospital since the beginning of the year under review. Necessary steps had not been taken to avoid inordinate delays and to purchase the shortage drugs.

3.4 Identified Losses

The following observations are made

- (a) Payment of professional charges had also been recovered through credit cards and a commission of 2 percent thereon had to be paid to the Bank. However the full amount of



professional charges had been paid to the Doctors and other supporting staff and the commission of Rs. 766,493 charged by the Bank had been an additional expenditure to the Hospital.

- (b) A debit tax of Rs. 319,760 had been paid during the year under review from the Hospital income in respect of current account operated for the collection and payment of professional charges.

3.5 Lapses in Contract Administration

The following observations are made in that connection.

Particulars of Contract	Value	Observations
(i) Operating Laundry Services	4,540,560	<ul style="list-style-type: none"> * Acceptance of the highest tender price stating that a satisfactorily service is done in the maid Hospitals. * Unsatisfactory service was found subsequently.
(ii) Hospital Cleaning Services	22,253,228	<ul style="list-style-type: none"> * The highest price tender has been accepted. Stating that a quality service could be obtained. * The contract had been cancelled due to these reasons Non-deployment of employees as per the agreement, cleaning was not done up to the standard and under usage of chemicals valued at Rs. 52,320. * Even though this tender had been offered to another tenderer, chemicals valued at Rs. 110,335 had been under utilised. * Complains were receive stating that a quality service was not provided.

3.6 Idle, Slow moving and Underutilised Assets

The following observations are made.

- (a) Although a period of nearly 01 year had elapsed by incurring an expenditure of Rs. 4,899,050 for wiring the Head Office building and for the purchase of software in computerisation of divisions of the hospital action had not been taken to complete and use this computer system. This work had to be competed within 06 months since 21 July 2010.
- (b) A sum of Rs. 1,650,000 had been spent in the year 2006 for the two dumbwaiters installed in the Advanced Cardiac Center and service charges of Rs. 117,636 had been spent during the years 2006 and 2007. It was observed in audit that the entire expenditure of



Rs. 1,767,636 incurred on this had become fruitless expenditure as the equipment had become inoperative within a short period after being installed.

- (e) A stock of Medical equipment spare parts valued at Rs. 2,529,650 received by the Hospital as a donation 10 years ago had been lying idle in the stores.
- (d) The value of redundant stores for the period ranging from 01 to 10 years in 7 stores of the hospital amounted to Rs. 14,069,841.
- (e) As a result of the waste combustion machine regularly becomes in operative it had been utilised only the half of its annual capacity.
- (f) A sum of Rs. 93,615 had been invested in a current account of a private bank for more than 3 years and it had been dormant since then.
- (g) A current account had been opened in the Bank of Ceylon Rs. 160,000 in the year 2009 and this money had become dormant even up to the end of the year under review.

3.7 Uneconomic Transactions

The following observations are made.

Item	Amount	Observations
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	Rs.	
(i) Purchase of 17,000 units of blood glucose monitor strips	765,000	An overpayment of Rs. 364,140 had to be made as a result of purchasing from the highest bidder by paying Rs. 21.42 more than the lowest price of Rs. 23.58 due to a deficiency made in forwarding the specification.
(ii) Purchase of 1000 units of cerfrixone inj 1 g	122,750	An over payment of Rs. 80,390 had to be made as a result of purchasing the drug at Rs. 122.75 under another Trade name whereas the price there of in the Medical Supplies Division amounted to Rs. 42.41.
(iii) Purchase of 1000 units of metranidazole 500 mg. 100 ml injection. 1900 of cefotaxime 1g inj vial and 150 of clarithromycin 500 mg inj vial	299,000	Even though sufficient stock was available in the Medical Supplies Division at the time of purchasing the overpayment of Rs. 193,978 had to be made due to the purchase made from outside parties.

3.8 Apparent Frauds

A test check carried out in the year 2009 observed that the professional charges Rs. 1,661,950 had been defrauded by inserting dummy names of Doctors who had left the Hospital service and inserting fictitious EPF numbers of Doctors.



3.9 Budgetary Control

Significant variances were observed between the budgeted figures and actual figures thus indicating that the Budget had not been made use of as an effective instrument of management control.

4. Systems and Controls

Weaknesses in systems and controls were brought to the notice of the Chairman of the Hospital Board from time to time. Special attention is needed in respect of the following areas of control.

- (a) Stores control and holding excessive stocks
- (b) Payment of professional fees
- (c) Creditors
- (d) Purchase of drugs
- (e) Ordering of foodstuff
- (f) Preparation of food menus
- (g) Holding additions stock in the hospital kitchen and maintenance of books and records
- (h) Sale of scraps

H.A.S. Samaraweera
Auditor General



Ten Years Summary
Year Ended 31st December
Revenue (Rs 000)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Turnover (Hospital charges)	812,121	721,761	588,214	521,147	480,290	411,959	395,886	366,516	326,456	292,882
Government Grant Recurrent	775,000	775,000	736,400	672,277	588,000	510,000	350,000	266,000	307,700	323,000
Interest Income	3,334	4,823	4,933	4,995	4,886	5,399	6,916	7,960	14,033	21,343
Other Income	32,909	27,099	17,339	14,742	15,483	12,116	9,465	8,470	10,583	8,564
Total Income	1,623,364	1,528,683	1,346,886	1,213,161	1,088,640	939,474	762,267	730,935	733,468	725,805
Total Expenditure	1,571,299	1,555,528	1,438,597	1,398,270	1,167,885	1,129,901	935,184	857,524	847,019	762,133
Surplus /(Deficit)	52,065	(26,845)	91,711	78,210	79,245	190,427	172,917	126,589	113,551	36,328
Government Grant Capital	115,000	102,925	106,100	130,591	105,000	46,141	145,863	98,614	118,230	122,595

Assets (Rs. 000)

Non Current Assets	803,638	837,896	807,591	803,619	786,394	792,681	758,906	738,227	677,396	745,936
Current Assets	326,853	273,371	256,401	250,713	254,052	291,259	316,434	257,147	357,914	260,118

Equity & Liabilities (Rs. 000)

Capital and

Capital and Reserves	358,034	304,385	333,553	416,122	474,087	557,656	725,122	756,692	897,824	889,285
Current Liabilities	772,459	806,883	730,439	638,210	566,359	526,284	350,237	238,682	137,839	116,769

Statistic

Beds Commissioned (No)	1,046	1,043	1013	1011	1006	1000	1012	984	984	985
Patients Admitted (No)	53,962	55,142	53,952	52,203	56,996	53,420	56,803	51,577	58,867	48,503
Patients Discharges	53,931	55,319	53,967	52,331	56,380	51,448	56,822	51,618	58,886	48,879
Daily average Admission (No)	148	151	148	143	167	141	155	141	161	133
Daily average Discharges (No)	146	152	148	143	163	141	155	141	153	134
Average daily Sick (No)	670	780	741	704	726	605	630	578	639	599
Average length of stay (day)	4	5	5	4	5	5	5	5	5	5
Bed Occupancy (%)	66%	75%	73%	70%	72%	74%	63%	59%	65%	61%
Clinic held (No)	2,822	2,782	2,515	2,478	2,170	2,117	2,183	2,202	2,144	2,026
First time visit (No)	26,312	26,961	24,825	26,604	27,113	27,066	27,251	27,673	29,447	27,272
Subsequent visit (No)	123,611	126,630	123,165	124,810	136,138	133,178	128,133	129,312	135,708	126,162
Emergency Treatment unit visit	38,012	40,452	38,005	34,695	30,026	32,709	38,672	32,664	59,106	46,560
Total Out Patients visit (No)	15,536	16,222	16,895	18,722	17,554	15,827	211,694	206,502	224,216	199,994
Average Patients per clinics (No)	53	55	59	62	76	76	76	71	77	76