



Annual Report 2013

Sri Jayewardenepura General Hospital

Prepared by :
Planning Unit and Health Information Management
Sri Jayewardenepura General Hospital
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1. Corporate Information



1.1 Historical Facts



Sri Jayewardenepura General Hospital is a gift from the government of Japan to the people of Sri Lanka on an initiative of the first executive president of Sri Lanka and ceremonially opened by His Excellency the President J. R. Jayewardene & Honourable Ishimaysu Kitaagawa representing the Government of Japan, on 17th of September, 1984.

Sri Jayewardenepura General Hospital is established under the provision of parliament Act number 54 of 1983. The idea of opening this hospital was to provide excellent medical and surgical care at an affordable price to the public compared to the other government hospitals when there were not many private hospitals established in the Colombo area.

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

First patient was admitted to the hospital on 17th December 1984, under the care of Dr. H. H. R. Samarasinghe (Consultant Physician) and the first surgery in the hospital, a thyroidectomy was performed by Dr. K. Yoheswaran (Consultant Surgeon) with anaesthesia administered by Dr. K. A. Perera (Consultant Anaesthetist) on 17th January 1985. First delivery was on 18th January, 1985 under the care of Dr. Kingsley de Silva (Consultant Obstetrician and Gynaecologist).

Sri Jayewardenepura General Hospital was setup to supplement the curative health service in Sri Lanka and to assist in the training of medical undergraduates, postgraduates and other health personnel. While the Board of Directors takes policy decisions, operational control is vested on a Committee of Management. Financing of the operations and capital equipment is through a grant from the General Treasury and revenue generated by the hospital.

This modern Hospital has now functioned over twenty nine years and has maintained the state of excellence expected and has developed continuously by acquiring most of the modern medical facilities.

1.2 Corporate Governance

Sri Jayewardenepura General Hospital 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 and the members

The Board consists of eight members appointed by the Minister and three ex-officio members. The Director of the hospital implements the Board decisions and provide solutions for day to day administrative issues with the Committee of Management. The Hon. Minister of Health has the authority to give directives under the power vested by section No.9 of Sri Jayewardenepura General Hospital Board Act.

The Non-executive Board Members, while not involved in the routine administration of the hospital, participate in close review and monitoring of the operations. Two of the Board Members 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 consists 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

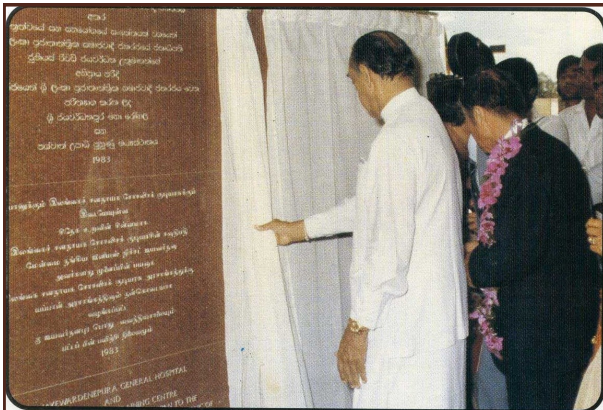
The Audit Committee functions under the chairmanship of Treasury representative to the Board and consists of two other Non-executive Board members. The Internal Auditor functions as the convener to the committee. The Audit Superintendent from the Auditor General's Department participates on invitation 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 and Best Practices

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

1.3 Our Milestones



Opening the Hospital by His Excellency President J. R. Jayewardene

1984

Sri Jayewardenepura General Hospital was declared open by the first executive president His Excellency the President J. R. Jayewardene and Honourable Ishimaysu Kitaagawa representing the Government of Japan on 17th September, 1984.

First patient was admitted to the Sri Jayewardenepura General Hospital on 17th December, 1984.

1986

The school of Nursing attached to Sri Jayewardenepura General Hospital was opened on 01st July, 1986.



National School of Nursing

1987

Diagnosing the first AIDS patient in Sri Lanka by Dr. H. H. R. Samarasinghe.

Establishing the first Infection Control Committee in Sri Lanka at Sri Jayewardenepura General Hospital .

1990

Ophthalmology Unit opened. Laser treatment unit and visual field analyzer was established.

Eye, Psychiatry and Oncology clinics started to function.



Coronary Artery Bypass Graft Surgery

1991

First Coronary Artery Bypass Graft surgery performed by Dr. N. U. Gunasingha on 11th August, 1991.

First surgical correction of scoliosis done by Prof. J. R. Corea.



Dialysis Unit

1993

Dialysis unit was opened.

First Laparoscopic Cholecystectomy done in August, 1993.

1994

Orthopedic Unit and Cardiology Unit were opened.

An ultrasound scanner with a vaginal probe was installed in Sri Jayewardenepura General Hospital for the first time in the Sri Lanka.



Ultra-Sound Scanner with Vaginal Probe

1995

Arterial switch (pediatric heart surgery) done in Sri Lanka for the first time by Dr. P. A. Goonaratna and Dr. A. D. Kapuruge.

1998

Fibre Optic Bronchoscope was installed and started to function.



Mammography Machine

2000

First Kidney Transplant done by Dr. D. L. Piyarisi on 30th November, 2000.

2003

Mammography unit was opened.



Channeling Service

2006

Hospital Channeling Service started on March, 2006. 'Rajaya Osusala' was opened within the hospital premises.

2007

Neuro-surgical unit ,Neurology unit and Rheumatology unit were started.



'Osusala'

2009

Dermatology unit was opened.

2010

Neuro-surgical ICU and Psychological Counseling unit were started.



National Productivity Award 2010/11

2011

Implemented 5S concept with the assistance of National Productivity Secretariat.

2012

Health Education unit was opened.
Won the National Productivity Award.



Donor kidney harvested for Kidney Transplant by Key Hole surgery for the first time

2013

Donor's kidney harvested for Kidney transplant by Key Hole surgery for the first time in August 2013.

Performing the Coronary Artery Bypass Graft surgery without cardioplegia for the first time in Sri Lanka in August 2013

Establishment of the University College of Health Studies in October 2013.



Coronary Bypass Graft surgery was done whilst the heart was functioning

Establishment of the Professorial Units in Sri Jayewardenepura General Hospital for Clinical Training of Medical Students of Kothalawala Defense University.

Commencement of clinical training final year medical students.



Opening ceremony of the University College of Health Studies

1.4 Vision and Mission



Vision

To be a centre of Excellence
Providing Advanced Medical services to
National and International Community.



Mission

To be a Multi-Disciplinary Fee Levying State Hospital
& Tertiary Referral Centre with High Ethical Standards,
Providing Quality Patient Care with Facilities for
Undergraduate & Postgraduate Education & Research,
Servicing National & International Community
Supported by a Dedicated & Motivated Staff.

1.5 Our Strengths

- High reputation and long standing impressive image with highly qualified, experienced, competent and dedicated medical, nursing and technical staff.
- Drive power and responsibility from a Parliamentary Act (No. 54 of 1983).
- Well designed building complex with comprehensive facilities with provisions for further expansion.
- Empowered by technical assistance with modern medical and surgical equipment and high standard laboratory facilities to provide patient care, staff training , medical education and research.
- Substantial financial contribution from the general Treasury through the Ministry of Health and autonomy to deal with financial and administrative matters independently.
- Ability to provide patient care in a wide range of medical and surgical subspecialties at very competitive rates compared to other private institutions.



1.6 Our Expectations



- To develop up to the global standard according to a Corporate Plan
- State of the Art Equipment
- Should be affordable to the public
- Provide Health care of international level
- Teaching of Undergraduates & Post Graduates
- Adequately & competently staffed in all grades
- Generate Revenue while been affordable to the public
- Honour the rights and benefits of the staff who are employees of the Ministry of Health

1.7 Our Achievements

1. Implementing a computerized Billing System

Sri Jayewardenepura General Hospital provides healthcare services to inward and outpatients for reasonable and economically feasible rates. Until recently, preparation and issuing of bills were made manually causing financial losses to the hospital and inconvenience to patients due to deficiencies in accuracy and efficacy. Therefore, a hospital based computerized control and billing system was established in a stepwise manner to overcome these drawbacks enabling minimum financial losses and providing satisfactory patient care.

2. Implementing a computer Network in the Hospital

It is compulsory to implement infrastructure facilities which meet the necessities and suitability to conduct computerized billing system and other information technology projects. To meet these objectives, a computerized system has been established according to international standards. Efficacy and safety of data is certified by maintaining all data in a central server. The central server which is in operation round the clock is positioned in the IT department. The central server communicates all wards, clinics, ICU and OPD via data cables switching system.

3. Establishing the Medical Checkup Unit in new area in the hospital

"Prevention is better than cure". This signifies the importance of timely screening and effects on routine life that minimises adverse outcomes and preventable diseases. Observing the deviations in biochemical indices that happens before clinical manifestations in diseases provides opportunities to minimize complications. Therefore, apparently healthy individuals needs to undergo screening and medical check-ups on a routine basis.

Hence a Medical Check-up Unit was established in Sri Jayewardenepura Hospital ,providing services to individuals with an affordable cost. Having understood the scarcity of space and facilities, a more spacious and equipped unit was re-established providing services in a more satisfactory manner.

4. Development of sanitary facilities in wards

Sri Jayewardenepura General Hospital was constructed by the Government of Japan 29 years ago . To renovate hospital buildings and upgrade facilities had become a timely need. The project which piloted in 2012 focusing on renewing sanitary facilities in wards has been extended to extent that latrine and washrooms were renovated accordingly.

5. Recruiting Employees for vacancies and creating new positions

An acting Deputy Director was appointed for the post since the post has been vacant without a permanent recruitment .

A consultant was appointed for the vacant post of Consultant Cardiothoracic surgeon.

A new Consultant Surgeon was appointed for the post of Consultant Genitourinary Surgeon since there was no specialist for Genitourinary surgical care.

A doctor with a post graduate qualification in Health Information obtained from the Post Graduate Institute of Medicine was appointed to the hospital for managing health information services

6. Genitourinary Surgical services

Due to the lack of a specialist, patients in need of genitourinary care had been referred to hospitals with this facility. Since the time of recruitment of a genitourinary and Kidney Transplant surgeon in 2013, patients have been able to receive care in the hospital itself.

Currently, Sri Jayewardenepura General Hospital provides facilities for laparoscopy surgeries which are known to have minimal complications (pain and length of surgical incisions) in surgical procedures such as harvesting the donor kidney for transplant, carcinoma of prostate and kidney and removal stones in the urinary tract.

It is expected to extend services to a state of Genitourinary unit providing facilities using modern equipment and technology with high quality standards in the future.

7. Prepared the Co-operate Plan of the hospital for next five years

Activities related to operations and development of the hospital requires a proper vision and comprehensive long term plan. Accordingly, the preparation of the Co-operate plan for the years 2014 -2018 of the SJGH was carried out by a team representing all relevant parties of the hospital under the guidance of specialists from the Sri Lanka Foundation Institute.

This is the first ever comprehensive Co-operate plan expecting broaden development with a clear vision for the coming 5 years.

8. Use of Modern Technology for Heart Surgeries

Being one of the few state owned hospitals, Sri Jayewardenepura General Hospital has shown expertise in performing heart surgeries in Sri Lanka. In the year of 1995, Sri Jayewardenepura General Hospital posted a memorial event in the field of cardiac surgery by performing Arterial Switch (Pediatric heart surgery) for the first time in the Sri Lanka medical history. Further, the cardiothoracic unit of the hospital has been practicing modern operative methods since 2013 reaching a significant development of this field.

The Coronary Artery By Pass Graft while the heart is being still beating instrumenting via limited incisions has been commenced in the hospital from 2013 providing accelerated healing, minimizing the cost and lessening the duration of hospitalization.

9. Established a Health Information Unit

The modern development in the fields of Medicine and Information technology has enabled medical institutes to provide services in a more effective manner with improved quality. The Hospital has been able to utilize this development in the field of IT by establishing the computerized control and billing system for its operations.

A health information system is different from other IT systems in terms of accuracy, confidentiality and sensitivity of data and information.

Therefore, it is the present belief that planning, constructing and maintaining of health information system require knowledge which is parallel and timely updated.

Since 2013, supervision and management of the hospitals health information system is carried out by a doctor with a medical degree and post graduate qualification in Health Information granted by the Post Graduate Institute of Medicine.

10. Establishing a University College of Health Studies in the hospital premises

Sri Jayewardenepura General Hospital in collaboration with the Ministry of Youth Affairs and Skills Development, opened the University College of higher studies in 2013. The University college offers National Vocational Qualification (NVQ) marking an important milestone in the Sri Lankan tertiary education sector.

This College offers several esteemed qualifications such as Higher Technology Diploma for Biomedical Equipment, Certificate for Psychology and Counseling, higher diploma for Psychology, Certificate diploma in food and Nutrition and Certificate Diploma in Health Promotion.

11. Establishing a Professorial Unit affiliated to Kothalawela Defense University

At present, Sri Jayewardenepura General Hospital provides clinical training to undergraduate students of University of Sri Jayawardhenapura. Additionally, provision of clinical training in medical, surgical, Gynecology and Obstetrics, and Paediatrics Professorial units to final year medical students of the Kothalawala Defense University was initiated in 2013 recruiting the first batch in the month of November.

12. Installing a Fire Extinguishing system

A fire extinguishing system was installed for an emergency situation within the hospital system making the hospital a safer working place for patients and staff.

1.8 Hospital Staff

Sri Jayewardenepura General Hospital Consists about 1706 staff members. Summary of the various number of staff categories as follows

Executive Staff		17
Medical Staff		293
Consultants	38	
Medical Officers	139	
Intern Medical Officers	40	
Post Intern Medical Officers	24	
Graduate Medical Officers	52	
Nursing Staff		647
Nursing Sisters	26	
Nurses	522	
Student Nurses	99	
Para Medical Staff		97
Para Medical	97	
Other Staff		221
Management Assistant	114	
Others	107	
Junior Staff		431
Minor Staff	431	

1.9 Specialty Units

Sri Jayewardenepura General Hospital provides wide range of medical specialty services. Patients are offered services by a team of eminent and skilled specialists. The Specialty units providing patient care at Sri Jayewardenepura General Hospital are listed below

- Eye
- Ear, Nose & Throat
- Medical
- Microbiology
- Dermatology
- Neonatology
- Anesthesiology
- Histopathology
- Obstetrics & Gynaecology
- Haematology
- Blood bank and Transfusion medicine
- Nephrology
- Rheumatology & Rehabilitation
- Orthopaedic
- Radiology
- General Surgery
- Neurology
- Neurosurgery
- Cardio Thoracic
- Cardiology
- Paediatrics

1.10 Our Services

Target of Sri Jayewardenepura General Hospital is provide range of services to national and international community under one roof with high quality and reasonable price.

Medical Services

- Vision and related tests
- Ultra Sound Scan
- Infection Control Service
- ECG Tests
- EMG Tests
- Birth & Death Registration
- X –ray
- Endoscopy
- Speech Therapy
- Colonoscopy
- Intensive Care
- Neonatal Intensive Care
- Nutrition advisory services and consultation
- Pharmacy (Osusala)
- Out Patient Treatment Unit
- Out Patient Clinics
- Bronchoscopy
- Physiotherapy
- Psychological Counseling Services
- Mammography
- Urological treatment services
- Laboratory services
- Blood Transfusion services
- Chancel Service
- Medical Checkup Unit
- Exercise ECG
- Audiometric test
- Computer Tomography (CT)
- Health Education
- Neurosurgery Intensive Care
- Emergency Treatment
- Angiography and Cardiac Catheterization
- ECG
- Coronary care and Cardiac ICU
- Cardio Thoracic Intensive Care
- Halter Monitoring
- Immunization
- Emergency Ambulance Service

Other Services

- Banks
- Automated Teller Machine
- Cafeteria
- Post Office
- Vehicle Park

1.11 Our Website

www.sjghsrilanka.org



“Sri Jayewardenepura General Hospital official Website”

2. Management Team



2.1 Chairman's Message



I believe the Annual Report is the most appropriate opportunity to look in retrospect at the successful completion of the year 2013.

Allegations made by the COPE committee were rectified successfully and main issues prevailing by the time of the new management took over in 2011 with corrective measures taken to improve drawbacks throughout.

Another achievement worth mentioning is to strengthen the employer employee relationship whilst providing the best possible solutions to employee issues within the existing framework.

The objective of settling the hospital expenditures, treasury grants by the income became a reality only in a few years since the establishment of the hospital. Indeed, we were able to reach surplus of 108 million rupees in 2013 due to effective financial regulations and increasing the efficacy.

Notably mentioning here is the fact that performing the daily activities with a minimum obstacles whilst prioritizing the capital needs when providing funds. Although we were able to cater to the required output facing a scarcity in trained staff (especially nursing and technical division due to the lack of trained individuals in the country and not due to a fault on our behalf) Our efforts to Mediate employee related issues by creating intermediate grades were futile due to a strong opposition from the existing staff.

Sri Jayewardenepura General Hospital is a fee levying hospital consisting 35 Medical Specialists, 520 trained nurses and 108 trained technical staff. We practice all standards prevailing for state owned hospitals. All employees are paid salaries as per state regulations. In order to maintain these standards our wages and day today expenditure are twice in value compared to other private hospitals.

Furthermore, the hospital consists of 1078 beds and affords charges at a very reasonable rate. A nominal fee of Rs.650/= is charged per day, inclusive of all meals from approximately 977 beds. The number of paying rooms have increased by 07 in comparison to year 2012, and the number of rooms totals up to 33 in 2013. Accordingly, the hospital serves its patients by charging only Rs.650/= from each bed resulting a loss of 350 per bed.

Profitable divisions like the radiology and laboratory departments should be made more efficient and reorganized to reach the maximum results. This needs upgrading the productivity of staff and provision of equipment. Having a significant demand to the paying suit (single rooms) of the hospital, lack of capital provisions is observed as an obstacle for the development of this area of service. Hence, this should be given the maximum priority.

Our objective of providing the best service has been 99% completed. Being a state affiliated institute, we have to perform within the ethical framework when it comes to the cost and charges operates in the market for service provision as it is not in accordance with the objectives of the state. Therefor our duties were performed last year in order to maintain the hospital by charging minimum market and providing effective, efficient, productive service with an excellent cadre. We have reaped its results.

I take this opportunity to thank the Hon. Minister of Health Mr. Maithreepala Sirisena who gave us necessary freedom and instructions, Hon. Deputy Minister, Hon Secretary to the Ministry of Health and all the officials of the Ministry of the Health, The Board of Directors ,The Director, Officials, all hospital staff, all patients placed their trust upon us in seeking treatment and those who showed us where we need to improve.

I hope year 2014 to be a more fruitful success story.

M.M.N.D.Bandara

BA, MSSC, Dip. In Public Administration

Chairman– Sri Jayewardenepura General Hospital

2.2 Director's Message



It is with great pleasure I am issuing this message to the Annual Report - 2013 of Sri Jayewardenepura General Hospital.

Being a government owned fee levying hospital in Sri Lanka, Sri Jayewardenepura General Hospital has to face several challenges. With the team effort of all the staff members, we could gain a good reputation among health care institutions in Sri Lanka, passing several difficult periods in the past.

Statistics in this annual report prove that we were able to step up towards our goals in year 2013, despite the rapidly growing private health care network in Sri Lanka. With its planned developments, Sri Jayewardenepura General Hospital will achieve an unique position in the health care sector in Sri Lanka in the near future.

Sri Jayewardenepura General Hospital is moving forward slowly but steadily, with the vision of providing an excellent health care service to both national and international community.

Although there are numerous private hospitals, patients have laid their trust on our dedicated and excellent service by a well qualified staff including highly recognized doctors, government trained nurses and well competent supportive staff.

I take this opportunity to thank who gave us necessary help Hon Maithreepala Sirisena - Minister of Health, Hon Lalith Dissanayake- Deputy Minister of Health Dr. Nihal Jayathilaka - Secretary of Health, Dr. Palitha Maheepala - Director General of Health Services, Mr. Nimal Bandara - Chairman of Sri Jayewardenepura General Hospital, Board of Directors and Management Committee of Sri Jayewardenepura General Hospital, Acting Deputy Director Dr. P.J.Ambawaththa, DR.(Ms) Shyama Subasingha and Dr.(Ms.) Santhushya Fernando and the entire staff whom discharged their duties with dedication to the hospital and all the patients who visit this hospital with trust. I take this opportunity to thank Dr. Priyanga Senanayake and Planning Assistance of Planning Unit in SJGH for having prepared the Annual Report successfully.

Dr. S. A. K. Gamage
MBBS (Sri Lanka), MSc (Med. Admin)
Director - Sri Jayewardenepura General Hospital

2.3 Board of Directors



From left to right,

Dr. (Mrs) Medha Weerasekara - Consultant Representative

Dr. D. J. Wickramaratna - Consultant Representative

Mrs. Hiransa Kaluthanthri - Treasury Representative

Dr. Harsha Samaraweera - Ministry Representative

Dr. S. A. K. Gamage - Director, SJGH

Mr. M. M. N. D. Banadra - Chairman, SJGH

Prof. Jayantha Jayawardhana - Director, PGIM

Dr. P. G. Maheepala - Director General of Health Service

Prof. Janaka de Silva - Ministry Representative

Dr. D. L. Piyarisi - Consultant Representative

Mrs. Thilani Rajapakshe - Secretary to the Board

Not in the Photograph,

Prof. Ranjith Bandara - Ministry Representative

2.4 Management Committee

Dr. S. A. K. Gamage

Director - Sri Jayewardenepura General Hospital
Chairman of the Committee

Dr. (Mrs.) S. Subasinghe - to May 2013

Dr. P. J. Ambawatta - to September 2013

Dr. (Mrs.) S. Fernando

D/Director - Sri Jayewardenepura General Hospital
Member

Dr. Rohan Aloysius

Consultant Paediatrician
Member

Dr. P. J. Ambawatta

Consultant Pathologist
Member

Dr. Harsha Gunasekara

Consultant Neurologist
Member

Mr.E.A.Piyadasa - to May 2013

Chief Accountant
Member

Mr. D. A. Perera

Acting Accountant
Member

Mrs. Thilani Rajapakshe

Hospital Secretary
Member

Mrs. A. N. Saputhanthri

Chief Matron
Member

2.5 Specialist Staff

Consultant Physicians

Dr. (Mrs.) Anula Wijesundara
MBBS, MD (Cey), FRCP (Eng)

Dr. (Mrs.) Champa Jayasundara
MBBS, MD

Prof. R. L. Satharasinghe
MBBS, MD. MRCP (London), FRCP (Ed.), MRCP, FRCP (USA), FRCP (Cey), CCST (UK), MACG (UK)

Dr. Chinthaka de Silva
MBBS, MD, MRCP (UK)

Consultant Surgeons

Dr. Gamini Goonetilake
MBBS (Cey), FRCS

Dr. D. L. Piyarisi
MBBS, MS, FRCS (Ed.)

Dr. (Mrs.) D. H. Samarakoon
MBBS, MS (Colombo), MRCP (UK)

Consultant Paediatrician

Dr. R. A. R. D. Aloysius
MBBS, DCH, MD, MRCP

Consultant Obstetrician and Gynaecologists

Dr. Hemantha Perera
MBBS, MS (Sri Lanka), FRCOG (UK)

Dr. Madhava Karunaratne
MBBS, MS, FRCOG, FSLCOG

Consultant Cardiologists

Dr. (Mrs.) N. L. Amarasena
MBBS, MD (Colombo), FRCA (London)

Dr. J. P. Herath
MBBS, MD

Consultant Neonatologist

Dr. (Mrs.) M. Weerasekara
MBBS, DCH, MD (Pead.), MRCP (UK)

Consultant Nephrologist

Dr. C. A. Herath
MBBS, MD

Consultant Neurologist

Dr. H. H. Gunesekara
MBBS, MD, MRCP

Consultant Rheumatologist

Dr. Kaleel Cassim
MBBS, MD

Consultant Dermatologist

Dr. (Mrs.) D. Ariyawansa
MBBS, MD (Dermatology)

Consultant Cardiothoracic Surgeons

Dr. A. D. Kapuruge
MBBS, MS, FRCS

Consultant Orthopaedic Surgeon

Dr. A. B. S. Ananda Perera
MBBS, MS, FRCS

Consultant Eye Surgeon

Dr. D. H. Wariyapola
MBBS, DO, FRCS (Ed), MS

Consultant Neurosurgeon

Dr. (Mrs.) M. Wijerathne
MBBS (Hons, Melb.), MS (SL), FRCS (Ed.)

Consultant ENT Surgeon

Dr. Asoka Jayasena
MBBS, MS, FRCS

Consultant Anaesthetists

Dr. (Mrs.) C. N. Karunaratne
MBBS, MD (Cey), FRCA (London)

Dr. V. K. P. Indraratne
MBBS, MD, FFARCSI, FRCA

Dr. (Mrs.) J. S. K. Rajasinghe
MBBS, MD (Anaesthesia), FRCA (UK)

Dr. (Mrs.) R. P. S. Palihawadana
MBBS, MD (Anaesthesia), FRCA (UK)

Consultant Radiologists

Dr. D. J. Wickramaratne
MBBS (Cey), MD (Radiology)

Dr. (Mrs.) N. M. P. K. Arambepola
MBBS, MD (Radiology)

Dr. (Mrs.) R. M. S. T. Samaraweera
MBBS, MD (Radiology)

Consultant Pathologists

Dr. (Mrs.) M. Joseph
MBBS, Dip. Path., MD (Pathology)

Dr. P. J. Ambawatta
MBBS, Dip. Path., MD (Pathology)

Dr. Sonali Rodrigo
MBBS, Dip. Path., MD (Pathology)

Consultant Haematologists

Dr. (Ms.) C. Kariyawasam
MBBS, Dip. Path., MD (Haematology)

Consultant Microbiologists

Dr. (Mrs.) S. K. Jayathilake
MBBS, Dip. Medical Micro., MD (Microbiology)

Resident Physician

Dr. (Mrs.) Shyama Subasinghe
MBBS, MD

Resident Nephrologist

Dr.M.C.B.Galahitiyawa
MBBS, MD (Col), MRCP (UK)

Resident Urologist and Kidney Transplantation Surgeon

Dr,L.Niroshan Senavirathna
MBBS (Col), MS (SL), MRCS (UK)

3. Operational Information



3.1 Summary of the Performance



Sri Jayewardenepura 17th General Hospital is established under the provision of Parliament act number 54 of 1983 and ceremonially opened on of September 1984. Sri Jayewardenepura General Hospital is governed by a board of directors which is appointed by Ho. Minister of Health and act as a training center for medical undergraduates and postgraduates trainees in addition to providing patient care services. In 2013 Number of staff members was 1706

Designation	Approved cadre	Actual cadre
Executive staff	17	17
Specialists staff	41	38
Medical staff	140	255
Nursing Staff	580	548
Paramedical Staff	110	97
Orderly Staff	437	361
Laborers	26	16
Student Nurses	300	99
Casual Laborers	-	54
Other Staff	153	107
Management Assistant	122	114

The table below is given ,a comparative summary of the indicators in in and out patient care services is given by the hospital .

Indicator	2012	2013	Increase/ Decrease (%)
1. Number of Patient Beds	1088	1078	-0.92
2.Total Number of Patient Admissions	57119	54283	-4.96
3. Average Length of Stay (Days)	4.8	4.6	-4.17
4. number of Admissions to ICUs	1305	1085	-20.27
5. Hospital Bed Occupancy (%)	70.5	64.1	-9.08
a. Bed Occupancy of General Ward (%)	71.6	65.1	-9.08
b. Bed Occupancy of Paying Ward(%)	55.6	58.1	4.50
6. No. of Out Patient Department Visits	16532	18843	13.98
7. Total Number of Patients attended for Clinics	147757	151156	2.30
8. Total Number of Surgeries done	13613	13630	0.12
9. Number of Cardio Thoracic Surgeries done	216	199	-7.87
10. Number of Kidney Transplant done	21	16	-23.81
11. Number of Dialysis done	4297	5228	21.67
12. Number of Echo Cardiogram done	12385	12760	3.03
13. Number of ECG Tests done	38431	35300	-8.15
14. Number of X- ray Tests done	41895	43284	3.32
15. Number of Refraction Test done	4347	4265	-1.89
16.Number of Nutrition Advice given	1904	2129	11.82
17. Number of Speech Therapies done	-	710	-
18. Number of Medical Check-ups	3439	4370	27.07

Accordingly to that, In 2012, 16532patients were treated by Out Patient Department and 18,843in 2013.That shows 13.98% incensement when compared to last year.

Following table shows the unit wise summary of in-patient care provided by Sri Jayewardenepura General Hospital in 2013.

Unit	Patient Admission		Increase/ Decrease (%)	Bed Occupancy (%)		Increase/ Decrease (%)
	2012	2013		2012	2013	
General Medical Unit	19,714	16,496	-19.53	126.13	105.87	-19.14
General Surgical Unit	7,115	6,927	-2.71	54.83	47.88	-14.52
Gynecology and Obstetrics Unit	8,706	8,659	-0.54	93.42	88.48	-5.58
Paediatrics Unit	3,796	3,091	-22.81	81.28	63.52	-27.96
ENT Unit	1,378	1,331	-3.53	32.57	31.91	-2.07
Orthopedic Unit	2,107	2,174	3.08	59.31	59.7	0.65
Ophthalmology (Eye) Unit	1,690	1,726	2.09	56.43	58	2.71
Cardiology Unit	2,089	2,042	-2.06	62.40	58.23	52.05- 67.05/
Cardio-Thoracic Unit	610	540	-11.48	47.90	45.89	-22.90
Dermatology Unit	101	82	-23.17	16.47	22.53	26.90
Neonatal Intensive Care Unit	952	901	-5.66	71.67	73.51	2.50
Rheumatology and Rehabilitation Unit	115	46	-150.00	11.37	6.52	-74.39
Neurology Unit	340	429	20.75	52.05	67.05	28.82
Neurosurgery Unit	1,052	958	-9.81	35.58	49.25	27.76
Dialysis and Nephrology Unit	4,855	5,737	15.37	72	66.98	-7.49
General ICU	992	794	-24.94	110.5	93.99	-17.57
Cardiothoracic ICU	313	291	-7.56	64.87	48.92	-32.60
Paying ward –Class I	1,737	1,950	10.92	105.29	107.99	2.70
Paying ward –Class II	4,806	5,072	5.24	44.31	47.33	6.38

Following is the summary of the financial performance of Sri Jayewardenepura General Hospital in year 2013.

Description	(Rs. '000)		Increase / Decrease	
	2012	2013	Value (Rs. '000)	Percentage (%)
Income generated from operations	993,119	1,120,511	127,392	12.83
Government Grant –Recurrent	827,234	999,600	172,366	20.84
Other Income	32,251	31,788	(463)	(1.43)
Other Operating Income (Interest)	5,376	5,514	138	2.57
Total Income	1,857,980	2,157,414	299,434	16.12
Materials & Consumables used	600,359	599,144	(1,215)	(0.20)
Staff cost	1,065,492	1,151,106	85,614	8.04
Depreciation & amortization	110,397	146,724	36,327	32.91
Other operating expenses	304,216	308,147	3,931	1.29
Total expenses	1,970,067	1,958,397	11,670	0.59
Profit /Loss from operation	-112,097	99,017	211,114	188
Finance cost	2,756	3,827	1,071	38.06
Other expenses	-	-	-	-
Profit /Loss before Taxation	-114,844	95,190	210,034	182.89
Income tax	4,330	2,903	(1,427)	(32.96)
Profit /Loss after Taxation	-119,174	92,286	211,460	177.44

Hospital Income has increased by Rs. 2011 million in year 2013 compared to the previous year and the growth rate is 177.44%.

The major projects among the development activities

1. Establish computer billing system
2. Establish computer network in the hospital
3. Establish Medical Check-up unit in a new place
4. Improving sanitary facilities in wards
5. Recruiting employees for excising vacancies and creating new cadre vacancies
6. Provide services for Urological
7. Prepared the Corporate Plan for the next five years
8. Use latest technology for heart surgeries
9. Establish the Health Information Unit
10. Establish the University College of Health Studies
11. Establish Professor Units affiliated Medical Faculty of Kothalawala Defense University
12. Establish fire extinguish unit

(Please see page no. 15 for further information of above projects)

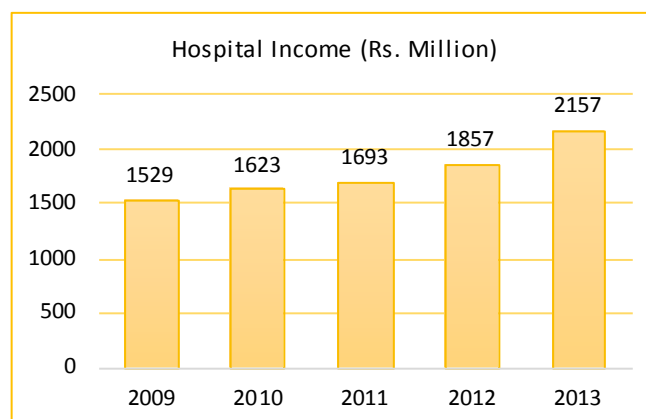
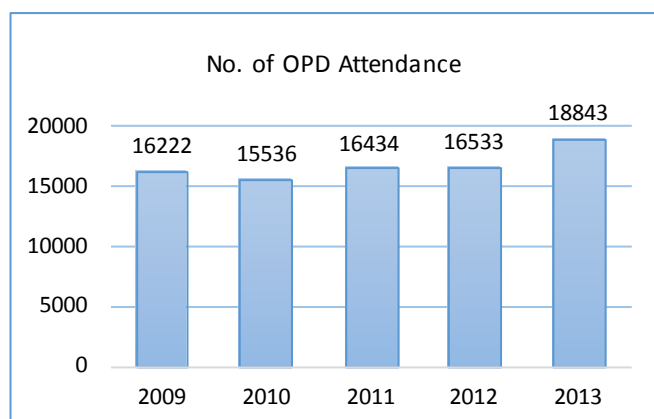
3.2 General Performance

In year 2013, total number of Out patients Department attendance ,number of clinic attendance and number of surgeries performed show a significant increase compared to year 2012.



The highest total number of OPD attendance & Hospital Income in 2013 is recorded compared to the last five years. In addition no of clinics attendance & no of surgeries performed are increased compared to the previous year.

	2009	2010	2011	2012	2013
Total No. of Admissions	55142	53962	52554	57119	54283
No. of OPD Attendance	16222	15536	16434	16533	18843
No. of Clinic Attendance	153591	149923	147289	147757	151156
No. of Surgeries Performed	17249	14152	13173	13613	13630
Bed Occupancy Rate (%)	74.70	66.10	66.80	70.47	64.07
Hospital Income (Rs. Millions)	1529	1623	1693	1857	2157



3.3 Sector Review

I. General Medical Unit

General Medical unit at Sri Jayewardenepura General Hospital consists of 3 medical wards (ward 06, 12 and 17) the unit is equipped with all modern resuscitation and monitoring facilities and conducts regular outpatient clinics. Special clinics to address diabetes mellitus and other endocrinopathies are being conducted. Considering the high and increasing prevalence of bronchial asthma in Sri Lanka a special clinic for bronchial

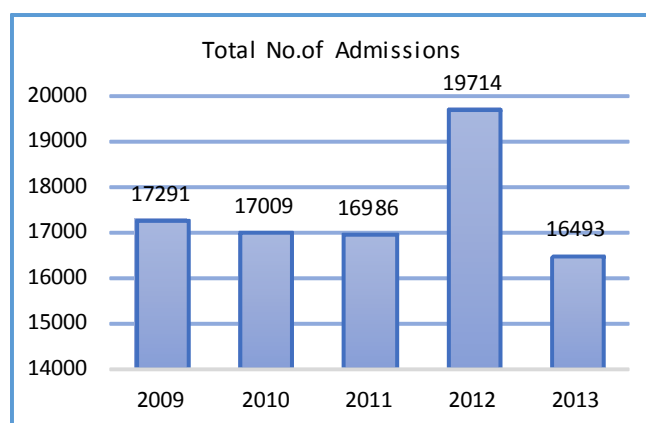
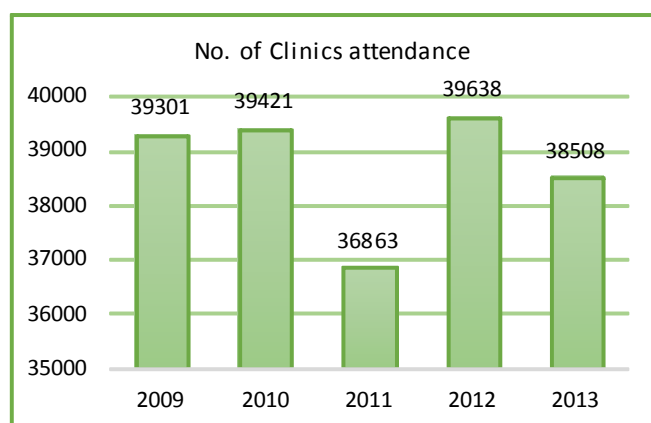
asthma is being conducted at SJGH. Medical teams with multidisciplinary skills attend in various types of routine and emergency medical care in the hospital working closely t with other subspecialty units to provide better service to patients.

Modern fibre-optic bronchoscopy facilities are available for diagnostic and to intervention procedures for various respiratory conditions. Widely available endoscopic facilities functions in a very

helpful manner in dealing with many gastro intestinal conditions.

Number of clinic attendees, in patients and bed occupancy rates record lower values compared to the 2012 figures

	2009	2010	2011	2012	2013
No. of Clinics Held	338	395	344	395	391
No. of Clinic Attendance	39301	39421	36863	39638	38508
Total No. of Admissions	17291	17009	16986	19714	16493
Bed Occupancy Rate (%)	111.28	109.53	115.87	126.13	105.81



II. General Surgical Unit

General Surgical Unit of Sri Jayewardenepura General Hospital extends its in-patient service to the public through three separate wards (Ward 08, 14 and 15) and paying wards. Surgical clinics conducted by the general surgical unit provide pre and post-operative care for patients. Sri Jayewardenepura General Hospital consists of state of the art modern operation theatre facilities and dedicated intensive care units for the management of critical surgical conditions. General surgical unit offers various diagnostic and therapeutic endoscopic procedures at very competitive rates. Sri Jayewardenepura General Hospital conducts renal transplantation surgeries achieving a very high success rate within a short period of time.

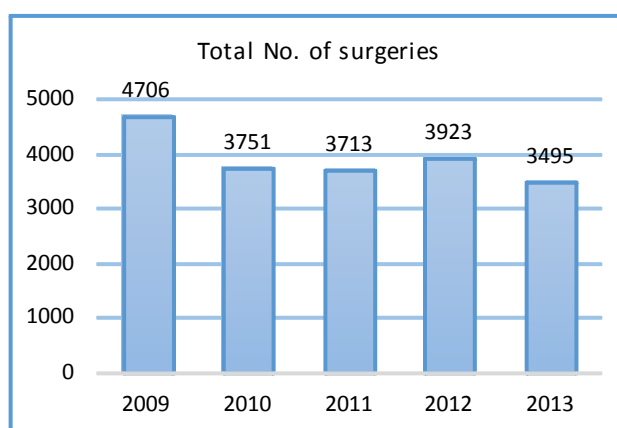
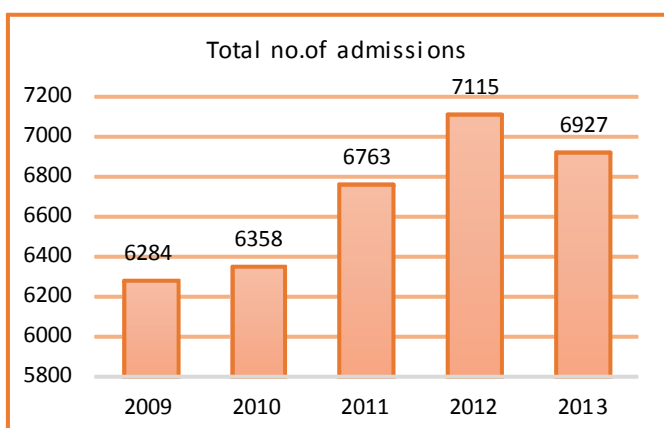
Considering current disease trends in the country, SJGH delivers specialized breast care with multidisciplinary input. Screening for breast cancer and breast reconstruction surgeries are performed at SJGH. The general surgical unit conducts day surgeries

where the patient is discharged within the same day after the surgical intervention considering patient convenience.

The total no of admissions, the no of patients attended clinics, no. of surgeries performed and bed occupancy rate in 2013 are less compared to the previous year.



	2009	2010	2011	2012	2013
No. of Clinics Held	422	431	444	450	381
No. of Clinic Attendance	12895	12633	13001	13164	11716
Total No. of Admissions	6284	6358	6763	7115	6927
Total no. of Surgeries	4706	3751	3713	3923	3495
Bed Occupancy Rate (%)	58.36	45.36	47.93	54.84	47.88



III. Gynaecology and Obstetrics Unit

The Gynaecology and Obstetric unit provides a full range of obstetric care, including care for women with uncomplicated pregnancies, through women with more complex or "high risk" pregnancies. At Sri Jayewardenepura General Hospital mothers can experience a more comfortable child birth with analgesic injections, Entonox gas and epidural pain relief. Labour monitoring is done using the most modern methods to enhance safety. A highly sophisticated technology is used in early pregnancy scanning, dating the pregnancy, anomaly scanning and for antenatal foetal surveillance.

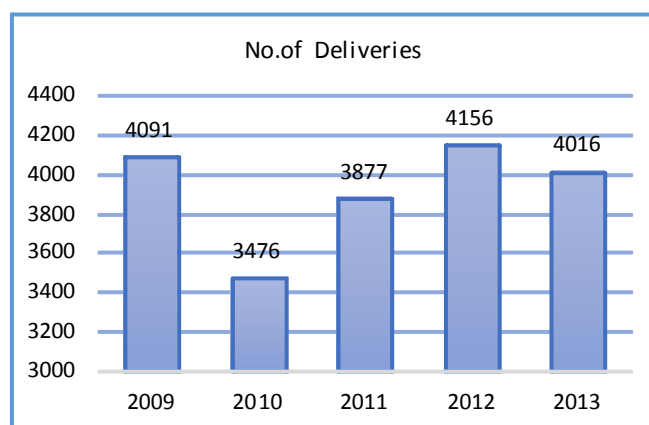
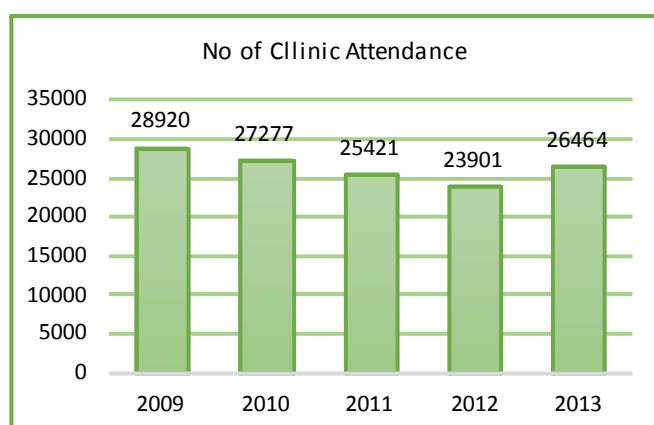


Sri Jayewardenepura General Hospital provides almost all emergency and elective gynaecological services including gynaecological surgeries for benign and malignant conditions, uro-gynaecological surgeries, diagnostic and therapeutic surgery procedures and gynaecological ultrasound scans.

Gynaecology and obstetrics unit also provides high standard subfertility care from the primary assessment of a couple up to necessary interventions and family planning .

The number of patients attended clinics figures higher compared to the previous year through the number of admissions, number of births and bed occupancy rate are less than the last year.

	2009	2010	2011	2012	2013
No. of Clinics Held	288	291	294	335	327
No. of Clinic Attendance	28920	27277	25421	23901	26464
Total No. of Admissions	7777	7810	7871	8706	8659
Bed Occupancy Rate (%)	78.81	82.99	83.25	93.42	88.48
No. of Deliveries	4091	3476	3877	4156	4016



IV. Paediatric Unit

Sri Jayewardenepura General Hospital Paediatrics Unit provides both in and out-patient care for children.

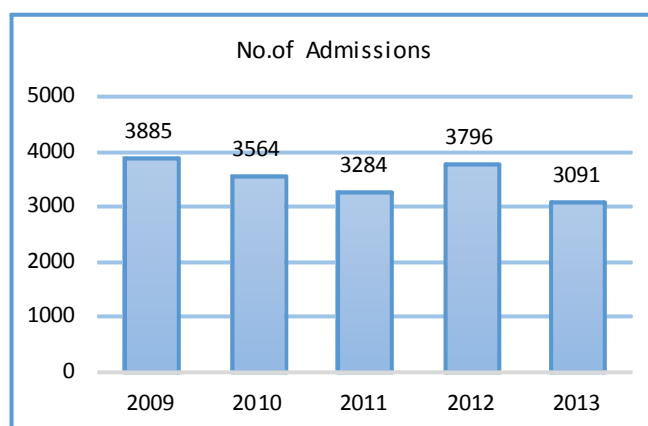
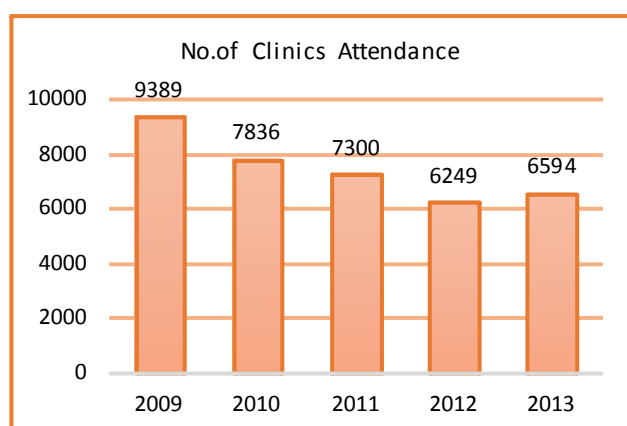
Paediatric Unit provide in-patient care through a ward consisting 43 beds and well equipped to handle any type of paediatric medical emergency.

General paediatric clinic, well baby clinic, vaccination clinic and paediatric asthma clinic are conducted by the unit weekly to provide the maximum service through its dedicated and experienced medical staff.

The number of patients attended clinics is higher compared to the previous year . The no of admissions and bed occupancy rate are less than the last year.



	2009	2010	2011	2012	2013
No. of Clinics Held	333	331	337	346	332
No. of Clinic Attendance	9389	7836	7300	6249	6594
Total No. of Admissions	3885	3564	3284	3796	3091
Bed Occupancy Rate (%)	71.45	67.76	70.20	81.28	63.52



V. ENT Unit

The ENT unit of Sri Jayewardenepura General Hospital provides both in and out-patient care by a well experienced and highly competent staff. In-patient care is provided with a 60 bedded ward and out-patient care is provided through regular ENT clinics. The ENT Clinic is well equipped with modern technology and with separate Audiometric and Speech Pathological units established under the ENT unit. The unit conducts separate hearing assessments and speech therapy clinics.

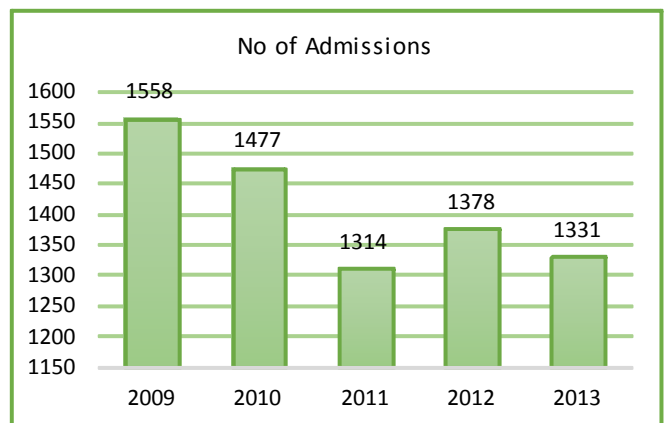
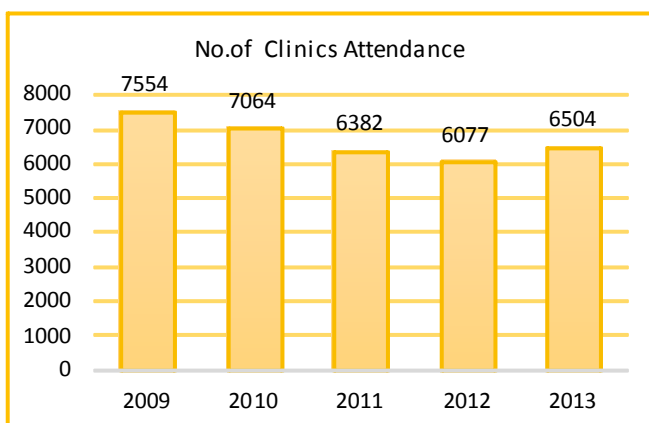


ENT unit carry out a wide range of surgical procedures including major head and neck surgeries and functional endoscopic sinus surgeries.

Well-equipped audio laboratory has the capability to carry out investigations such as pure tone audiometry, tympanogram and brainstem evoke response assessments. ENT unit provides endoscopy facilities for fibre-optic laryngoscopy and naso-endoscopic procedures.

The number of patients attended clinics in higher compared to the previous year through the no of admissions, no surgeries performed and bed occupancy rate are less than the last year.

	2009	2010	2011	2012	2013
No. of Clinics Held	99	99	98	98	101
No. of Clinic Attendance	7554	7064	6382	6077	6504
Total No. of Admissions	1558	1477	1314	1378	1331
Bed Occupancy Rate (%)	37.58	34.30	29.70	32.57	31.91
No. of Surgeries done	690	687	543	539	493



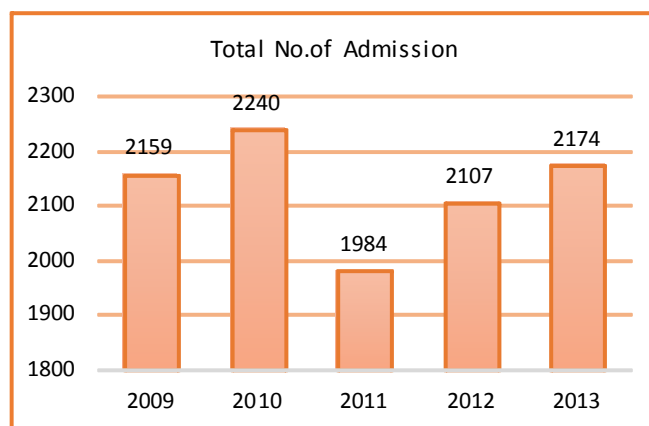
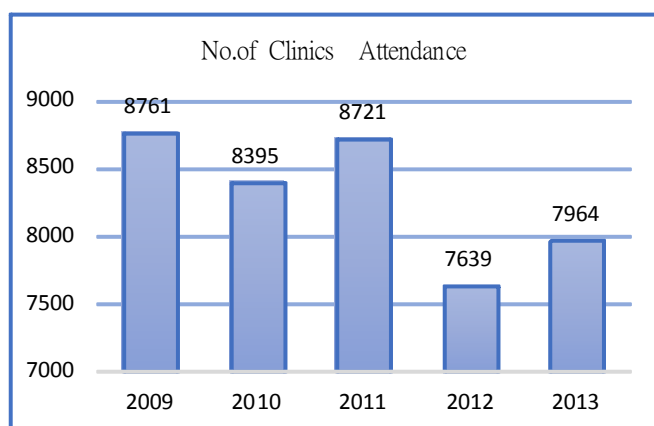
VI. Orthopaedic Unit

Sri Jayewardenepura General Hospital has an advanced well-established & reputed Orthopaedic Surgical Unit which receives island wide recognition. It is a modern unit with sophisticated equipment where you get all types of orthopaedic surgeries done under one roof. The unit is highly popular among post graduate trainees. It is a special spinal unit which has a high success rate for scoliosis correction surgeries and other specialised spinal surgeries. This unit is among the leading institutes in the country to provide paediatric ortho-surgical care. The orthopaedic unit is pioneering in arthroplasties such as primary and revision hip and knee replacements. It is also specialized in shoulder and elbow replacements. These services are well established over a long time and bear a very high success rate. Diagnostic and therapeutic arthroscopic procedures are also carried out by the orthopaedic unit. Sri Jayewardenepura General Hospital orthopaedic unit is a well-recognized centre for treating variety of sport injuries for highly professional sport personals.



The number of patients attended the clinics held by the Orthopedic Unit ,no of admissions, bed occupancy rate and the no of surgeries performed show an increase compared to the last year.

	2009	2010	2011	2012	2013
No. of Clinics Held	98	98	99	102	96
No. of Clinic Attendance	8761	8395	8721	7639	7964
Total No. of Admissions	2159	2240	1984	2107	2174
Bed Occupancy Rate (%)	111.70	65.34	66.60	59.31	59.70
No. of Surgeries done	3928	2202	1966	1624	1798



VII. Ophthalmology (Eye) Unit

Sri Jayewardenepura General Hospital has a well-established Ophthalmology Unit, functioning as a total care provider for most of the eye diseases. The eye clinic which is equipped with novel diagnostic and innovative therapeutic facilities is held five times a week. Eye clinic conducts routine eye assessments, correction of refraction and diabetic eye care. The ophthalmology theatre is one of the best government owned units where modern diagnostic and therapeutic facilities are available for patient needs.

Fundus fluorescein angiography and indocyanine green angiography facilities (for age related macular

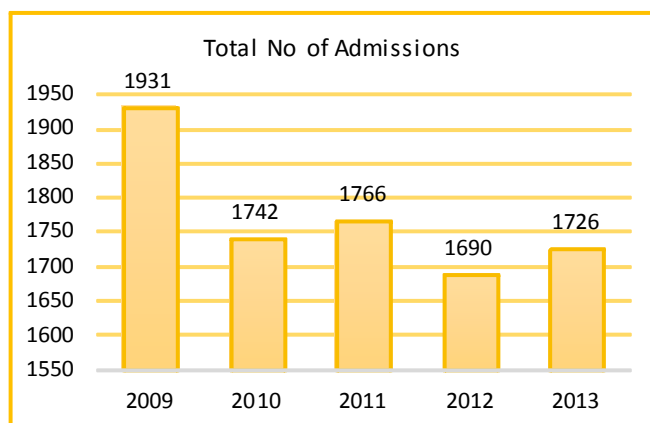
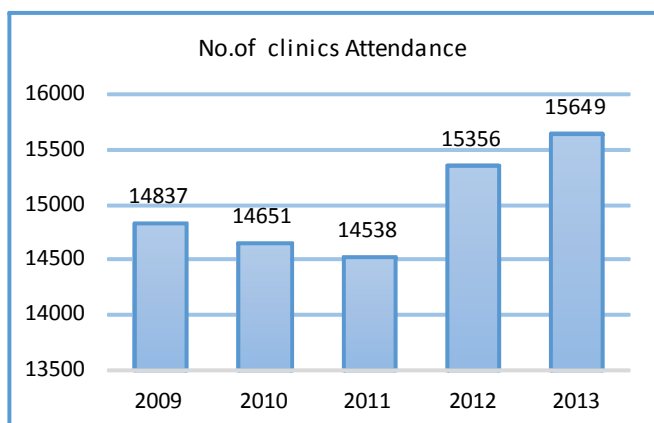
degeneration, polypoidal choroidal vasculopathy, vein occlusion etc.), focal laser treatment and pan retinal photocoagulation for diabetic retinopathy and other vascular disorders of the eye, management of age related macular degeneration with photodynamic therapy and anterior segment OCT, biometry facilities with IOL master, corneal topographic facilities and ultrasound A & B scan facilities to detect posterior segment eye disease are some of the



facilities available at the ophthalmology unit.

The total number of patients attended clinics show significant increased in ophthalmology unit in this year compared to the last five years ,through no of admissions& bed occupancy rate in 2013 is an increase compared to the previous year.

	2009	2010	2011	2012	2013
No. of Clinics Held	140	140	144	148	262
No. of Clinic Attendance	14837	14651	14538	15356	15649
Total No. of Admissions	1931	1742	1766	1690	1719
Bed Occupancy Rate (%)	68.14	57.51	61.30	56.40	58.51
No. of Surgeries done	3814	3782	3506	3572	3560



VIII. Cardiology Unit

The Cardiology Unit of the Advanced Cardiac Centre of Sri Jayewardenepura General Hospital is comprised of the cardiology ward, the Coronary Care Unit, the High Dependency Unit, the Cardiac Catheterization Lab and the Cardiac Investigation Unit, each of which provides a unique aspect of cardiac patient care.

Cardiology ward, CCU and HDU provide care for a wide variety of acute and chronic cardiac problems. Most critical cardiac conditions and cardiac emergencies are managed very successfully by well experienced and dedicated team.

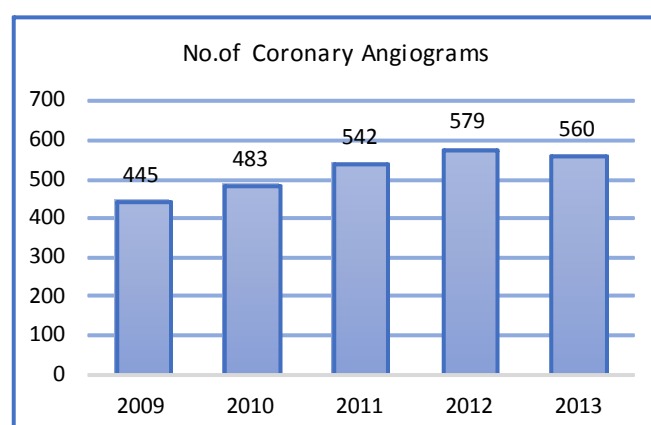
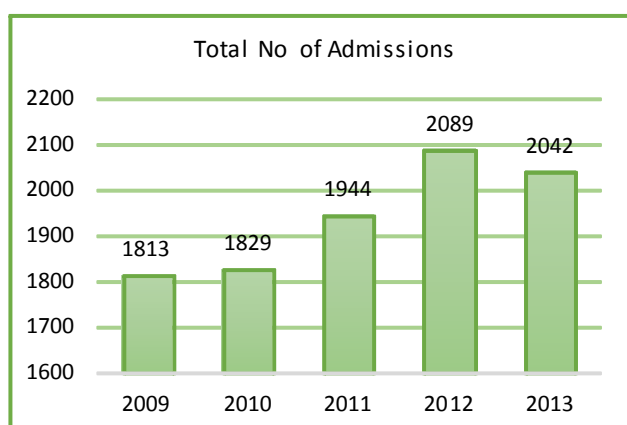
Cardiac catheterization service includes both planned and emergency invasive cardiac procedures such as coronary angiography, percutaneous coronary interventions, right heart catheterization, temporary/permanent pacemaker implantation, ASD closure etc.

A wide range of cardiac investigations including echocardiography, stress testing, ambulatory blood pressure and ECG monitoring are carried out in the unit.



The total no of admissions, the no of patients attended clinics, no. of surgeries performed , bed occupancy rate & no of Coronary Angiograms in 2013 are less compared to the previous year in Cardiology Unit at Sri Jayewardenepura General Hospital.

	2009	2010	2011	2012	2013
No. of Clinics Held	97	99	99	100	95
No. of Clinic Attendance	5027	5234	5582	6123	5929
Total No. of Admissions	1813	1829	1944	2089	2042
Bed Occupancy Rate (%)	68.30	52.10	55.50	62.40	58.23
No. of Coronary Angiograms	445	483	542	579	560



IX. Cardio-Thoracic Unit

The Sri Jayewardenepura General Hospital Cardiothoracic Surgical Unit is one of the best government owned units of its category. It is a tertiary care centre for all types of open and minimally invasive surgeries of the thoracic cavity which provides its services on time without very long waiting lists.



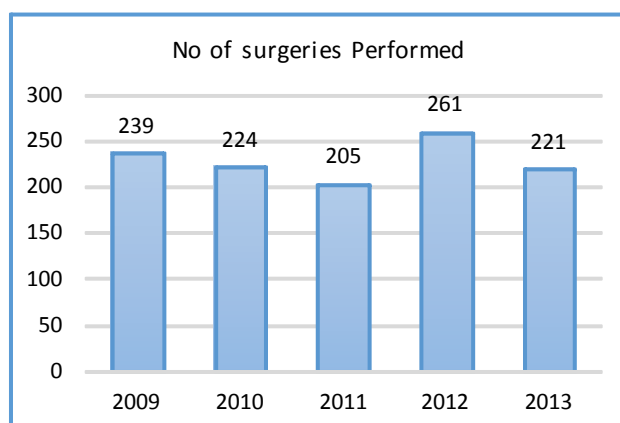
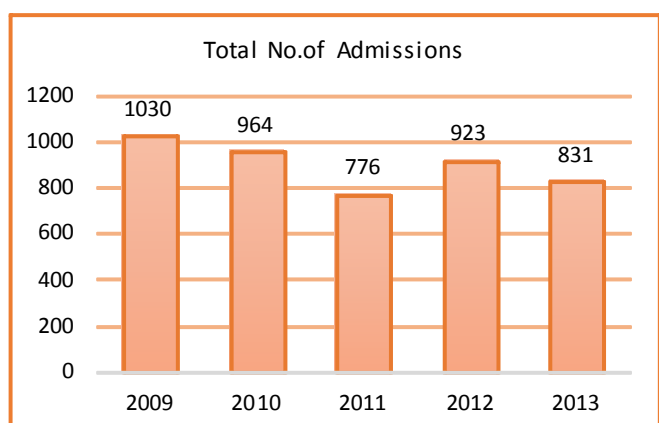
The cardiothoracic unit is not only specialized for adult surgeries but also possess much experience in paediatric heart surgeries.

It is the first unit of Sri Lanka which carried out an open heart surgery for neonate to correct transposition of great vessels. Since then many "firsts" in Sri Lanka have been carried out by the unit.

The unit has a separate state of the art operation theatre facility with two operation

suits for cardiothoracic surgeries in addition to our main operation theatre complex. A separate 10 bedded ICU facility is also available to take care of post-surgical patients. The total no of admissions, the no of patients attended clinics, no. of surgeries performed & bed occupancy rate in 2013 are less compared to the previous year in Cardio-Thoracic Unit at Sri Jayewardenepura General Hospital.

	2009	2010	2011	2012	2013
No. of Clinics Held	96	100	94	99	101
No. of Clinic Attendance	4069	4015	3663	3940	3536
Total No. of Admissions	1030	964	776	923	831
Bed Occupancy Rate (%)	66.24	57.08	72.50	56.40	47.40
No. of Surgeries Performed	239	224	205	216	199



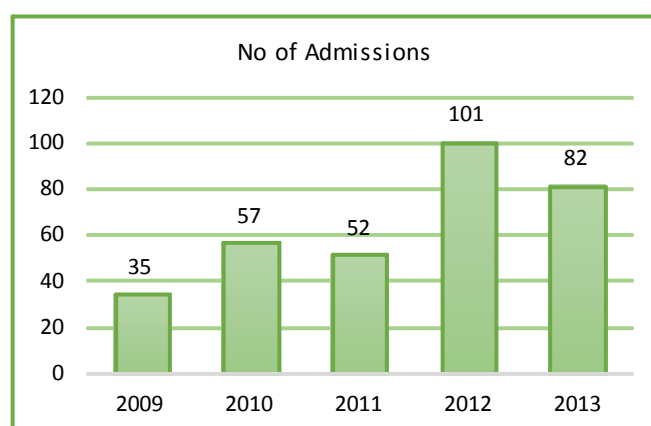
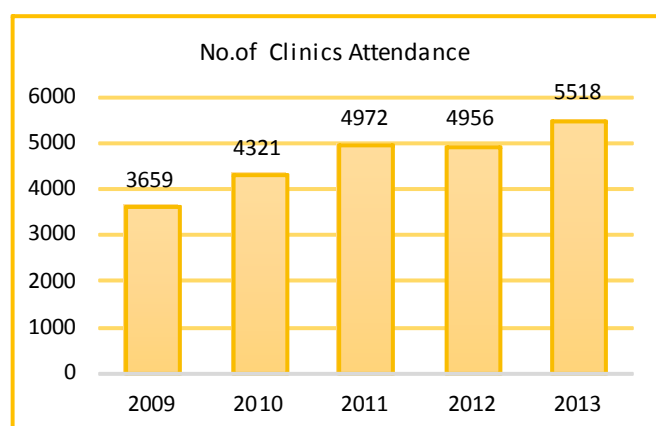
X. Dermatology Unit

The Dermatology Unit of the Sri Jayewardenepura General Hospital provides necessary inward care and outpatient care through general dermatology clinics. Facilities for minor dermatological surgeries and chemical cauterization facilities are currently available while electro cauterization and cryotherapy (liquid nitrogen therapy) facilities which we have, add more value to the dermatological interventions for cosmetically important diseases.

Dermatology unit provides a wide range of services for infective and inflammatory skin conditions, benign & malignant skin tumours and especially for cosmetically important skin lesions. Acne treatment, chemical cauterization for non-infective warts, punch grafts for cosmetic problems such as vitiligo, chemical peeling for cosmetic skin problems such as pimple induced pigmentation, anti-aging treatments for fine wrinkles and cosmetically concerned pigmentation disorders, liquid nitrogen therapy for viral and genital warts, minor skin biopsies, inward care for severe dermatosis, treatments for scabies, psoriasis & leprosy, minor skin surgeries, dermatological interventions in generalized or patchy hair loss and treatment for nail disorders are some of the services provided by the dermatology unit. The no of patients attended the clinics held by the Dermatology unit in 2013 show significant increased compared to the year 2012.



	2009	2010	2011	2012	2013
No. of Clinics Held	171	188	193	207	217
No. of Clinic Attendance	3659	4321	4972	4956	5518
Total No. of Admissions	35	57	52	101	82



XI. Neonatal Intensive Care Unit (NICU)

The Neonatal Intensive Care Unit of Sri Jayewardenepura General Hospital is the most advanced "Level III" neonatal unit in Sri Lanka and functions as the main referral and training centre for the rest of the country.

It takes the responsibility of managing all sick babies born in the hospital and also undertakes the management of sick neonates who need intensive care, transferred from both other private and government hospitals.

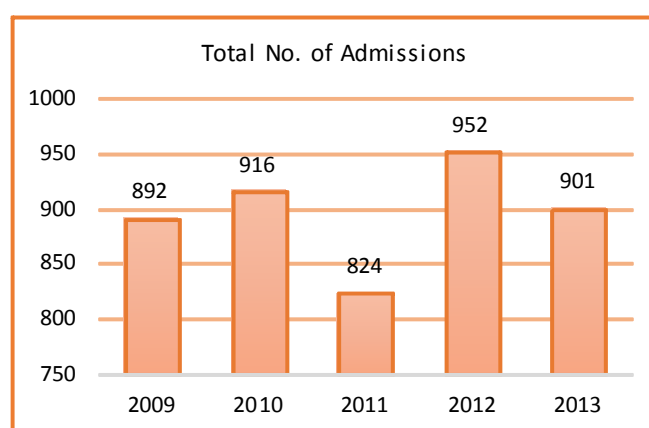
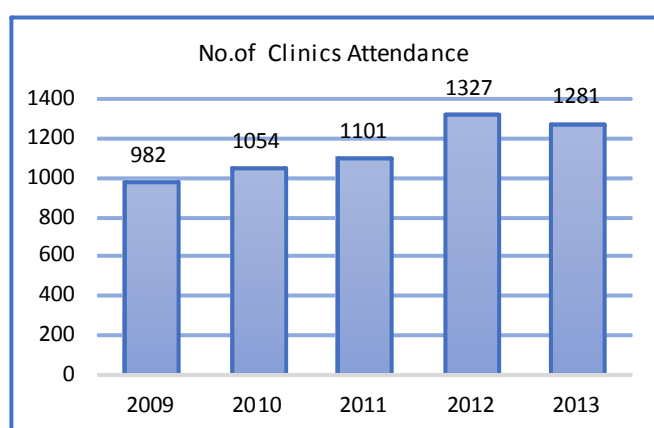


In addition to the care of the sick new-born, Neonatal Intensive Care Unit is able to provide expert medical and nursing care for the extremely premature and the very low birth weight babies with intact survival in the majority of babies more than 500g and more than 27 weeks gestation.

Over the years Neonatal Intensive Care Unit of Sri Jayewardenepura General Hospital have gained great experience regarding ventilation for lung disease, neonatal sepsis

control and management of parenteral nutrition therapy etc. which are necessary for the proper management of critically ill new-borns. The bed occupancy rate in 2013 is an increase compared to the previous year.

	2009	2010	2011	2012	2013
No. of Clinics Held	46	46	44	48	49
No. of Clinic Attendance	982	1054	1101	1327	1281
Total No. of Admissions	892	916	824	952	901
Bed Occupancy Rate (%)	46.08	83.80	71.10	71.67	73.51



XII. Rheumatology and Rehabilitation Unit

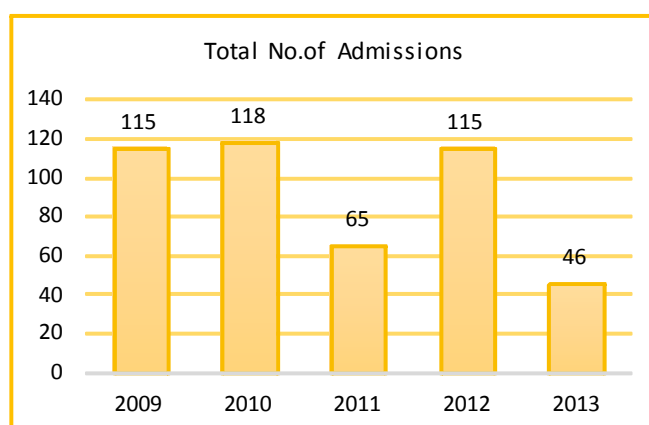
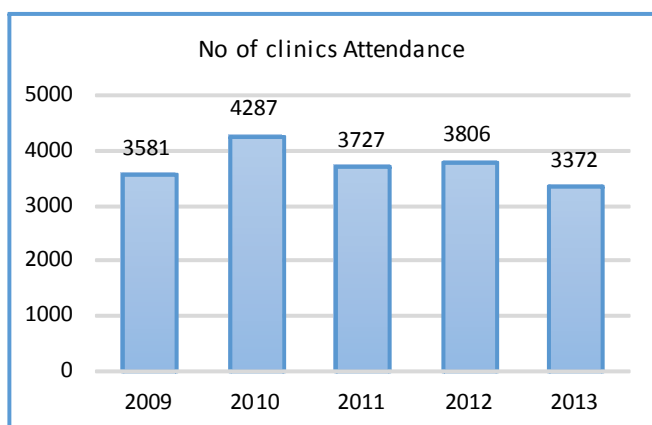
The Rheumatology and Rehabilitation Unit provides inward care as well as outpatient care through three outpatient clinics per week.

Many types of arthritis including osteoarthritis, rheumatoid arthritis, and psoriatic arthritis and connective tissue disorders such as SLE, mixed connective tissue disorders and vasculitis are treated in the rheumatology unit with a well-trained and highly experienced medical team. The unit has special interest and competency in managing osteoporosis and chronic pain syndromes. Rheumatology & rehabilitation unit works in collaboration with other

medical clinics to improve the quality of life of patients. The total number of admissions and the number of patients attended clinics in this year are less compared to the previous year.



	2009	2010	2011	2012	2013
No. of Clinics Held	143	144	142	141	155
No. of Clinic Attendance	3581	4287	3727	3806	3372
Total No. of Admissions	115	118	65	115	46



XIII. Neurology Unit

Clinical neurology services at Sri Jayewardenepura General Hospital have developed into a fully functional Neurology Unit equipped with all facilities for special investigations and treatment of neurological conditions including neurological emergencies, providing both inpatient and outpatient care. It conducts a separate stroke unit for acute management, investigation and rehabilitation of stroke patients.

Modern neurophysiological Investigations including electroencephalography (EEG), nerve conduction studies (NCS), electromyography (EMG) and evoked

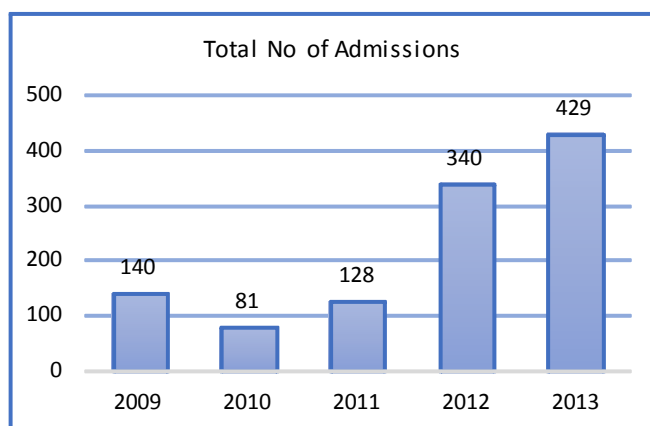
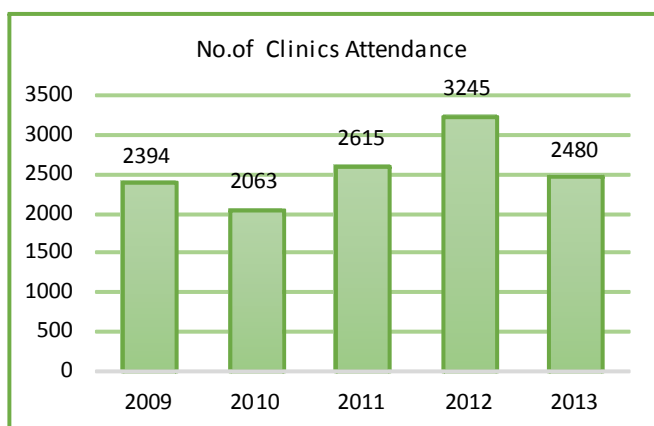
potential studies (VEP, ABR, SEP) are available at the neurology unit. The department works in close collaboration with allied specialty services including neurosurgery, rheumatology and rehabilitation, radiology and allied therapy services which includes physiotherapy and speech and language therapy which are available on site.



The highest total number of admissions in 2013 is recorded compared to the last five

years while the bed occupancy rate is increased compared to the year 2012.

	2009	2010	2011	2012	2013
No. of Clinics Held	96	96	102	93	96
No. of Clinic Attendance	2394	2063	2615	3245	2480
Total No. of Admissions	140	81	128	340	429
Bed Occupancy Rate (%)	116.86	14.51	26.90	52.05	67.05



XIV. Neurosurgery Unit

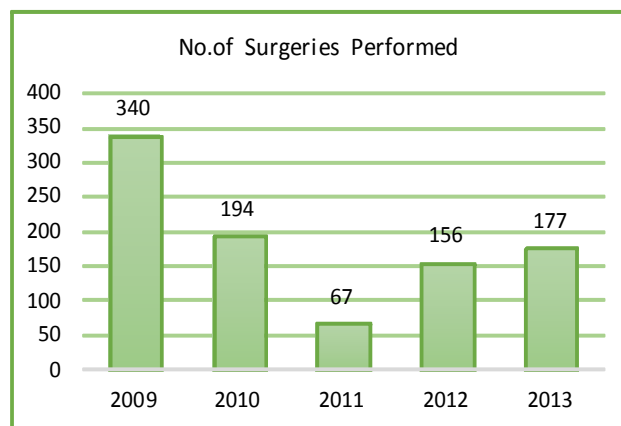
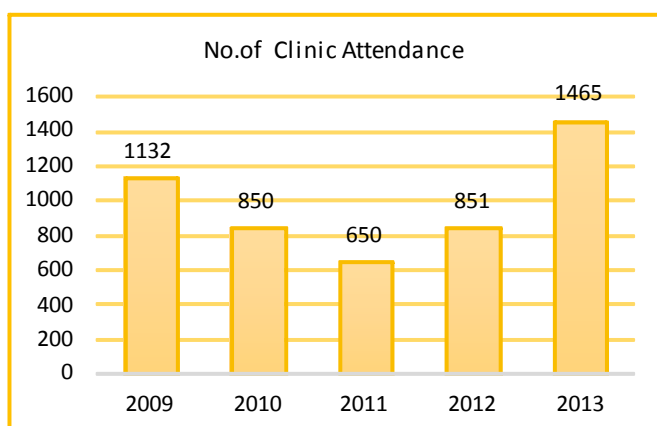
Sri Jayewardenepura General Hospital has a well-established Neurosurgery Unit which handles all the routine and emergency surgeries of brain and spinal cord. The unit consists of 6 Inward ICU beds with ultra-modern facilities including Intra cranial pressure monitoring, to cater patient during post-operative period and 6 HDU beds to follow them up following a major neurosurgery.

Neurosurgical theatre is equipped with all facilities necessary for neurosurgeries and performs brain surgeries including aneurysm surgeries, neuro-oncological surgeries, skull base surgeries, endoscopic pituitary surgeries, micro vascular decompression reconstructive surgeries and trauma surgeries and neuro-spinal surgeries including occipitocervical fixation, trans-oral odontoidectomy and fixation, anterior cervical discectomy and replacement, posterior lateral mass screw fixation, cervico-thoracic fixation and posterior and transverse lumbar inter-body fusions.



The highest number of patients attended clinics in 2013 is recorded in compared to the last five years, through the bed occupancy rate & number of Surgeries Performed increased compared to the year 2012

	2009	2010	2011	2012	2013
No. of Clinics Held	95	93	92	106	101
No. of Clinic Attendance	1132	850	650	851	1465
Total No. of Admissions	1015	963	763	1052	958
Bed Occupancy Rate (%)	400.59	82.56	34.00	35.58	49.25
No. of Surgeries Performed	340	194	67	156	176



XV. Nephrology Unit

The Nephrology Unit of Sri Jayewardenepura General Hospital provides high quality medical care with best nephrological expertise and many technologically advanced facilities. Ultrasonic renal imaging, renal Doppler studies and ultrasound guidance invasive procedures (biopsies and central line insertions etc.) are performed in the unit.

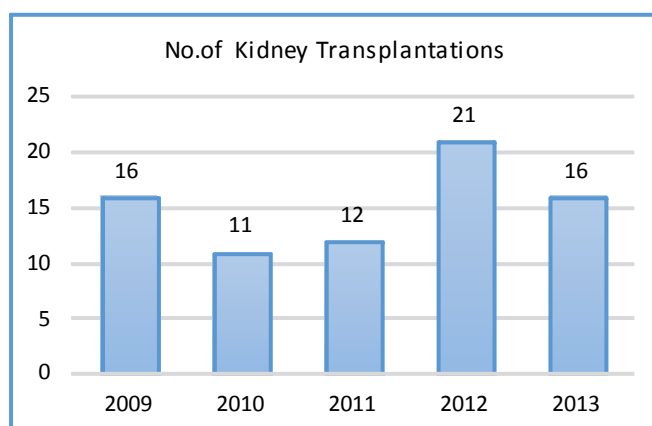
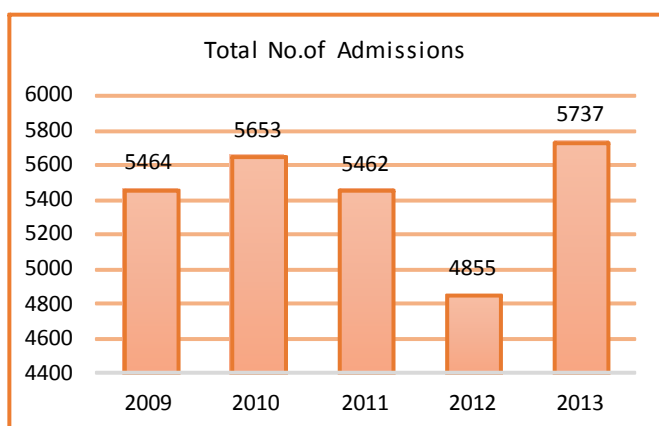


Haemodialysis unit which consists of 14 beds is operated by well-trained doctors and nurses who render individualized care to each patient. Vaccinations, anaemia and bone health management and nutritional guidance are provided to enhance the quality of life of haemodialysis patients.

The unit has performed more than 150 renal transplantations till date. High specialized pre and post-transplant care rendered by multidisciplinary team leads to high success

rates with minimal complications. The highest total no of admissions and the no of patients attended clinics in 2013 is an increase compared to the last five year.

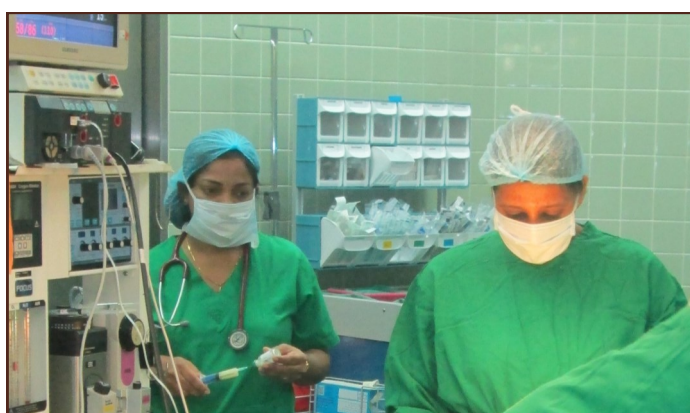
	2009	2010	2011	2012	2013
No. of Clinics Held	144	142	142	144	147
No. of Clinic Attendance	9446	9876	9751	10351	11027
Total No. of Admissions	5464	5653	5462	4855	5737
Bed Occupancy Rate (%)	87.42	85.85	72.10	72.00	66.98
No. of Kidney Transplantations	16	11	12	21	16



XVI. Anaesthesiology Unit

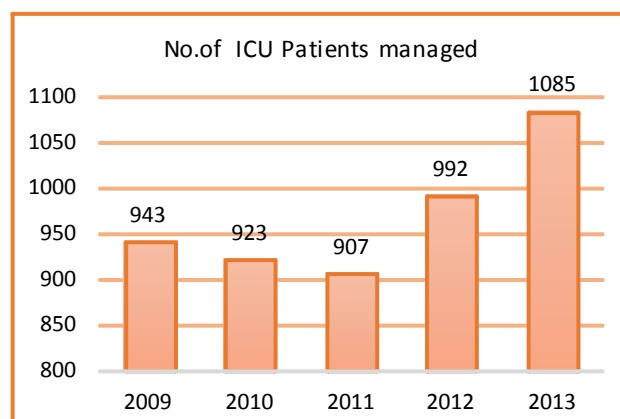
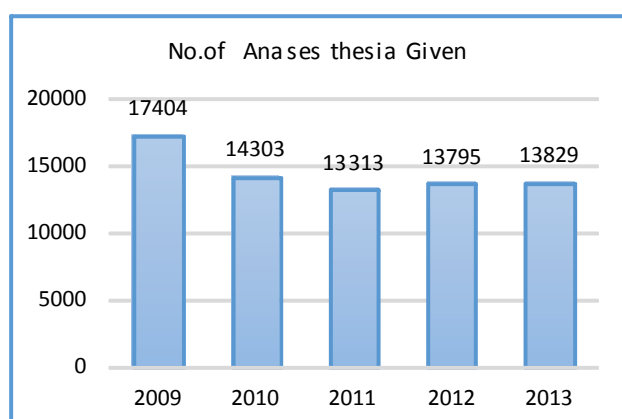
Sri Jayewardenepura General Hospital has all the modern facilities in operation theatres to provide state of art intraoperative monitoring during anaesthesia for all types of surgeries. Anaesthesia for all types of surgeries including cardiac surgeries, optimum preoperative care for all surgical candidates, postoperative acute pain relief services, pain relief services (Epidural) for mothers in labour and critical care for the patients in ICUs are some of the services provided by the Anaesthesiology Unit. This unit is very specialized in intensive care management. All the intensive care units are equipped with modern facilities to assist the anaesthetic team to provide personalized critical care. The team immediately attends on cardiac arrests effectively through the hospital "cardiac call" alarming system. All High Dependency Units of Sri Jayewardenepura General Hospital are under the direct supervision of the anaesthesiology team.

The anaesthesiology department is led by four consultant anaesthesiologists who are specialized in adult and paediatric anaesthesia and critical care. This highly integrated, dynamic, motivated group also consists of postgraduate trainees and senior medical officers. They are committed to provide the best and safest possible care to adult and paediatric patients requiring anaesthesia, analgesia and intensive care.



The total no of ICU patients managed in year 2013 show significant an increase compared to the last year.

	2009	2010	2011	2012	2013
No. of Anaesthesia Given	17404	14303	13313	13795	13829
No. of ICU Patients managed	943	923	907	992	1085



XV. Intensive Care Unit (ICU)

Intensive Care Unit of Sri Jayewardenepura General Hospital is a well-recognised centre in the country for treating critically ill patients. Intensive Care Unit is equipped with latest, state of the art life support systems and vital sign monitoring systems to provide an effective and quality service to the patients.

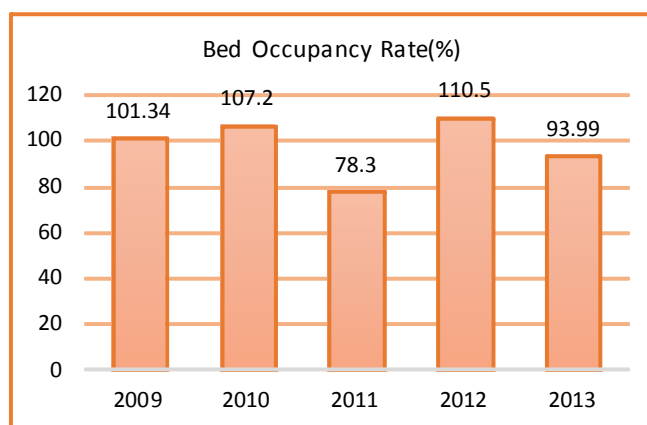
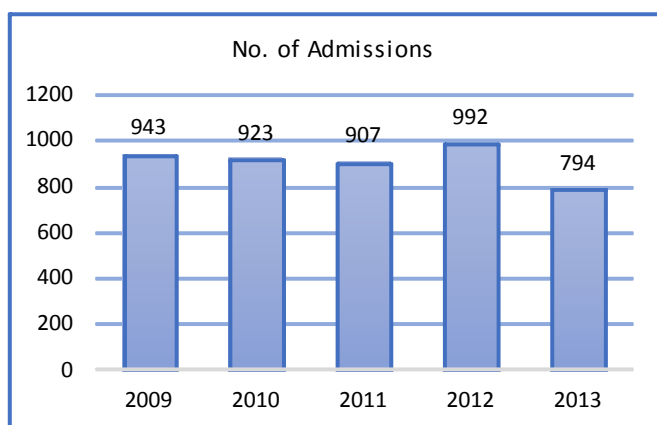
ICU is managed by Consultant Anaesthetists while senior, well experienced residential medical officers are available round the clock. Each patient is closely observed and monitored by well experienced, senior nursing officers, who have received extended training in managing critically ill patients and handling sophisticated ICU equipment.



All procedures in the ICU are carried out according to specially defined protocols and all protocols have been laid down according to the international standards of intensive care and are frequently revised and updated. Apart from the general ICU, Neonatal ICU, Neuro-surgical, Cardiology ICU and Cardio-thoracic ICU also provide the intensive care facilities in relevant specialities. The total no

of admissions and bed occupancy rate show in 2013 are less compared to the year 2012.

	2009	2010	2011	2012	2013
No. of Admissions	943	923	907	992	794
Bed Occupancy Rate (%)	101.34	107.20	78.30	110.50	93.99



XVI. Haematology Unit

Haematology Unit of Sri Jayewardenepura General Hospital provides a comprehensive range of haematological diagnostic tests at a very competitive price. Haematology laboratory provides round the clock service for inpatients as well as out patients. It is equipped with latest and sophisticated machines to offer an accurate and efficient service. This unit conducts outpatients clinics for patients with haematological disorders.

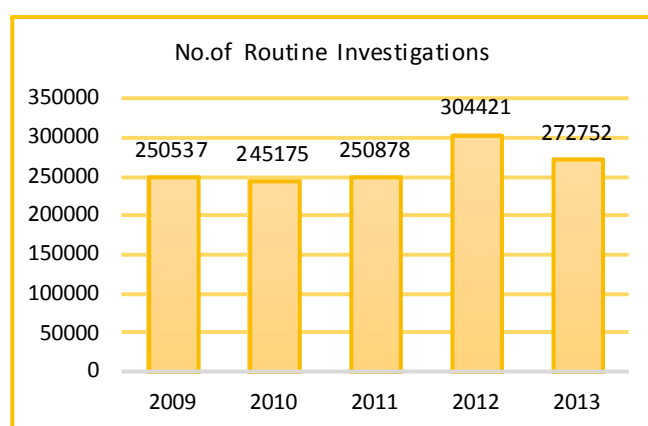
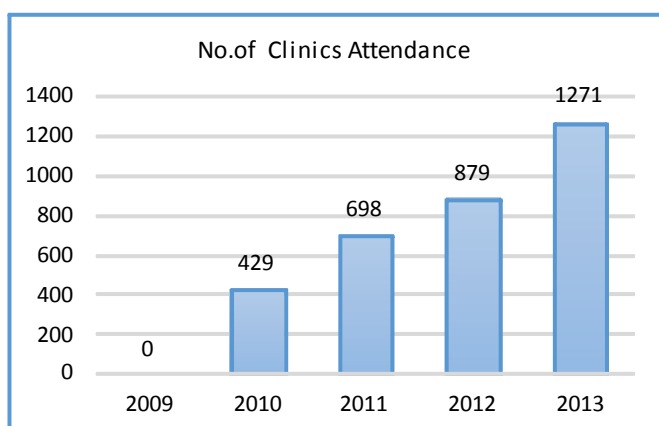
Haematology unit also functions as a research and training centre for medical undergraduates and post graduates.

Apart from the routine blood investigations such as FBC, ESR and Blood Picture, haematology laboratory performs special investigations for screening different types of anaemia, thalassemia, haemophilia and other haematological malignancies like leukaemia, bleeding disorders and other haematological disorders. It also conducts a haematology

clinic for patients with haematological diseases. The no of patients attended clinics in 2013 show significant an increase compared to the previous years.



	2009	2010	2011	2012	2013
No. of Clinics Held	-	27	43	48	49
No. of Clinic Attendance	-	429	698	879	1271
No. of Routine Investigations	250537	245175	250878	304421	272752
No. of Special Investigations	31079	41862	54930	57771	37210



XVII. Histopathology Unit

Histopathology Unit handles various histological and cytological specimens to provide a precise diagnosis for patient management. Histopathology laboratories are enriched with latest technology and human resources in achieving correct diagnosis. The doctors along with the well experienced laboratory staff, working in close collaboration with relevant clinical units, ensure the patients a reliable and a convenient service

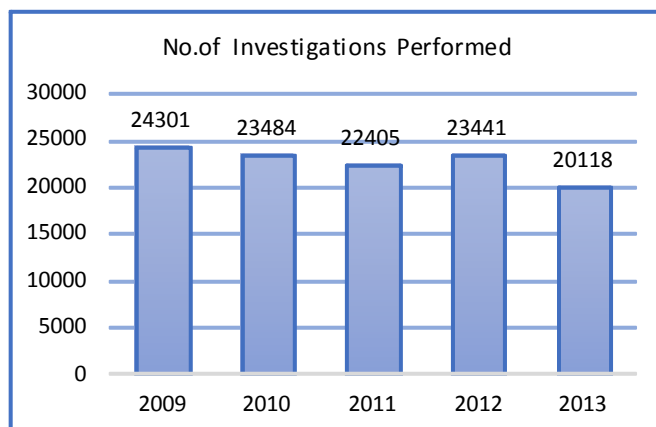
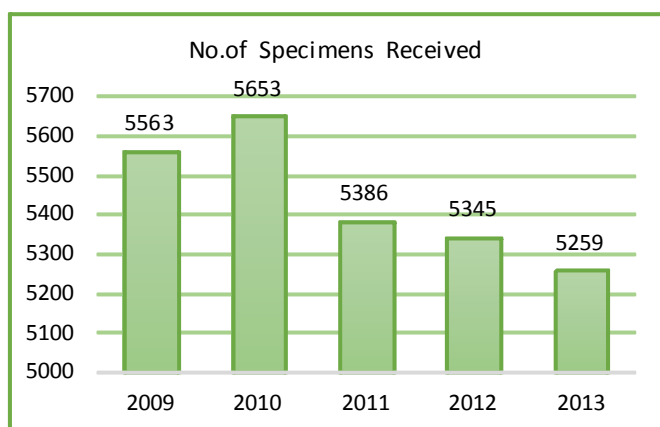


Many varieties of specimens are examined in the histopathology unit. Some of those specimens are surgical specimens, endoscopic specimens, bronchoscopic specimens, specimens from fine needle aspirations, skin biopsies and renal biopsies. The unit also handles Intra-Operative Imprint biopsies and frozen sections in order to help surgeons to make intra operative decisions.

All processed histopathological specimens are kept for about 8 years to make them available again in case of indicated second look and to compare the prevailing status of a disease with previous specimen.

	2009	2010	2011	2012	2013
No. of Specimens Received	5563	5653	5386	5345	5259
No. of Investigations Performed	24301	23484	22405	23441	20118

The total number of specimens received and number of investigation performed in 2013 show decrease compared to the previous year.



XVIII. Microbiology Unit

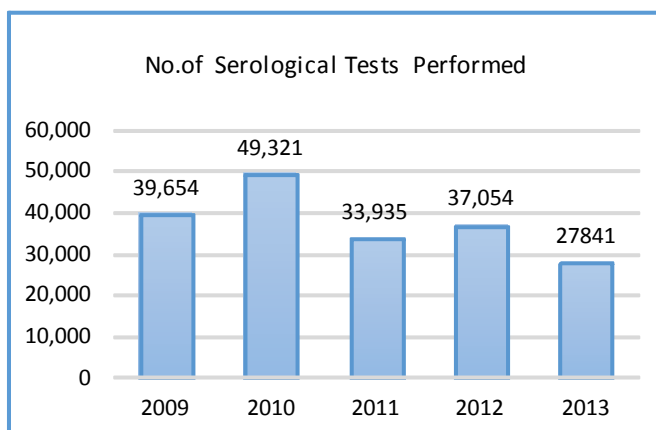
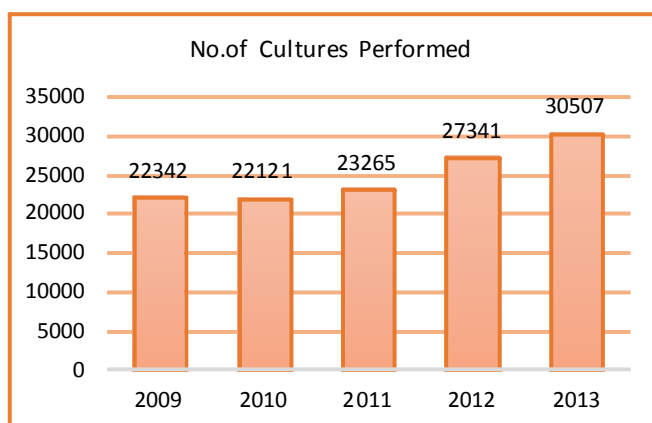
Microbiology Unit of Sri Jayewardenepura General Hospital performs a wide range of screening, diagnostic and surveillance tests in various fields such as bacteriology, mycology, virology and serology. The Microbiology unit of SJGH performs diagnostic bacterial & fungal cultures and microscopy and investigations for specific entities such as leprosy, TB, and *Helicobacter pylori* infection. It also performs surveillance cultures for the purpose of infection control. The laboratory also consists of a serology division where a wide range of screening and diagnostic tests are performed. It also tests serum levels of many antibiotics which are not readily available in most of the laboratories in Sri Lanka. Microbiology unit provides its service to both in-patients and out-patients at a very convenient rate.

The quality assurance and quality improvement is ensured through internal quality control, laboratory audits, incident reporting and by participating in External

Quality Assessment (EQA) Programme. The unit has carried out many research activities and has published scientific papers in well recognized journals. The total no of cultures performed in 2013 show significant increased compared to the previous year.



	2009	2010	2011	2012	2013
No. of Cultures Performed	22342	22121	23265	27341	30507
No. of ABST Performed	4857	3392	3396	4512	4016
No. of Serological Tests Performed	39654	49321	33935	37054	27841
No. of AFB Performed	2,079	1,749	1,999	2,358	1537



XIX. Biochemistry Unit

The Biochemistry Unit of Sri Jayewardenepura General Hospital handles about 114 bio chemical parameter analysis investigations. This includes routine tests, special tests and highly specialized tests which are available round the clock for both inward patients and out patients. Biochemistry investigations are performed in fully automated analysers. The accuracy and the reliability of results are ensured by high standards achieved by internal and external quality control programmes. All laboratory investigations are performed by well trained

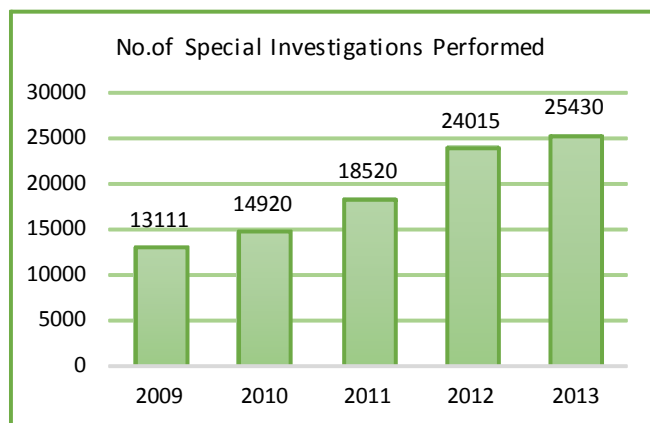
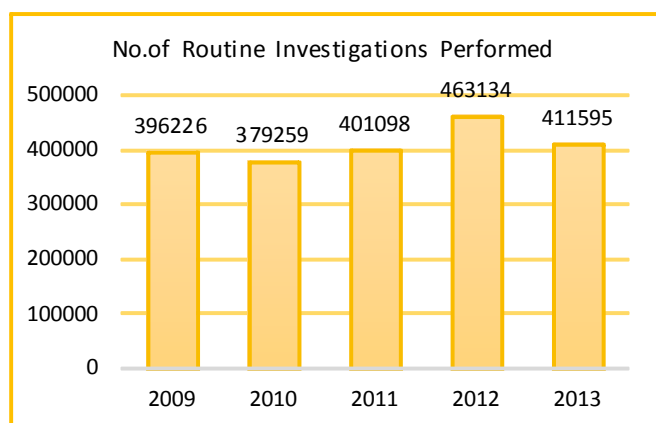
and qualified medical laboratory technicians.

Routine tests performed in the biochemistry unit include blood glucose levels and profiles such as renal, liver and lipid. Special tests include thyroid profile, iron profile, tumour markers, reproductive hormones, troponin T and I and serum beta hCG levels. Biochemistry unit of Sri Jayewardenepura General Hospital also performs highly specialized tests such as serum protein electrophoresis, urine protein electrophoresis

and immuno-typing. The total no of special investigations performed in 2013 show significant increased compared to the previous years.



	2009	2010	2011	2012	2013
No. of Routine Investigations Performed	396226	379259	401098	463134	411595
No. of Special Investigations Performed	13111	14920	18520	24015	25430



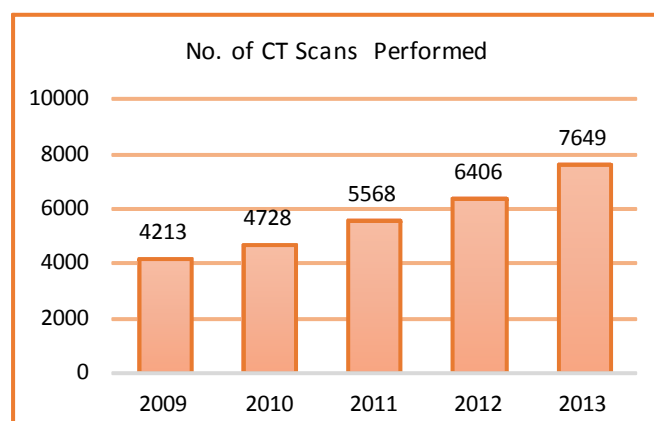
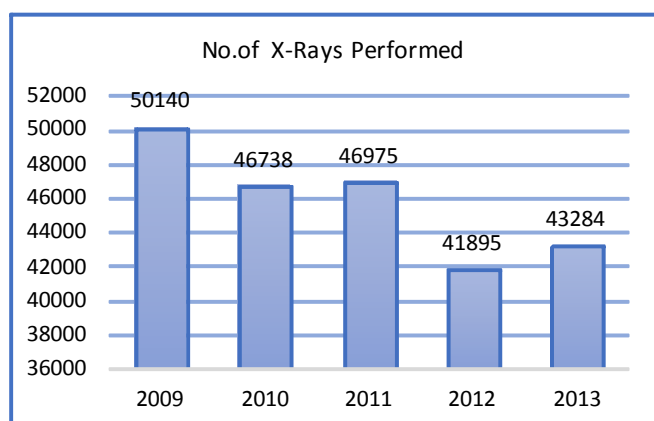
XX. Radiology & Imaging Unit

Radiology and Imaging Unit of Sri Jayewardenepura General Hospital provides safe and accurate diagnostic and interventional radiology services to both inward patients and outpatient at a very competitive rate compared to other private hospitals. Radiology and Imaging unit extends its service to the public round the clock through a well-trained and highly competent staff. This unit consists of modern and advance machineries to provide a better diagnostic and interventional radiology service to the patients.

Services provided by the Radiology and Imaging unit includes digital X-ray service for accurate diagnosis, spiral CT scanning with 3D images and angiography facilities, ultra-sound scans, colour Doppler studies, mammography, DSA and fluoroscopy. The unit also provides an mobile X-ray service to the ICU and inward patients. The total no of X-rays Performed, No. of Ultrasound Scans Performed, No. of CT Scans Performed and No. of Other Investigations Performed in 2013 show significant increased compared to the previous year.



	2009	2010	2011	2012	2013
No. of X-rays Performed	50140	46738	46975	41895	43284
No. of Ultrasound Scans Performed	8834	8906	8519	9240	9780
No. of CT Scans Performed	4213	4728	5568	6406	7649
No. of Other Investigations Performed	2041	1931	1699	2160	2321



XXI. Blood Bank

Blood Bank of Sri Jayewardenepura General Hospital provides an efficient and accurate service by providing safe and high quality blood and blood products when necessary in adequate amounts. These services are backed up by National Blood Transfusion Service. Sri Jayewardenepura General Hospital Blood Bank uses

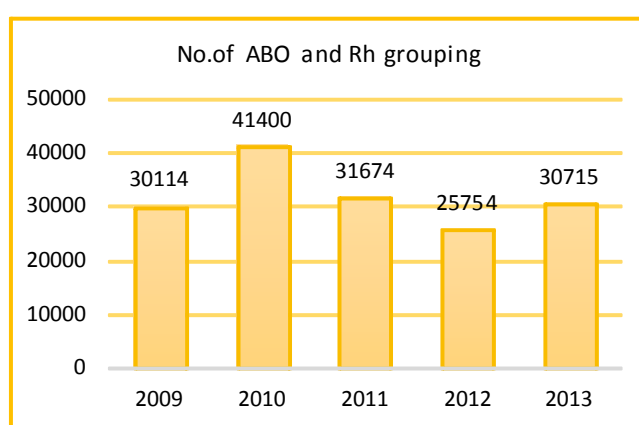
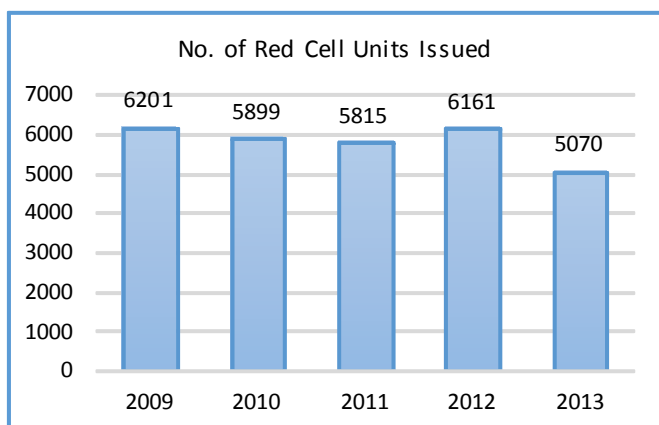


modern technology and equipment to maintain optimal conditions for donated blood and to ensure the quality. The Blood Bank provides blood grouping and cross matching services round the clock by a well-trained and highly competent staff.

Some of the services provided by the blood bank are blood grouping and cross matching, antibody screening, accepting voluntary donation of blood, serological investigations, direct and indirect coombs

tests, therapeutic exchange transfusions, plasma exchange and venesections. The total No. of ABO and Rh grouping In this year show significant increased compared to the previous year.

	2009	2010	2011	2012	2013
Total No. of Blood Collections	5520	6282	5643	5273	4504
No. of Red Cell Units Issued	6201	5899	5815	6161	5070
No. of ABO and Rh grouping	30114	41400	31674	25754	30715

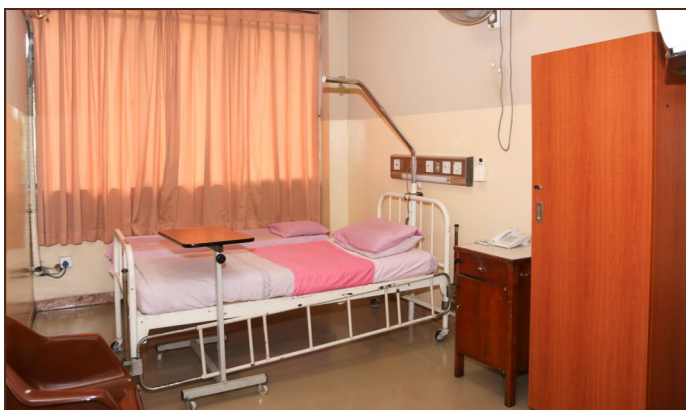


XXII. Paying Wards

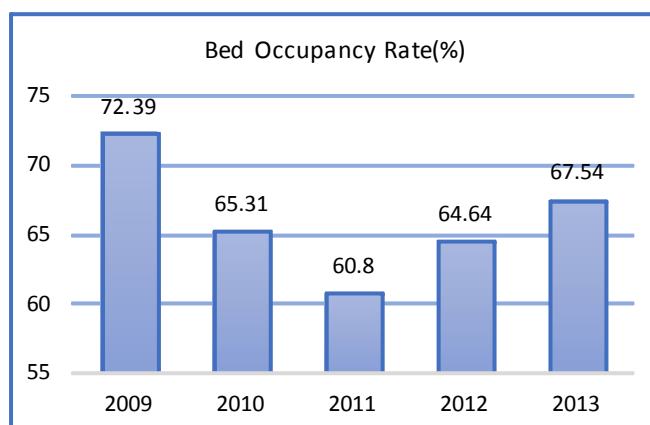
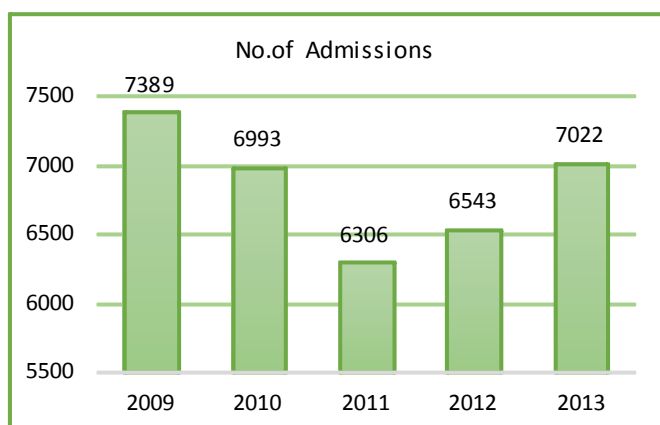
Sri Jayewardenepura General Hospital consists of class I and class II Paying Wards to deliver a quality health care service at a more comfortable and convenient environment. Class I paying ward consists of 18 air-conditioned individual rooms with telephone and television facilities while class II consists of individual and shared rooms. Good quality food are supplied for all paying wards and patients have the option to select a desired menu. Patients are allowed to get admitted to a paying ward under the care of any of the consultants working in the Sri Jayewardenepura General Hospital.

Even during the periods of decreased bed occupancy rate in the rest of the hospital, it was observed that the bed occupancy rate of paying wards remained at high. Bed occupancy rate of class I paying ward recorded as 105.29% in year 2012. Catering

the high demand the number of paying rooms was increased from 19 to 29 during the year 2012. The total no of admissions and bed occupancy rate in 2013 show significant increased compared to the previous year.



	2009	2010	2011	2012	2013
Total No. Admissions	7389	6993	6306	6543	7022
Bed Occupancy Rate (%)	72.39	65.31	60.80	64.64	67.54



XXIII. Medical Check-up unit

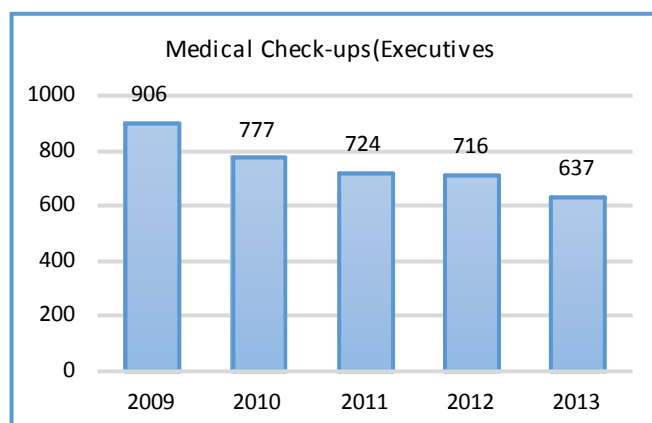
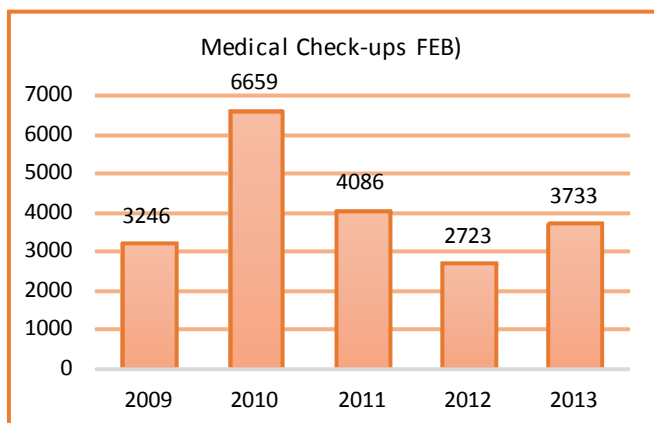
Medical Check-up Unit of Sri Jayewardenepura General Hospital is the only unit of that nature in a government hospital in Sri Lanka. Medical check-ups allow the apparently healthy people to undergo various examinations and investigations to identify early and hidden stages of the diseases. A timed and periodical screening helps to detect health problems early which facilitate timely and accurate interventions minimizing possible complications. All medical check-up are handled by senior medical officers and patients are referred to relevant consultants when indicated.



Medical check-up unit presents various health check packages tailored to different ages and different lifestyles. Also the Medical check-up unit of Sri Jayewardenepura General Hospital is the preferred institution to perform medical check-ups for the high ranking officers including the Secretaries of the Ministries, Chairmen, High Commissioners and Ambassadors.

The total no of medical checkup (FEB) (Foreign Employment Bureau) in 2013 is increased compared to the previous year.

	2009	2010	2011	2012	2013
Medical Check-ups (FEB)	3246	6659	4086	2723	3733
Medical Check-ups (Executives)	906	777	724	716	637



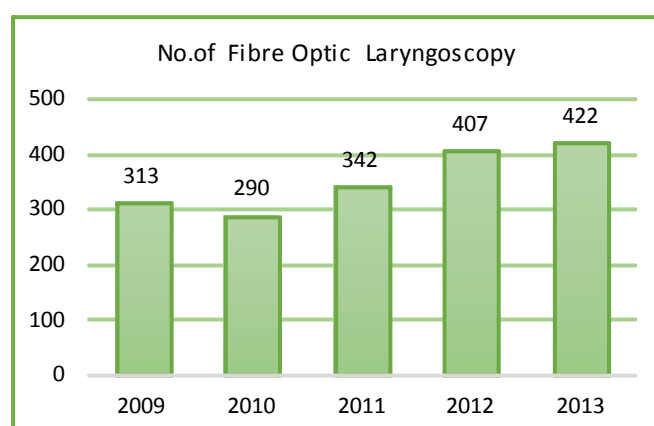
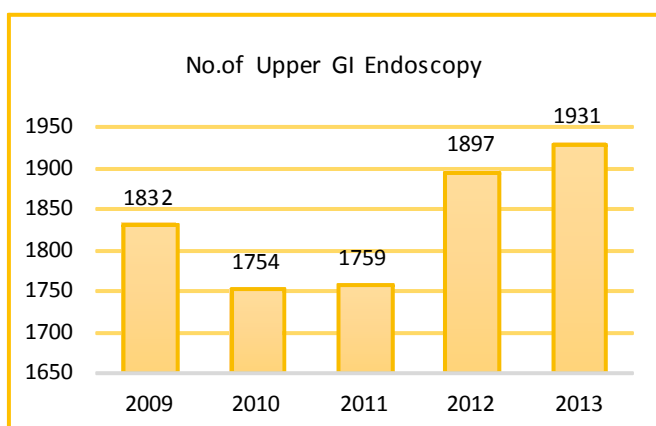
XXIV. Endoscopy Unit

Endoscopy Unit of Sri Jayewardenepura General Hospital provides a comprehensive range of endoscopic examination and interventional procedures including Upper Gastro-Intestinal Endoscopy, Lower Gastro-Intestinal Endoscopy, Bronchoscopy, Fibre-Optic Laryngoscopy, Oesophageal Variceal Bonding and Endoscopic Retrograde Cholecysto-Pancreography at an affordable rate. Endoscopy Unit extends its efficient and reliable service to patients through high technological equipment and well competent staff.

The total no of Upper GI Endoscopy, the no. of Colonoscopy ,no of Fibre Optic Laryngoscopy and no .of Oesophageal Variceal binding are increased in 2013.



	2009	2010	2011	2012	2013
No. of Bronchoscopy	41	35	25	27	26
No. of Upper GI Endoscopy	1832	1754	1759	1897	1931
No. of Colonoscopy	531	552	653	648	649
No. of Fibre Optic Laryngoscopy	313	290	342	407	422
No. of Oesophageal Variceal Binding	166	210	226	228	253
No. of ERCPs	21	24	15	13	8



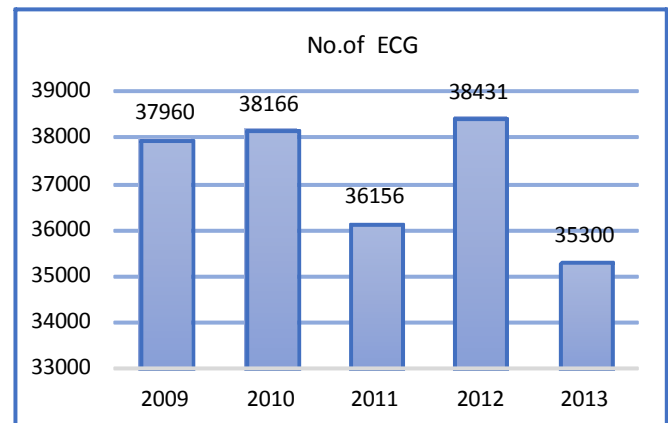
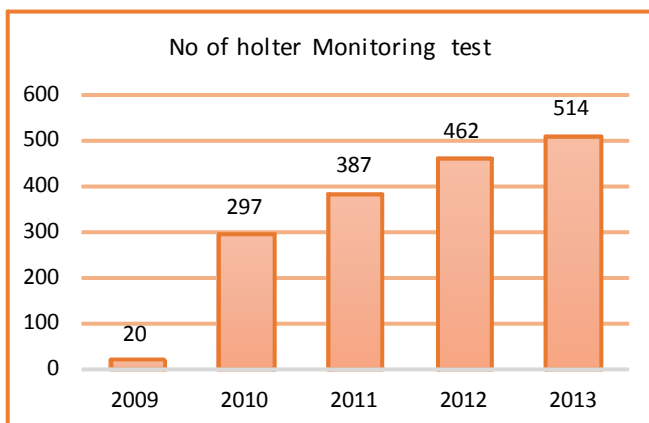
XXV. ECG unit

ECG Unit of Sri Jayewardenepura General Hospital provides ECG, EEG and EMG services to both inpatients and outpatient round the clock. ECG Unit is empowered with the latest technology and well trained and competent staff to offer an accurate and efficient service to the patients at an affordable rate.



The total number of Halter Monitoring test in 2013 is an increase compared to the previous year.

	2009	2010	2011	2012	2013
No. of ECG	37960	38166	36156	38431	35300
No. of Exercises ECG	2000	2050	1965	1842	1707
No. of Halter Monitoring test	20	297	387	462	514



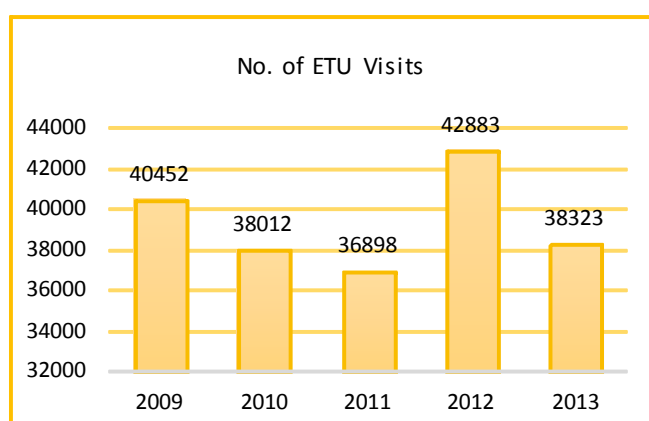
XXVI. Out Patient Department (OPD) and Emergency Treatment Unit (ETU)

Sri Jayewardenepura General Hospital runs an Out-patients service from 8.00 am to 12.00 noon, from Monday to Saturday. Patients are examined by a qualified, senior medical officer and are referred to the relevant specialties when necessary.

Emergency Treatment Unit of Sri Jayewardenepura General Hospital provides very effective and efficient care in emergency situation round the clock. The ETU is equipped with modern patient monitoring and resuscitation equipment and, it practices latest standard techniques and methods in patient care and thus is capable of handling almost any type of medical/ surgical emergency. ETU also provides out-patient care outside the OPD working hours. The highest no of OPD visits in 2013 is recorded compared to the last five years.



	2009	2010	2011	2012	2013
No. of OPD Visits	16222	15536	16434	16532	18843
No. of ETU Visits	40452	38012	36898	42883	38323



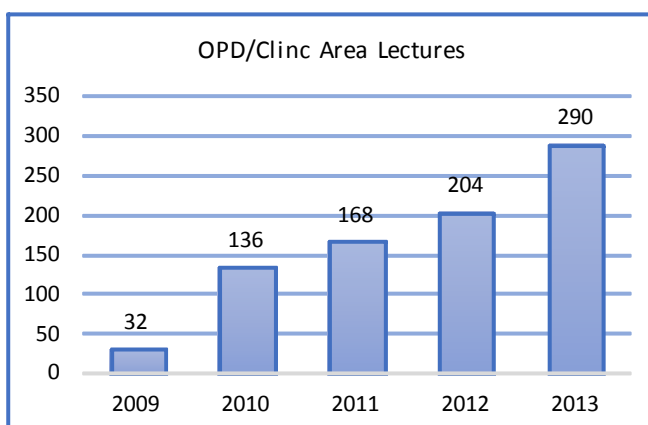
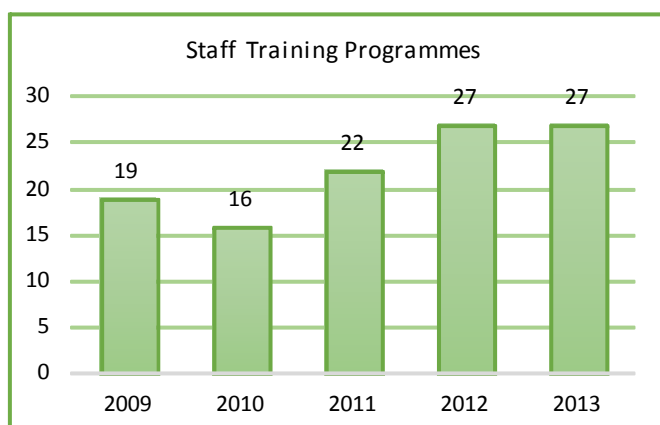
XXVII. Health Education and Infection Control Unit

Health Education and Infection Control Unit of Sri Jayewardenepura General Hospital extends its service by educating the public on health including educating patients on diabetics, with the aims of disease prevention, early identification and minimise complications. These services are provided by specially trained nursing officers under the guidance of relevant consultants. Audio visual health education programmes at waiting areas of the OPD and clinics, mini lectures at OPD, education on basic first aid methods, health education on prevailing health matters via posters and leaflets, maintaining a mini resource centre for patients to supply information on their health problems, lectures in nutritional care and stoma care for nurses and personalized education sessions on colostomy care are some of the services provided by this unit.

The infection control team consists of consultant microbiologists, infection control nurses and liaison nurses from each ward. They are preparing and implementing policies, protocols and guidelines on infection control to control hospital acquired infections. The Infection control team also keeps continuous surveillance of hospital acquired infections and multi drug resistant infections and they conduct regular audits to ensure the hospital staff to adhere to those policies and guidelines. The no of OPD/Clinic area lectures in 2013 is increased compared to the previous year.



	2009	2010	2011	2012	2013
Staff Training Programmes	19	16	22	27	27
OPD/Clinic Area Lectures	32	136	168	204	290
Infection Control Guidelines	1	2	3	6	5
Hospital Acquired Infection Rate	-	-	0.29	0.31	0.42



XXVIII. Nutrition Unit

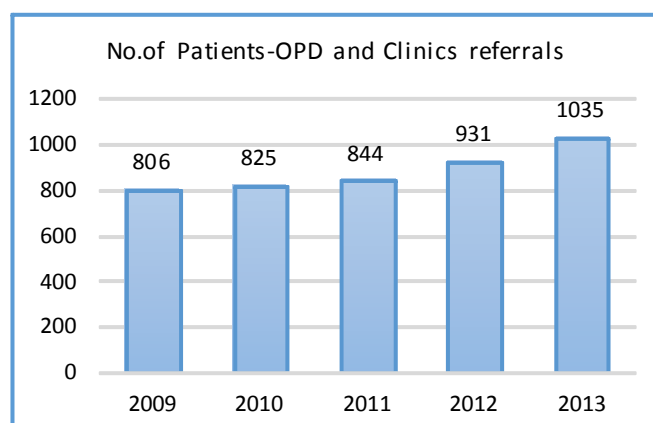
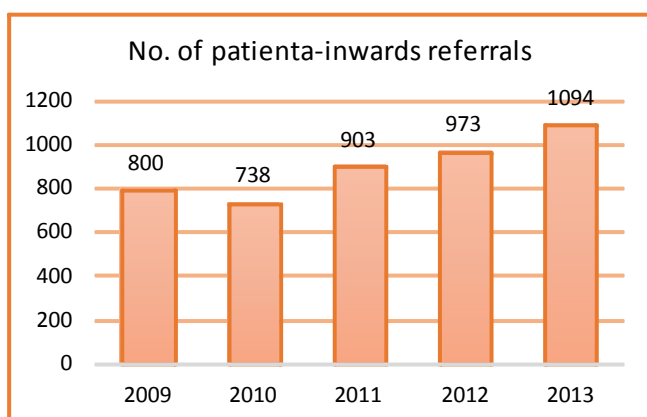
Sri Jayewardenepura General Hospital renders an excellent service at its Nutrition Unit, under the guidance of a highly qualified and experienced nutritionist. The unit is fully capable of performing investigations on anthropometric, serological and other necessary aspects of the patient who seek nutritional care.

The Nutrition Unit provides its service in dietary adjustments for the inward patient with debilitating illnesses, patients referred by medical and endocrinology clinics, children in over or under-nutritional status and pregnant mothers with gestational diabetics. Nutrition Unit also involves in planning the routine diets of the hospitalized patients and conducts a programme to educate obese patients.



The total number of patients –inwards referrals and number of patients –OPD and clinics referrals in 2013 are increased in Nutrition Unit compared to the last three years.

	2009	2010	2011	2012	2013
No. of Patients - inwards referrals	800	738	903	973	1094
No. of Patients - OPD and Clinics referrals	806	825	844	931	1035



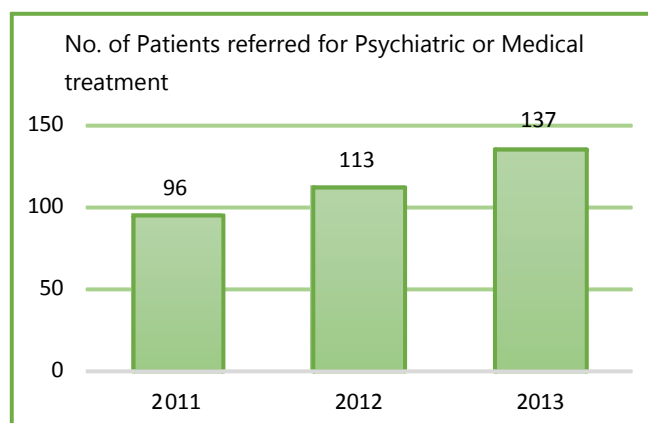
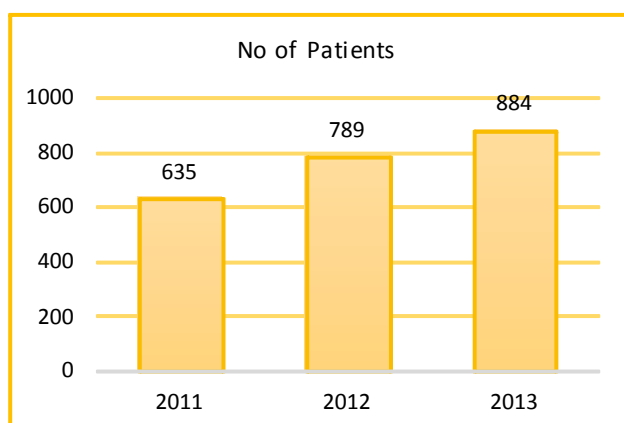
XXIX. Psychological Counseling Unit

This Psychological counseling Unit at Sri Jayewardenepura General Hospital was established in October 2010 with financial and service resources granted by Women In Need, a non government organization. All patients and their family members receive services of a Psychological Counselor having a special degree in Psychology with post graduate qualifications in Counseling and Hypnotherapy from this unit.

Patients and their family members are referred to this unit from the OPD, Emergency Treatment Unit, all wards and clinics. This unit provides, counseling treatment for in-ward and out –patients, Psycho-social intervention, Psychological treatment for various social when there are connected legal problems they are referred to relevant sections after making the patients aware of such, conducts Psychological awareness programs for the staff to motivate them and increase their knowledge and offers resource persons for external awareness programs on behalf of the hospital. There is a continuous increase in the number of patients, patients referred for psychiatric & medical treatment, Patients referred for legal advice, patients cured & problems settled, since the year 2011.



	2009	2010	2011	2012	2013
No. of Patients	-	-	635	789	884
No.of Patients referred for Psychiatric or Medical treatment	-	-	96	113	137
No.of patients referred for Legal Advice	-	-	35	41	57
No.of awareness Programs conducted.	-	-	3	4	4



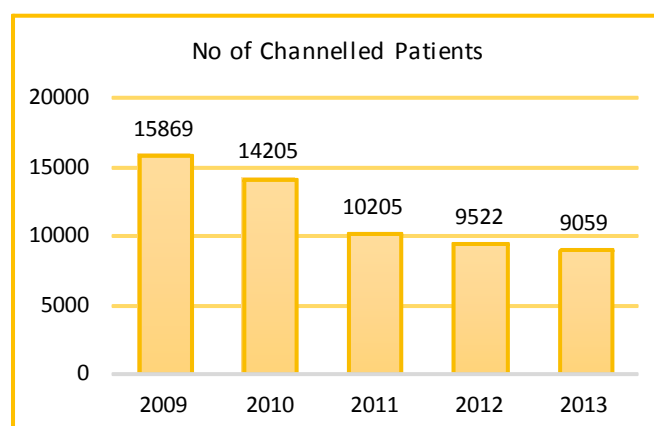
XXX. Channelling Service

Sri Jayewardenepura General Hospital conducts a Channelled Consultation service conducted by hospital Consultants for the convenience of patients. Patients on prior appointments could obtain this service from 4.00 pm onwards on weekdays at the hospital premises. The Channelling service is available in almost all medical and surgical subspecialties currently available in the hospital.



A gradual decline in the number of participants has been observed since 2009 and the lowest recorded value is in 2013

	2009	2010	2011	2012	2013
No. of Channelled Patients	15869	14205	10205	9522	9059



3.Ten Year Summary

	2004 000'	2005 000'	2006 000'	2007 000'	2008 000'	2009 000'	2010 000'	2011 000'	2012 000'	2013 000'
Hospital Charges	395,886	411,959	480,290	524,314	588,214	721,761	812,121	828,236	993,119	1,120,511
Growth Rate %	8.01	4.06	16.59	9.17	12.19	22.70	12.57	1.98	19.91	12.83
Government Grant-Recurrent	350,000	510,000	588,000	672,277	736,400	775,000	775,000	837,000	827,234	999,600
Growth Rate %	31.58	45.71	15.29	14.33	9.54	5.24	-	8.00	(1.17)	20.84
Interest Income	6,916	5,399	4,886	4,995	4,933	4,823	3,334	4,443	5,376	5,514
Growth Rate %	(13.12)	(21.93)	(9.50)	2.23	(1.24)	(2.23)	(30.87)	33.26	21.00	2.57
Other Income	9,465	12,116	15,483	14,742	17,339	27,099	32,909	24,032	32,250	31,788
Growth Rate %	11.75	28.01	27.79	(4.79)	17.62	56.29	21.44	(26.97)	34.20	(1.43)
Total Income	762,267	939,474	1,088,659	1,216,328	1,346,886	1,528,683	1,623,364	1,693,711	1,857,979	2,157,414
Growth Rate %	17.46	23.25	15.88	11.73	10.73	13.50	6.19	4.33	9.70	16.12
Total Expenditure	935,184	1,129,901	1,167,885	1,294,536	1,438,597	1,555,528	1,571,299	1,712,964	1,977,155	2,065,126
Growth Rate %	9.06	20.82	3.36	10.84	11.13	8.13	1.01	9.02	15.42	4.45
Surplus/ (Deficit)	(172,917)	(190,427)	(79,226)	(78,208)	(91,711)	(26,845)	52,065	(19,253)	(119,176)	92,286
Growth Rate%	(17.10)	10.13	(58.40)	(1.28)	17.27	(70.73)	(293.95)	(136.98)	519.00	(177)
Government Grant-Capital	145,863	46,141	105,000	130,591	106,100	102,925	115,000	236,785	71,000	282,751
Growth Rate %	47.91	(68.37)	127.56	24.37	(18.75)	(2.99)	11.73	105.90	(70.01)	298.24
% of Recurrent Grant Out of Total Revenue	46	54	54	55	55	51	48	49	45	46

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Beds Commissioned	1012	1000	1006	1011	1013	1043	1046	1047	1088	1078
Bed Occupancy as a %	63%	74%	72%	70%	73%	75%	66%	66.8%	70.5%	64.07%
No. of patients admitted	56,803	53,420	56,997	52,203	53,952	55,142	53,962	52,554	57,119	54,283
Daly average admission	155	141	167	143	148	151	148	144	156	149
Average daily sick	630	605	726	704	741	780	670	693	759	690
Average length of stay (day)	4.8	4.8	4.7	4.4	4.7	5	4	4	4.5	4.6
Clinic held (No.)	2,183	2,117	2,170	2,478	2,515	2,782	2,822	2,851	2,939	3,027
First time visit	27,251	27,066	27,113	26,604	24,825	26,961	26,312	25,722	24,295	26,854
Sub sequent visit(No.)	128,133	133,178	136,138	124,810	123,165	126,630	123,611	121,567	123,462	124,302
Emergency treatment unit visit	38,672	32,709	30,026	34,695	38,005	40,452	38,012	36,898	42,883	38,323
Total out patient s visit (No.)	211,694	15,827	17,554	18,722	16,895	16,222	15,536	16,434	16,532	18,843
Average patients per clinics (No.)	76	76	76	62	59	55	53	51.7	50.3	49.9

4. Financial Reports



4.1 Statement of Financial Position

Statement of Financial Position as at 31st December

		2013 (Rs.)	2012 (Rs.)
ASSETS			
Current assets			
Cash & Cash equivalents	Page	39,487,025	12,379,588
Receivable and Payments	Page	293,312,062	219,124,167
Inventories	Page	178,559,930	151,594,888
Short term investment	Page	10,045,000	10,045,000
		<u>521,404,017</u>	<u>393,143,643</u>
Non current assets			
Property, Plant & Equipment	Page	888,127,474	777,651,099
Furniture & Others	Page	48,163,558	99,764,102
Capital work in progress	Page	44,326,254	64,508,507
Total assets		<u>980,617,286</u>	<u>941,923,708</u>
LIABILITIES			
Current liabilities			
Creditors & Accrued Payments	Page	889,188,160	1,057,424,714
Total Liabilities		<u>889,188,160</u>	<u>1,057,424,714</u>
Net assets		<u>612,833,143,</u>	<u>277,642,637</u>
NET ASSETS/EQUITY			
Contributed Capital and Reserves			
Grants Received from Japanese Govt	Page	978,976,227	978,976,227
Capital Reserve-(Other Grants Received)	Page	37,848,935	37,848,935
Capital Reserves	Page	2,280,000	2,280,000
Other Donations	Page	9,026,480	8,645,000
Deferred Income (Capital Grant)	Page	319,694,763	215,553,160
Accumulated surpluses /(deficits)		<u>(734,993,260)</u>	<u>(965,660,685)</u>
Total net assets/equity		<u>612,833,144</u>	<u>277,642,637</u>

4.2 Financial Performance Statement

Financial Performance Statement for the Year Ended

		2013 (Rs.)	2012 (Rs.)
Revenue	Note 01	2,151,900,038	1,852,603,969
Other operating Income (Interest)		5,514,452	5,376,150
Capital Grant Amortization		146,724,170	110,397,396
		<u>2,304,138,660</u>	<u>1,968,377,515</u>
Materials & Consumables Used	Note 02	599,144,355	600,359,347
Staff Cost	Note 03	1,151,106,449	1,065,492,193
Depreciation	Note 04	146,724,170	110,397,396
Other Operating Expenses	Note 05	308,146,701	304,215,593
		<u>2,205,121,674</u>	<u>2,080,464,529</u>
Profit/(Loss) from Operation		99,016,986	(112,087,014)
Finance Cost	Note 06	3,827,288	2,756,512
Other Expenses & Outgoings	Note 07	-	-
Profit/(Loss) before Taxation		<u>95,189,697</u>	<u>(114,843,526)</u>
Income tax (Economic service charges & on interest)		2,903,336	4,330,000
Profit/(Loss) After Taxation		<u>92,286,362</u>	<u>(119,173,526)</u>
Profit & Loss Account brought forward	Note 08	(827,279,625)	(846,487,163)
Profit & Loss Account carried forward		<u>(734,993,263)</u>	<u>(965,660,689)</u>

4.3 Cash Flow Statement

For the year Ended 31st December

	2013 (₹.)	2012 (₹.)
<u>Cash Generated From Operations</u>		
Profit/(Loss) for the year	92,286,362	(119,173,526)
Adjustment in respect of previous year	138,381,064	1,220,492
Capital Grant Amortization	178,228,398	110,397,396
Depreciation	(178,228,398)	(110,397,396)
Provision for Gratuity	31,737,572	33,603,908
Provision for Expiry Items	1,271,055	768,709
Provision for Bad debts	-	-
Investment Income (Interest)	(5,514,452)	(5,376,150)
Operating Profit/(Loss) before Working Capital Changes	258,161,601	(88,956,567)
<u>Adjustment for Working Capital Changes</u>		
(Increase) / Decrease in Stocks	(28,236,097)	(15,905,984)
(Increase) / Decrease in Debtors	(74,187,895)	(70,689,314)
Increase / (Decrease) in Creditors & Payables	(189,856,199)	249,772,251
Cash Generated From Operating Activities	(34,118,590)	74,220,386
Gratuity Paid	(10,117,927)	(13,244,280)
Net Cash Generating From Operating Activities	(44,236,517)	60,976,106
<u>Cash Flows From Investing Activities</u>		
Capital Grant (received)	282,751,480	71,000,000
Purchase of Property, Plant & Equipment	(216,921,976)	(245,142,402)
Net Cash Flows From Investing Activities	65,829,504	(174,142,402)
<u>Cash Flows From Financing Activities</u>		
Interest Income	5,514,452	5,376,150
Net Cash Flows From Financing Activities	5,514,452	5,376,150
<u>Net Increase in Cash & Cash Equivalents</u>		
Cash & Cash Equivalents during the year	27,107,437	(107,790,146)
Cash & Cash Equivalents at the beginning of the year	12,379,588	120,169,734
	39,487,025	12,379,588
<u>Analysis of Cash and Cash Equivalents</u>		
Cash in Hand & Bank	39,487,171	24,086,002
Bank Overdraft	(147)	(11,706,414)
	39,487,024	12,379,588

4.4 Notes to the Accounts- 2013

Note 01: Fixed Assets (Property, Plant and Equipment, Furniture etc.)

	Freehold Land (26 acres) Rs.	Buildings Donated by Japan Rs.	Other Buildings Rs.	Other donations by Japan Rs.	Furniture & Fittings Rs.	Electrical Equipment Rs.	Refrigerator & Photo-copies machines Rs.	Medical Equipment & Implements Rs.	Automobiles Rs.	Computer Software Rs.	Renovation of Kitchen Rs.	Total 2012 Rs.	Total 2011 Rs.
Cost/Revaluation													
As at 1st January	15,015,732	453,028,634	361,747,101	416,490,078	20,770,607	81,475,587	17,773,555	1,431,253,051	31,989,282	748,000	28,760,185	2,859,051,812	2,610,173,371
Additions			44,506,855		3,190,088	57,931,496	7,678,160	107,801,100	15,750,000	246,629		237,104,328	250,303,438
Transfers/Disposals													1,425,000
As at 31st December	15,015,732	453,028,634	406,253,956	416,490,078	23,960,695	139,407,083	25,451,715	1,539,054,151	47,739,282	994,629	28,760,185	3,096,156,140	2,859,051,809
Depreciation													
As at 1st January		253,696,038	84,718,086	416,490,077	14,412,312	37,875,241	16,123,051	1,125,721,639	27,064,500	672,000	4,863,766	1,981,636,710	1,872,664,314
Charge for the year		9,060,573	45,887,149		2,358,881	5,539,645	195,483	111,266,893	2,457,255	24,500	1,438,019	178,228,398	110,397,396
Change on Disposals													1,425,000
As at 31st December	-	262,756,611	130,605,235	416,490,077	16,771,193	43,414,886	16,318,534	1,236,988,532	29,521,755	696,500	6,301,785	2,159,865,108	1,981,636,710
Net book value													
As at 1st January	15,015,732	199,332,596	277,029,015	1	6,358,295	43,600,346	1,650,504	305,531,412	4,924,782	76,000	23,896,419	877,415,102	737,509,057
As at 31st December	15,015,732	190,272,023	275,648,721	1	7,189,502	95,992,197	9,133,181	302,065,619	18,217,527	298,129	22,458,400	936,291,032	877,415,099

		2013 (රු.)	2012 (රු.)
Notes to the accounts			
<u>Short Term Investments</u>			
Short Term Investments - Call Deposits			
Bank of Ceylon - call deposit a/c		10,000,000	10,000,000
National Savings Bank (Staff Security Deposits)		45,000	45,000
		10,045,000	10,045,000
<u>Inventories</u>			
General stores		11,156,281	11,241,718
Drugs stores		30,258,933	17,254,635
Surgical consumables stores		61,062,017	50,377,314
Dressings stores		9,424,938	7,534,218
Electro Mechanical Engineering (EME) stores		7,603,291	8,759,846
Radiology Department stores		1,934,599	3,672,728
Path lab & Blood Bank stores		6,999,950	4,037,518
General items in sub stores		9,535,263	4,337,771
Drugs & Surgical consumables in sub stores		41,855,713	47,215,298
		179,830,986	154,431,046
Less: Provision for expiry items		1,271,055	2,836,159
		178,559,930	151,594,887
<u>Receivables, Deposits and Pre-Payments</u>			
Miscellaneous deposits	Schedule 01	8,266,922	5,705,781
Pre Payments		766,975	
Advance Payment for Local Purchases		70,428	
Income Receivable	Schedule 02	6,252,099	5,734,370
Staff Distress Loans	Schedule 03	108,471,068	97,184,211
Staff School Book advance		-	2,700
Special Loan - flood Disaster		-	4,125
Special Loan - Cricket Team		90,000	562,500
Staff - Salary Advance	Schedule 04	62,950	-
Staff - Festival Advance	Schedule 05	1,145,000	1,131,500
Dialysis assistance fund a/c		1,221,200	99,600
Sundry debtors	Schedule 05	21,354,762	18,242,133
Hospital Charges Receivable	Schedule 06	139,659,185	85,783,498
Ministry Of Health - Sewerage charges of NTS		5,907,011	5,907,011
Death Donation Recoverable		-	49,991
Clinical society		44,463	44,463
		293,312,062	220,451,883
Less - Provision for bad debts		-	1,327,716
		293,312,062	219,124,167

		2013 (Rs.)	2012 (Rs.)
Notes to the Accounts			
<u>Cash and Cash Equivalents</u>			
Standard Chartered Grindlays Bank		-	93,615
Bank of Ceylon Current a/c - No 01		10,971,671	(11,706,267)
Bank of Ceylon Current a/c - No 02		5,656,454	4,260,000
Hatton National Bank - 20th Anniversary a/c		20	20
Hatton National Bank		251,314	7,261,268
H N B Call Deposit a/c		17,028,000	5,571,000
Bank of Ceylon - Dialysis Fund current account		4,626,378	4,626,378
Cash in hand & Imp rest accounts		856,324	2,226,709
Petty cash imp rest for stamp duty		97,010	47,010
HNB-dialysis fund current a/c		(147)	(147)
		39,487,025	12,379,586
<u>Current Liabilities</u>			
Creditors and Accrued Expenses		506,338,066	703,598,970
Other Liabilities		36,549,568	29,144,862
Provision for Gratuity		346,300,527	324,680,882
		889,188,160	1,057,424,714
<u>Statement of Changes of Equity</u>			
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	319,694,762	215,553,160
Capital Reserves		2,280,000	2,280,000
Donation to purchase a Haemodialysis machine		799,233	799,233
Cars & Equipment donated by Kajima Corporation of Japan		260,000	260,000
Grant from Olympus Corporation 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
Other Donations - Funds and Equipment		9,026,480	8,645,000
		1,347,826,402	1,243,303,320

		2013 (Rs.)	2012 (Rs.)
<u>Note C: Deferred Income (Capital Grant from SL Government)</u>			
Balance as at 1st January		215,553,160	254,950,556
Add : Capital Grant Received During the Year		282,370,000	71,000,000
Less : Capital Grant Amortization		178,228,398	110,397,396
Balance as at 31st December		319,694,762	215,553,160
<u>Creditors and Accrued Expenses</u>			
		2013	2012
Accrued Expenses	Schedule 11	86,174,969	86,969,893
Auditor General's Department		2,453,571	2,328,571
Trade Creditors	Schedule 12	165,444,686	261,563,454
N W S & D B		17,345,734	21,245,734
M S D		234,919,107	331,491,318
		506,338,066	703,598,970
Notes to the income statement for the year ended 31st December			
<u>Note 01</u>			
Revenue from Hospital care		1,120,511,359	993,119,451
Government Grant - Recurrent		999,600,000	827,234,000
Other Income (Note A)		31,788,679	32,250,519
		2,151,900,038	1,852,603,970

	2013 (රු.)	2012 (රු.)
<u>Note A : Other Income</u>		
Ambulance charges	1,312,265	1,412,608
By-standards/Visitors	3,748,581	3,881,172
Revenue from staff meals	786,616	819,691
Revenue from staff rent and electricity	2,524,693,	2,313,697
Hospital shop - Rent	1,950,000,	960,000
Hospital Shop - Electricity	736,838,	662,968
Hospital Bank - Rent	240,000	240,000
Hospital Bank - Electricity	408,814	393,146
Sanasa Rent	12,000	12,000
Bank of Ceylon - Electricity	254,352	216,413
Miscellaneous Income	5,804,596	6,271,665
Bonds settled by Staff members	546,154	1,657,830
Sales Commission	333,468	
Channeling Fees	1,728,302	537,480
Security Service Electricity	36,270	50,742
Milk Bar Electricity	139,379	134,415
Milk Bar Rent	60,000	60,000
Rent - OSUSALA	1,020,000	1,020,000
OSU SALA - Electricity	65,368	57,520
People's Bank Electricity	62,415	59,116
Service Charges 0.1%	301,247	225,853
Revenue from Car Park	9,663,425 ,	8,681,765
Fruit Juice Bar - Electricity	53,897	10,912
Profit on Sale of Motor Vehicles	-	2,571,526
	31,788,679	32,250,519

	2013 (₹.)	2012 (₹.)
Note 02: Purchase of materials		
Drugs	194,911,472	165,706,422
Surgical Items	157,017,574	137,649,110
Dressings	25,822,334	30,556,739
Medical Oxygen	19,597,825	24,369,539
Lab Chemicals & Consumables	91,816,589	92,324,583
X-ray films & Chemicals	18,388,271	17,286,627
General Supplies	42,043,713	49,181,868
Electro Medical Engineering (consumables)	5,383,744	8,817,824
	554,981,521	525,892,712
Add: Stocks brought forward	154,431,047	138,525,061
Less: Stocks carried forward	179,830,986	154,431,047
	529,581,582	509,986,726
Add: Condemned & expired stocks (Provision)*	1,271,055	768,709
Add: Material cost for meals (for patients and staff)	68,291,717	89,603,912
	599,144,355	600,359,347
<i>*Adjustment for over provision is in brackets</i>		
Note 03: Salaries & Wages		
Salaries & Allowances	784,396,437	721,343,045
EPF & ETF	97,110,367	92,015,611
Overtime, Piece Rate & Extra Duty Payment	181,572,771	163,273,464
Uniform allowance	10,755,413	10,083,635
Encashment of leave	5,000,000,	5,000,000
Pension Contribution	5,114,663	4,749,632
Traveling	763,428	625,992
	1,084,713,079	997,091,379
Add: Other staff related expenses		
Cost of free medical treatment	11,014,495	10,651,114
SPC -free medical treatmentTo staff	23,090,878	23,883,391
Staff Welfare	41,100	132,850
Human resources development expenses	509,325	129,552
Provision for gratuity	31,737,572	33,603,908
	1,151,106,449	1,065,492,194
Note 04 (Depreciation & amortization)		
Provision for the depreciation for the year	146,724,170	110,397,396
	146,724,170	110,397,396

	2013 (රු.)	2012 (රු.)
Note 05: Other operating expenses		
(a) Fuel		
Stand by generators	1,288,406	1,456,900
Incinerator	-	-
Boilers	13,781,818	14,683,000
Motor Vehicles	2,550,856	3,918,457
	17,621,080	20,058,357
(b) Utility services		
Electricity Charges	131,384,250	124,909,230
Water Charges	28,572,602	32,371,668
Telephone Charges (Communication)	2,250,850	2,274,234
	162,207,702	159,555,132
(c) Repairs & maintenance		
Service Agreements signed with suppliers	19,313,892	16,734,986
Repairs to motor vehicles	2,370,660	2,399,925
Repairs to medical equipment/Other equipment (breakdown)	15,019,183	18,980,717
Repairs to steel furniture	484,300	2,230,656
Repairs to Buildings	9,196,214	16,445,107
	46,384,249	56,791,391
(d) Other services		
Janitorial and cleaning services	30,629,587	21,871,591
Garbage disposal service	2,109,452	1,893,885
Removal of unclaimed dead bodies	445,100	444,850
Maintenance of sewerage line	12,409,520	11,220,131
Laundry service	6,851,900	6,703,210
Security Service	12,212,929	14,110,898
License and Insurance	524,823	571,398
Legal Charges	1,906,881	515,846
Audit fees	675,000	650,000
Disciplinary procedure expenses	545,168	-
Postage & Stamps	691,614	795,755
Refreshment	22,200	2,845
Allowances for Board Members/Tender Board Members	457,750	463,000
Hospital charges exempted - In Patients(clergy /other)	6,250,798	3,242,403
Press advertisements	2,192,105	2,045,959
Books & Periodicals	1,192,496	1,182,441
Miscellaneous expenses	1,939,627	1,219,779
Rates & Taxes	876,720	876,720
	81,933,670	67,810,711
	308,146,701	304,215,591

		2013 (₹.)	2012 (₹.)
Note 06: Finance cost			
Bank charges		183,021	215,718
Credit card commission		3,644,267	2,540,794
		3,827,288	2,756,512
Note 07: Other expenditure & outgoings			
Bad debts written off		-	-
Provision for bad doubtful debts		-	-
Sale of fixed Assets (Loss)		-	-
Prepayments Written Off		-	-
Distress Loan Written Off			
Profit /(Loss) as per income Statement		92,286,362	(119,173,526)
Profit & (Loss) a/c 1st January		(965,660,689)	(847,707,655)
Adjusted in respect of previous years		138,381,064	1,220,492
Profit & Loss a/c 31st December		(827,279,625)	(846,487,163)
Profit & Loss A/C at the end of the year		(734,993,263)	(965,660,689)
OTHER LIABILITIES			
Performance bond deposit	Schedule 08	1,125,562	600,562
Sundry creditors	Schedule 09	5,569,464	4,137,050
Professional charges	Schedule 10	20,579,458	15,394,733
Hospital charges Payable		4,255,382	3,644,485
Special Projects Funded		25,750	25,750
Cheques to be cancelled		(413,083)	(1,043,694)
Special Theater allowance		100,	100
Welfare Society		-	1,213,842
Sports Club		-	-
Special Study		15,000	15,000
Dialysis assistance fund a/c	Schedule 13	4,628,728	4,628,728
Construction of temple		1,800	1,800
Library Membership		241,407	233,107
Death Donation Over Deducted		100,000	293,399
Tender Deposit		420,000	-
		36,549,568	29,144,862

4.5 Significant Accounting Policies - 2013

1. General

1.1 Basis of Preparation

1. The Balance Sheet, Income Statement, 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 Statements of the Board are prepared under the historical cost convention.
3. The Financial Statements 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 a Sri Lanka Accounting Standard for presentation of Government Capital Grant received by a statutory Board, the SLAS 24 Para 26 is adopted by the Board.

Accordingly Capital Grant is credited to a deferred income account and amortized at the rates which are equal to rates of depreciation. Amortization rate is approximately equal to the weighted average depreciation rate calculated to the investment made in assets.

2. Recurrent Grant from the Treasury has been recognized as income of the period and credited to the Income Statement for the year.

1.3 Taxation

The provision for income tax is based on the element of Income and Expenditure as reported in the Financial Statements 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.

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 adjustments was made according to SLAS 10.

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

Assets and Bases of Their Valuation

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

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

The cost of property, plant and equipment is the cost of purchase or construction together with any incidental expenses incurred in bringing the 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 conditioning	15%
Lifts	10%
Furniture & Fillings	13%
Medical Equipment	20%

Other Assets

Buildings	05%
Furniture & fittings, gas cookers and other equipment	20%
Electrical equip, sewing mach., cylinders	10%
Medical equip., & implement	25%
Refrigerator & photocopy mach.	15%
Automobile	20%
Software (Locally Developed)	100%

3. No depreciation is 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 now 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.

3. Liabilities and 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 for gratuity is made only for employees served over five (5) years recognizing their date of retirement.

A provision of Rs. 31,737,572 was made in the 2012 in calculating the revised liability as at 31st December, 2013.

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.

3.5 Long Term Out standings

The amount due to the Medical Supplies Division as at 31.12.2013 is Rs.209,938,583 which is confirmed by the MSD

4. Income and Expenditure Account

4.1 Revenue

1. The revenue of the Board represent the income from the Hospital charges, Government Recurrent Grant, Interest Income from call deposits and loans to employees, and other miscellaneous income.
2. All income has been recognized on an accrual basis.
3. The total revenue from Hospital care is included cost of freemedical (Rs.11,014,495) provided to (in-patients) Hospital Staff members during the year.



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 element of the Boards performance: hence such a presentation method is adopted.
3. Professional fees of Rs. 160 million collected by the Hospital Board during the year had not been recognized in the accounts as the same fees are not earned or 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.

5. Audit Reports



5.1 Auditor General's Report

	<p style="font-size: 1.2em; font-weight: bold;">විගණකාධිපති දෙපාර්තමේන්තුව</p> <p style="font-size: 1.1em; font-weight: bold;">கணக்காய்வாளர் தலைமை அபிபதி திணைக்களம்</p> <p style="font-weight: bold;">AUDITOR GENERAL'S DEPARTMENT</p>	
මගේ අංකය எனது இல. My No.	HM/B/SJGH/1/13/34	දිනය திகதி Date
21 January 2015	21 January 2015	21 January 2015
<p>Chairman Sri Jayawardhanapura General Hospital Board</p>		
<p>Report of the Auditor General on the Financial Statements of the Sri Jayawardhanapura General Hospital Board for the year ended 31 December 2013 in terms of Section 14(2)(c) of the Finance Act, No. 38 of 1971</p>		
<p>The audit of financial statements of the Sri Jayawardhanapura General Hospital Board for the year ended 31 December 2013 comprising the statement of financial position as at 31 December 2013 and the statement of financial performance, statement of changes in equity and cash flow statement for the year then ended and a summary of significant accounting policies and other explanatory information, 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 Jayawardhanapura 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 furnished to the Chairman of the Board on 07 August 2014.</p>		
<p>1.2 Management's Responsibility for the Financial Statements</p>		
<p>Management is responsible for the preparation and fair presentation of these financial statements in accordance with Sri Lanka Public Sector Accounting Standards and for such internal control as the management determines is necessary to enable the preparation of financial statements that are free from material misstatements whether due to fraud or error.</p>		
<p>1.3 Auditor's Responsibility</p>		
<p>My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Sri Lanka Auditing Standards consistent with International Standards of Supreme Audit Institutions (ISSAI 1000- 1810). Those Standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements.</p>		
<p>අංක 306/72, පොල්දූව පාර, බත්තරමුල්ල, ශ්‍රී ලංකාව. - - இல. 306/72, பொல்துவ வீதி, பத்தரமுல்லை, இலங்கை. - No. 306/72, Polduwa Road, Battaramulla, Sri Lanka</p> <p>+94-11-2887028-34 +94-11-2887223 oaggov@slt.net.lk www.auditorgeneral.gov.lk</p>		



An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatements of the financial statements, whether due to fraud or error. In making those risks assessments, the auditor considers internal control relevant to the Board's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of financial statements. Sub-sections (3) and (4) of Section 13 of the Finance Act, No. 38 of 1971 give discretionary powers to the Auditor General to determine the scope and the extent of the audit.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

1.4 Basis for Qualified Opinion

My opinion is qualified based on the matters described in paragraph 2.2 of this report.

2. Financial Statements

2.1 Qualified Opinion

In my opinion, except for the effects of the matters described in paragraph 2.2 of this report, the financial statements give a true and fair view of the financial position of the Sri Jayawardhanapura General Hospital Board as at 31 December 2013 and its financial performance and cash flows for the year then ended in accordance with Sri Lanka Public Sector Accounting Standards.

2.2 Comments on Financial Statements

2.2.1 Accounting Policies

The valuation of stocks based on the average price in the preceding year had been done based on the last purchase price in the year under review. But, that had not been disclosed in the financial statements.



2.2.2 Accounting Deficiencies

The following observations are made.

- (a) The gratuity payments relating to preceding years amounting to Rs.1,638,062 resulting from errors of computations had been brought to account as expenditure of the year under review instead of being adjusted in the accounts with retrospective effect.
- (b) The professional fees and specialist medical fees of the Doctors of the Hospital are recovered from the patients and paid to the Doctors. As such receipts and payments are equal, those had been set off instead of showing the income and expenditure separately.
- (c) The value of the balance stocks of finished garments as at 31 December 2013 in the "General Stores" had not been taken into account in the valuation of stocks, and as such the closing stock for the year under review had been understated by a sum of Rs.787,666.
- (d) Instead of amortizing the depreciation on the fixed assets received by the Hospital as donations amounting to Rs.3,257,000 under the donations, that had been amortized from the Treasury grants.
- (e) Even though the deprecation adjustment for the year in the cash flow statement amounted to Rs.146,724,170, a sum of Rs.178,228,398 which included adjustments made to the Accumulated Fund as prior year adjustments had been adjusted in the cash flow statement.

2.2.3 Lack of Evidence for Audit

A sum of Rs.10,446,000 out of the trade creditors amounting to Rs.165,444,686 shown in the financial statements could not be established in audit.

2.3 Unreconciled Control Accounts

The following observations are made.

- (a) Even though the income of the Radiology Section, E.C.G. Section, Endoscopy Section and the Motor Vehicles Yard for the year under review according to the financial statements amounted to Rs.66,754,497 according to the registers maintained by such Sections and the monthly returns that amounted to Rs.78,948,570 and as such the difference amounted to Rs.12,194,073.



- (b) The balance relating to 10 trade creditors according to the financial statements amounted to Rs.33,026,482 and the balance according to the confirmation of balances amounted to Rs.44,071,629 and as such the difference amounted to Rs.11,045,147. A difference of Rs.24,980,524 between the creditors balances of the Medical Supplies Section was also observed.

2.4 Accounts Receivable and Payable

(a) Accounts Receivable

It had not been able to recover even by the end of the year under review the income receivable amounting to Rs.274,531 older than two years up to 11 years, hospital charges amounting to Rs.60,900,428 older than one year and less than five years, a sum of Rs.727,265 existing over a period exceeding five years and sewerage fees amounting to Rs.5,907,011 existing over a period exceeding 04 years shown under debtors.

(b) Accounts Payable

A sum of Rs.79,815,258 in the creditors and accrued expenses relating to periods ranging from two years to five years and a balance of Rs.104,465,025 relating to periods exceeding five years had not been settled even by the end of the year under review.

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

According to Chapter 5 Section 2 of the Manual of Drugs Management a stock of drugs adequate for a maximum of two months should be maintained in the Drugs Stores. Nevertheless, the value of the excess stocks of 4 categories of drugs adequate for periods between 04 months to 11 months amounted to Rs.8,340,262.

3. Financial Review

3.1 Financial Results

According to the financial statements presented, the operations of Sri Jayawardhanapura General Hospital Board for the year ended 31 December of the year under review had resulted in an after tax surplus of Rs.92,286,362 as against the after tax deficit of Rs.119,173,526 for the preceding year, thus indicating an improvement of Rs.211,459,888 in the financial results. The increase of the income of the Hospital by a sum of Rs.127,391,908 and the increase of the Government recurrent grant by a sum of Rs.172,366,000 had been the major factors for the improvement.



3.2 Legal Actions instituted against the Board and by the Board

The following observations are made.

- (a) Thirteen internal persons of the Board and external persons had filed 13 cases in Courts against the Board for retiring prior to reaching the age of retirement, non-receipt of promotion, obtaining a higher grade in appointment, weaknesses in the patient care services, etc.
- (b) The Board had filed a case in a Court against a person for the recovery of hospital charges amounting to Rs.179,000 from that person.

3.3 Working Capital Management

Low values were reflected in the liquidity ratios and the lack of an adequate working capital for the settlement of the liabilities of the Hospital continued throughout.

3.4 Cost of Free Medical Treatment

The accounting system had not been implemented in a manner to identify the expenditure of the outdoor medical services provided to the staff.

4. Operating Review

4.1 Performance

- (a) The operations of the Board for the year under review as compared with the preceding year indicated a decrease. Details appear below.

Performance Indicators	2013	2012	Decrease	Decrease in the year 2013 as compared with the year 2012 as a percentage
(i) Number of Patients admitted to Emergency Treatment Unit	38,323	42,883	4,560	10.6
(ii) Number of Indoor Patients	54,283	57,119	2,836	5.0



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(iii)	ECG Examinations	35,300	38,431	3,131	8.0
(iv)	Topograph Tests of Ophthalmology Unit	35	50	15	30.0

(b) The overall bed utilization of 70.5 per cent in the preceding year had decreased to 64.07 per cent in the year under review.

(c) The following observations were made in connection with the performance of the Cardiology and Surgical Unit of the Hospital.

(i) A test check revealed that documentary evidence was not available in support that after the identification of the patients needing CABG heart surgery through the tests carried out by the Cardiology Unit had been referred to the Cardiac Surgical Unit through the Bed Head Tickets.

(ii) Even though the Cardiac Intensive Care Unit obtained the physiotherapy services from the Physiotherapy Unit from February to October 2013, the requests for services in terms of the Internal Circular No. 02/2013 of 05 February 2013 had not been forwarded to that Unit.

4.2 Management Inefficiencies

According to paragraph 4(i) of the Ministry of Health Circular No. 02/19/2009 of 27 March 2009, an additional service allowance to Nursing Officers who serve for over 36 hours per week. The overtime payments made to the Nursing Officers in March 2013 amounted to Rs.3,410,750 and an examination of that payment revealed that payment for 10,409 overtime hours exceeding the actual number of hours for 446 officers had been made. Such payments amounted to Rs.1,314,338 and represented 38 per cent of the total overtime payments made in the month.

4.3 Apparent Irregularities

According to service agreement relating to the supply of security services to the Hospital, in instances where the specified number of employees are not deployed, the salary rates payable to the deficient number of employees should be computed and deducted from the bill. The salaries not so recovered during the period January to May 2013 totalled Rs.562,900.



4.4 Idle and Underutilized Assets

The following observations are made.

- (a) Stocks valued at Rs.7,166,407 available in 04 Hospital Stores of Surgical Goods, Laboratory Goods, Radiation Materials and Electronic Engineering remained without being used over a period exceeding 02 years as at 31 December 2013.
- (b) A stock of 2,400 copies of the Annual Reports of 07 years from 2004 to 2010 valued at Rs.167,310 had been retained in the stores without being distributed.
- (c) Out of the 1,000 copies of the Commemorative Volume printed for the commemoration of the Twenty Fifth Anniversary of the Hospital in the year 2010, a stock of 342 copies costing Rs.256,676 remained in the stores as at 31 December 2013.

4.5 Identified Losses

The following observations are made.

- (a) Even though the fee for the Abdominal Ultrasound Scan Test carried out in the Labour Room is Rs.600, recoveries had been made at Rs.500. The loss incurred in the year 2013 amounted to Rs.106,700.
- (b) A test check of the income received by the Hospital revealed that in the case of a patient relating to a Bed Head Ticket on which the final bill had not been in the file had been fraudulently discharged by attaching the settled bill of another discharged patient to the Bed Head Ticket to indicate that the bill had been properly paid. The loss caused to the Hospital from the non-settlement of the final bill of the patient amounted to Rs.49,470. A further check revealed that an undercharge had been made in the bill prepared causing loss of Rs.23,402 to the Hospital and the overall loss to the Hospital on that Bed Head Ticket amounted to Rs.72,872.
- (c) An Idle stock of Surgical Materials valued at Rs.424,558 of the year 2012 had become outdated in the year 2013. Out of that, a stock valued at Rs.338,816 had been handed over to the Stocks Disposal Board. In addition to the above stocks the value of outdated stocks of the Surgical Materials Store as at 31 December 2013 amounted to Rs.256,395.



- (d) The value of the outdated stocks of the Surgical Materials and the Drugs Sub-stores as at 31 December 2013 amounted to Rs.386,929 and Rs.265,584 respectively.
- (e) An idle stock of the Surgical Materials Store as at 31 December 2013 valued at Rs.1,132,737 had become outdated in the year under review and that stock had been handed over to the Electro Engineering Stores.

4.6 Deficiencies in Contract Administration

The contract for the internal constructions of the second floor of the new building valued at Rs.15,948,240 had been awarded to the Department of Buildings on 10 June 2013 on the condition of completion and handing over in 84 days. The following observations are made in this connection.

- (a) An increase of Rs.5,683,832 was observed between the estimate prepared on the Regional Pricing Committee rates furnished initially and the estimate prepared in the second instance and the market prices had been exceeded.
- (b) A formal agreement on the contract had not been entered into between the Department of Buildings and the Hospital. A sum of Rs. 6 million had been paid as the mobilization advance. That amounted to 37.63 per cent of the total contract value and exceeded the limit of 20 per cent of the contract value.
- (c) A sum of Rs.5 million had been paid to the Department of Buildings on 19 November 2013 without obtaining the certified work reports and measurement reports.
- (d) The Chief Engineer of the Department of Buildings had informed the Chairman of the Hospital on 05 February 2014 that the work on the building had been completed, despite the non-completion of 04 items valued at Rs.2,300,000 included in the estimate of Rs.15,948,420.

According to Item 2.1 the floor should be completed by carpeting and the work of the building had been completed without carpeting the floor.

- (e) Even though the work of the contract should have been completed by 01 September 2013, the work had been completed only on 05 February 2014. Even though the contract had been delayed for 05 months, the liquidated damages could not be recovered due to the absence of an agreement between the two parties.



4.7 Delayed Projects

The contract for the installation of a software system for the Hospital had been awarded to a private institution on 19 July 2010 and that contained proposals for the preparation of the software in 9 parts. The value of the contract amounted to Rs.24,953,859 and was scheduled for completion and handing over within 26 weeks from the date of commencement. The work on the contract had been commenced on 25 November 2010 and was due for completion on 08 May 2012. Nevertheless, the financial performance and the physical performance thereof as at 31 December 2013 had been 30 per cent and 60 per cent respectively.

4.8 Personnel Administration

The approved cadre as at 31 December 2013 for 14 categories of posts had been 1,561 and the actual cadre had been 1,215 and as such a deficiency of 346 in the cadre existed. In addition 54 had been recruited as casual labourers.

4.9 Utilization of Motor Vehicles

Accidents to Motor Vehicles

The following observations are made in connection with accidents to motor vehicles.

- (i) Even though the Hospital maintained a Register of Accidents to Motor Vehicles, it had not been maintained in accordance with Financial Regulation 110.
- (ii) The Log Books of 07 motor vehicles which met with accidents in the year under review had not been maintained properly.
- (iii) According to Financial Regulation 104(1)(b), (3) and (4) an inquiry should be conducted immediately after an accident to determine its extent and the reasons, and for determining those responsible to the accident. But that had not been so done.



5. Accountability and Good Governance

5.1 Corporate Plan

In terms of Section 5.1.3 of the Public Enterprises Circular No. PED/12 of 02 June 2003 on Guidelines on Good Governance, copies of the updated Corporate Plan approved by the Board of Directors should be forwarded 15 days prior to the commencement of the financial year to the appropriate Ministry, the Department of Public Enterprises of the Treasury and the Auditor General. But it had not been so done.

5.2 Action Plan

- (a) Even though the objectives expected to be achieved in the year had been shown in the Action Plan for the year 2013, money for that had not been allocated in the financing plan.
- (b) Improvement to the motor vehicle yard, purchase of 2 new generators, construction of ECG Room, installation of HDU Units to medical wards, etc. included in the Action Plan for completion in the year 2013 had not been completed even by 31 December 2013.

5.3 Internal Audit

Even though the half yearly Internal Audit Reports for the first six months of the year by 31 July of that year and the half yearly Internal Audit Reports for the last six months by 31 January of the subsequent year, should be presented to the Auditor General, the half yearly Internal Audit Reports for the year 2013 had not been presented to the Auditor General.

5.4 Audit Committee

Even though the Audit Committee had recommended to the Financial Controller to prepare and furnish the formats designed to compute the cost and profitability at the level of each Unit of the Hospital that recommendation had not been implemented.



5.5 Procurement Plan

Even though a Static X Ray Floor Mounted Machine had been purchased for Rs.5,975,000 in April 2013 as the Static X Ray Machine purchased in the year 2013 had been subjected to breakdowns from time to time, that had not been included in the Procurement Plans of the years 2012 or 2013.

Even though the supplier had agreed to supply the machine within 6 to 8 weeks from the receipt of the order for goods, it had taken 23 weeks and the delay had been 15 weeks.

5.6 Budgetary Control

The following observations are made.

- (a) Even though an estimate of Rs.3,000,000 had been made in the Procurement Plan for the year 2012 for the purchase of an HD Video Laparoscopy System, the Hospital had spent a sum of Rs.10,735,800 in the year 2013 for the purchase of the machine. As such a sum of Rs.7,735,800 exceeding the planned cost had been spent and that was observed as an excess of 257 per cent over the estimated value.
- (b)
 - (i) Even though a sum of Rs.11,014,495 had been spent as the cost of free medical treatment, provision for that had not been made in the annual budget estimates.
 - (ii) Even though a sum of Rs.1,288,406 had been spent as the cost of fuel for electricity generators, provision for that had not been made in the annual budget.
- (c) Variances ranging from 91 per cent to 412 per cent were observed between the budget and the actuals of 04 items of income and 9 items of expenditure thus indicating that the budget had not been made use of as an effective instrument of control.

5.7 Directives of the Committee on Public Enterprises of the Parliament

Even though the Committee on Public Enterprises had, at the meeting held on 21 September 2012, directed that a new business plan for the Hospital should be prepared and presented to the Committee on Public Enterprises that had not been presented even by 31 December 2013.



6. Systems and Controls

Deficiencies in systems and controls observed during the course of audit were brought to the notice of the Chairman from time to time. Special attention is needed in respect of the following areas of control.

- (a) Assets and Stock Control
- (b) Collection of Income of the Hospital
- (c) Pricing of Drugs

W.P.C. Wickramaratne
Auditor General (Acting)

**Answers and Clarifications with regard to the Auditor General's Report of
Sri Jayawardanepura General Hospital Board in terms of Section 14(2)C of Financial Act
No. 38 of 1971 with regard to Financial Statements for 2013 ending from 31st December**

Audit Observations	Action taken to Correct
2.2 Comments about Financial Statements	
<p>2.2. Accounting Policies</p> <p>The stock evaluation based on last year's normal price has been done based on the finally cost of the review year. But it was not disclosed in Financial Statements.</p>	Steps have been taken to correct it while preparing accounts for 2014.
<p>2.2.2 Accounting Defects</p> <p>Following matters are observed</p>	
(a) Due to calculation errors, gratuity payments of Rs. 1,638,062 relevant to last year had been accounted without adjusting retrospectively in accounts as an expense of the review year.	The relevant officers were not included to gratuity computing register in 2012 because they had been immobilized due to certain reasons. The error occurred in 2012 was corrected because they were in duty in 2013 and included them to gratuity computing register as at 31.12.2013.
(b) The professional fees of hospital Doctors and specialist service fees are charged from patients and paid to Doctors. Income and expenses had been set off in lieu of indicating them separately because the said receipts and payments are equal.	According to a decision taken by Board of Director, receipts and payments of professional fees are not indicated in Financial Statements and value of accumulated professional fees of the year is disclosed at the end of the balance sheet.
(c) The value of finished garments stocks remained in "General Stores" as at 31 st December 2013 had been ignored in stock computation and therefore the final stock at the end of year had indicated by Rs. 787,666/- in deficit.	Finished garments are not computed in General Stores stock computation. These finished garments are manufactured by cloths purchased by hospital and therefore stock value doesn't appear if they are re-computed.
(d) The depreciations relevant to fixed assets received by hospital under donations is Rs. 3,257,000/-. But amortization was done from treasury grants, instead of amortizing under donations.	Arrangements have been made to correct it while preparing accounts for 2014.

<p>(e) The value of depreciations relevant to year while adjusting depreciations in cash flow statement is Rs. 146,724,170/-. But Rs. 178,228,398/- has been adjusted in cash flow statement including the value adjusted to cumulative fund as last year's adjustments.</p>	<p>(e) Following adjustments have been done while adjusting the depreciations in cash flow statement.</p> <table border="1" data-bbox="900 259 1485 853"> <tr> <td>Value of depreciation relevant to year 2013</td><td>146,724,170</td></tr> <tr> <td>Depreciation provisions relevant to donations received in 2010 amounting to Rs. 2,800,000/- (for year 2011/2012)</td><td>1,400,000</td></tr> <tr> <td>Depreciation adjusting percentage relevant to Advance Cardiac Center, value increased from 2% to 5% (from 2008 to 2012)</td><td>30,104,228</td></tr> <tr> <td>Total</td><td>178,104,398</td></tr> </table>	Value of depreciation relevant to year 2013	146,724,170	Depreciation provisions relevant to donations received in 2010 amounting to Rs. 2,800,000/- (for year 2011/2012)	1,400,000	Depreciation adjusting percentage relevant to Advance Cardiac Center, value increased from 2% to 5% (from 2008 to 2012)	30,104,228	Total	178,104,398
Value of depreciation relevant to year 2013	146,724,170								
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Depreciation adjusting percentage relevant to Advance Cardiac Center, value increased from 2% to 5% (from 2008 to 2012)	30,104,228								
Total	178,104,398								
<p>2.2.3 No evidence for the audit Rs. 10,446,000/- out of Rs. 165,444,686 from trade credit value mentioned in Financial Statements couldn't confirm at the audit.</p>	<p>Cheques to the value of Rs. 10,446,000.00 were written for Medical Supply Division and other institutions in 2001 and 2002 but not issued. Steps will be taken to remove this amount from accounts.</p>								
<p>2.3 Un-reconciled Control Accounts Following are observed</p>									
<p>(a) According to Financial Statement, the revenue relevant to review year for X-Ray Division, ECG. Division, Endoscopy Division and Vehicle Yard is 66,754,497/-. According to registers and monthly records maintained by those divisions the said amount is Rs. 78,948,570/- and therefore the variance is Rs. 12,194,073/-.</p>	<p>Relevant registers are maintained by X-Ray and ECG Divisions as a controlling strategy with regard to the information pertained to tests carried out by said divisions. Information provided by computer was used for account purposes. However, the reason to become said variance is being studied.</p> <p>Rs. 1,000/- is charged from a vehicle owner in respect of misplacing a card issued to him. This amount is paid through a chit and it has been computerized by Cashier under another heading of income and therefore the revenue in Financial Reports has been shown in deficit. Instructions have been given to relevant divisions to computerize this amount in monthly report as the revenue of vehicle yard.</p> <p>Steps will be taken to make necessary adjustments with regard to the Endoscopy Division after checking.</p>								

<p>(b) According to Financial Statement, the balance relevant to ten trade creditors is Rs. 33,026,482/-. The balance according to balance confirmations is Rs. 44,071,629 and variance was Rs. 11,045,147. A variance amounting to Rs. 24,980,524 also observed among creditor balances in Medical Supply Division.</p>	<p>Goods receiving to stores are stopped and stock computation is carried out from second week of December every year and Goods Receiving Note (GRN) for goods received within said period is issued in the first week of next year. Therefore, variances between creditor values and balance confirmations of creditors can be seen in Financial Statements of the hospital. Purchases of Medical Supply Division amounting to Rs. 24,980,524/- for year 2013 have been accounted.</p>
<p>2.4 Payable and receivable accounts</p>	
<p>(a) Accounts Receivable Income due under debtors amounting to Rs. 274,531/- belong to a period of more than two years up to eleven years, Rs. 60,900,428/- under hospital charges belong to more than one year but less than five years, Rs. 727,265/- under same which comes since more than five years, Rs. 5,907,011 as sewage charges which comes since more than four years have not been charged at the end of review year.</p>	<p>(a) Accounts Receivable Steps will be taken to remove Rs. 56,839/- as amount receivable from canteen, Rs. 130,332/- as amount receivable from agency post office, Rs. 149,515/- as hospital charges receivable from Sri Lanka Army, from accounts that have been indicated as income due. Steps will be taken to charge Rs. 53,556/- i.e. the amount due from Hatton National Bank, Rs. 23,592/- i.e. the electricity bill of Bank of Ceylon, Rs. 10,212/- i.e. the electricity bill of milk bar, Rs. 577,750/- i.e. the hospital charges due from President Fund, Rs. 5,907,011/- i.e. the sewage charges due from Ministry of Health. Further, arrangements have been made to deduct hospital charges due from National Hospital and Children's Hospital, from the amount to be paid to Medical Supply Division.</p>
<p>(b) Accounts Payable Rs. 79,815,258/- belong to a time range of two years to five years, a balance amounting to Rs. 104,465,025/- relevant to a period of more than five years that were under creditors and accrued expenses have not been settled even at the end of review year.</p>	<p>Arrangements will be made to remove trade creditors included in accounts payable and to settle all arrears to the Department of Auditor General due for year 2014. Further, arrangements will be made to set off the expenses incurred in respect of heart surgeries carried in this hospital that are belong to National Hospital with the amount due to Medical Supply Division and balance will be removed from accounts. Also, Rs. 10,000,000/- was paid to National Water Supply and Drainage Board in 2014 and steps are taken to pay the balance amount.</p>
<p>2.5 Rules, regulations and non-compliance to management decisions In terms of Section 2, Chapter 5 of Drugs Management Manual, a drug stock must be maintained maximum for 02 months. But stock value of an additional 04 drugs relevant to a period of 4 months to 11 months was Rs. 8,340,262/-.</p>	<p>There was an additional stock of Cyclosporine 100 mg cap. because its estimate is given for one year by Medical Supply Division at the same time. Using of certain injections is varied according to the status of the decease. Eg. – Iso premalin injection. According to above situation, certain drugs remain in drug stores. But remaining drugs quantities are taken into consideration while forecasting next year's purchasing and therefore drugs won't waste.</p>

3. Financial Review	
3.1 <u>Financial Results</u> <p>According to Financial Statements produced, there was a tax surplus amounting to Rs. 92,286,362/- from General Hospital Board's operations for year ending by 31st December in the review year and comparatively to that, the last year's deficit after taxes was Rs. 119,173,526/-. Therefore, the Financial Result has been increased by Rs. 211,459,888/-. The hospital's income has been increased by Rs. 127,391,908/- and recurrent grant of Government has been increased by Rs. 173,366,000/-. These two increases have been mainly effected to above increase.</p>	<p>This will be taken into consideration while management decisions are taken.</p>
3.2 <u>Legal events against to Board and proceeded by the Board.</u> <p>Following matters are observed</p>	
<p>(a) 13 Cases have been filed in Courts by 13 internal and external persons of the board against to hospital with regard to retiring before to reach the retirement age, non-receiving of promotions, obtaining of a higher grade while appointed and weaknesses of patient hospitality services.</p>	<p>10 Cases out of 13 mentioned in this matter have been finalized presently and other 3 cases are being trialed in the Court.</p>
<p>(b) A case has been filed in Courts by the Board against to a person to recover hospital charges amounting to Rs. 179,000/- from said person.</p>	<p>The case filed in Magistrate Court by the hospital to recover hospital charges from a person amounting to Rs. 179,000/- is being trialed and said money is paid by instalments.</p>
3.3 <u>Working capital management</u> <p>Low values of liquidity ratio are delineated and non-availability of sufficient working capital to settle hospital's liabilities was continuously indicated.</p>	<p>A working capital deficiency was arisen due to non-increasing of hospital's income according to its increasing ratio of expenses (electricity bills, maintenance expenses, staff salaries). But its working capital could maintain in an optimum level because more capital were granted by Treasury and increasing of hospital's income in 2014.</p>
3.4 <u>Free Medical Treatment Cost</u> <p>The accounting system was not operated in order to identify the cost incur in respect of providing outpatient medical services for staff.</p>	<p>Presently, a receipt is issued for providing free medical treatments and records are maintained as an internal controlling system. Steps will be taken in future to account them.</p>

4. Operational Review**4.1 Performance**

(a) In comparison with last year's performance, a decrease of the Board's performance was observed in the review year as detailed below.

	Performance criteria	2013	2012	Decrease	Decrease in 2013 relatively to 2012 as a percentage (%)
(i)	No. of patients admitted to emergency treatment division	38,323	42,883	4,560	10.6
(ii)	No. of residential patients	54,283	57,119	2,836	5
(iii)	E.C.G. Tests	35,300	38,431	3,131	8
(iv)	Topography test in Eye section	35	50	15	30

(b) Last year's total bed utilization in the hospital was 70.5% and it has decreased up to 64.07% in the review year.

(b) Following matters were observed with regard to performance of heart diseases and surgery unit of the hospital.

(i) Patients who must undergo with bi-pass surgeries are identified by tests carried out in the heart diseases testing unit. Samples of bed tickets were checked but no written evidences available that such patients must refer to the heart diseases surgery unit.

(ii) Physiotherapy services have been obtained from Physiotherapy section by Intensive Care Unit - Heart Diseases, relevant to the period of February to October 2013. Requests in respect of above were not submitted to said section in terms of Internal Circular No. 02/2013 dated 05th February 2013.

Hospitals are opened by private institutions and adopt marketing strategies targeting patients. Therefore, a shortfall was indicated about number of patients in certain divisions and tests carried out there, but this was a short term effective matter to the hospital.

Further, funds allocated to develop Government's Health Policy have been increased and measure in respect of bring forth a healthy nation was successful accordingly. Such fluctuations can occur in a hospital and due to climatic changes occur time to time as well. Therefore, fluctuations mentioned in the indexes of audit query are true comparatively to last years.

Coronary Angiography Test is done to confirm that relevant patient is suffering from a considerable Coronary Artery Disease and medical treatments, PCI or CABG surgeries are decided accordingly. The appropriate treatment method is recommended as per the circumstance and therefore all patients are not referred for bi-pass surgeries.

This was discussed with relevant parties and relevant forms will be designed. Accordingly, steps will be taken to refer patients for Physiotherapy section through due forms as and when they need Physiotherapy treatments.

<p>4.2 <u>Management inefficiencies</u></p> <p>In terms of Section 4(i) of Circular No. 02/19/2009 dated 27th March 2009 issued by Ministry of Health, a nurse who works beyond 36 hours per week must be paid an extra payment in respect of her additional period of services. The overtime payment for nurses in March 2013 was Rs. 3,410,750/-. It was revealed that an excess payment of overtime for 10,409 hours had been paid in addition to the overtime payment relevant to 446 officers i.e. Rs. 1,314,338/-. This amount is 38% from total overtime paid within said month.</p>	<p>As per data contained in the audit query, every nurse (except 5 nurses) must work 36 hours per week i.e. 108 hours for 3 weeks (except the week allowed for weekly rest).</p> <p>This is 48168 for 446 officers. As stated in the audit query and if nurses had worked 78609 hours in March, they must be paid overtime for 30441 hours. Therefore as per the audit query, no overtime has been paid in addition to paying for 24794 overtime hours.</p> <p>As stated in the audit query, nurses do not work 144 hours in a week.</p> <p>Due to existing dearth of nurses and about 40 nurses had been obtained maternity leave within this period, nurses are engaged in overtime duties depend on clinical needs in terms of General Circular No. 02/19/2009.</p>
<p>4.3 <u>Visible irregularities</u></p> <p>In terms of contract agreement to provide security service to the hospital, upon non availability of appropriate number of employees, salaries that must be paid to employees after computing as per the relevant rate must be deducted from monthly bill. The total of salaries that have not been deducted as above for the period of January to May 2013 was Rs. 562,900/-</p>	<p>The quality of services provided by Security Company was in a weak position. This service was obtained before to deploy Blue Thundering Security Service (Private) Limited. Therefore, the service agreement of above Company needed to be terminated with immediate effect. But the Company selected by tender procedure was not ready to accept duties immediately because recruiting of Security Officers and training them within a short time was practically difficult.</p> <p>The management was informed by Security Company to which the tender was offered that they were in a difficulty to find out employees and requested a relief period of 2 months. It was granted after taking into consideration of hefty need of security requirements to the hospital and therefore, no fines were charged within said period.</p>
<p>4.4 <u>Inactive and underutilization assets</u></p> <p>Following matters are observed</p>	
<p>(a) Stocks amounting to Rs. 7,166,407/- in 04 stores of the hospital i.e. surgical materials, laboratory, X-Ray, radio materials and electronic technical engineering stores had not used since two years and were remaining idle as at 31st December 2013.</p>	<p>Certain items mentioned here have presently been used.</p> <p>Eg. : prolee (Ecolene (3/0, Biohagradad garbage bag)</p> <p>Steps will be taken to dispose unusable items and remove them from account-books.</p>

(b) 2400 Copies of Annual Reports amounting to Rs. 167,310/- relevant to 07 years i.e. from 2004 to 2010 had not distributed and retained in the stores.	Steps will be taken in future to print Annual Reports as per the quantity required and to dispose remaining Annual Reports in order to obtain certain amount.
(c) 1000 Souvenirs had been printed to commemorate hospital's 25 th Anniversary in 2010. 342 Copies out of above amounting to Rs. 256,676/- as at 31 st December 2013 were remaining in the stores.	
4.5 Identified Losses Following matters are observed	
(a) The approved fee for Ultra Sound Scanning Abdominal Test done in labor room is Rs. 600/-. But fee charged for this test was Rs. 500/- per test and loss incurred within 2013 was Rs. 106,700/-.	The correct fee that must be charged for Ultra Sound Scanning Abdominal Test done in labor room has not been updated in the computer due to an oversight. Presently steps have been taken by Information Technology Division to update correct fee in the computer.
(b) A sample inspection with regard to incomes of the hospital was done. It was revealed that a patient had been discharged fraudulently by indicating his bill was duly paid. This was done by attaching another discharged patient's bill. But final bill relevant to bed ticket was not in chargeable patient's file and therefore, the loss incurred to hospital due to non-payment of final bill was Rs. 49,470/-. This bill was further checked and detected that it was prepared by indicating low rates and hospital lost Rs. 23,402/-. Accordingly, the total loss incurred to hospital relevant to this bed ticket was Rs. 72,872/-.	<p>It has been detected that various irregularities occur while preparing bills to charge hospital bills. Therefore, management has been decided to computerize certain procedures as a remedy for this problem.</p> <p>It was observed that errors while charging hospital fee relevant to bed tickets (objective to this audit query) had been occurred before to operate present computer system set up in the hospital i.e. before July 2013. But presently various procedures are successfully operated by computer system to charge hospital fee and could disclose and minimize errors and frauds through internal controlling systems created therein.</p>
(c) A surgical materials stock amounting to Rs. 424,558/- remained idle in 2012 had been expired in 2013. A stock amounting to Rs. 338,816/- out of above quantity had been handed over to stocks disposal board. Also in addition to above stock, the expired stock value as at 31 st December 2013 in surgical materials store was Rs. 256,395/-.	(c) Certain surgical materials are remaining in the hospital because some surgeries have been stopped. Eg.: Corolene 7/0 13mm 3/8 75 cm Topper cutting. But certain materials can use after applying Ethylene Oxide and steps will be taken to dispose unusable surgical materials and remove them from account-books.

<p>(d) The stock values of expired materials in surgical and medicine sub-stores as at 31st December 2013 was Rs. 386,929/- and 265,584/- respectively.</p>	<p>Certain surgical materials contained here have already been used (Eg.: connector straight 3/0 x4/1 liga clips ET tube) and some materials are used by applying Ethylene Oxide and sterilizing them. Eg.: nylon tape W 275. Steps have been taken to destroy unusable stocks.</p>
<p>e) A surgical materials stock amounting to Rs. 1,132,737/- remained idle in surgical material stores had been expired as 31st December 2012 (within the review year) and the said stock had been handed over to Electronic Technical Engineering Stores.</p>	<p>These surgical materials can't use for surgeries but they are used as substitute materials for maintenance works (only as and when required). Therefore these materials are retained in EME Section objectively to save any money to the hospital.</p>
<p>4.6 Shortcomings in Contracts Administration Works related to internal constructions of second floor of the new building had been assigned to Buildings Department on 10th June 2013 @ Rs. 15,948,240/- based on the condition to finish said works within 84 days. Following matters are observed with regard to this.</p>	<p>Medical wards (03 Nos.) of Sri Jayewardenepura General Hospital are often full of patients and therefore the hospital management decided to construct building's first floor (of which works were not completed) as a medical ward expecting to avoid above patients' congestion. Accordingly, the Board of Directors decided to assign construction works and relevant instructions to Government's Buildings Department.</p> <p>The relevant estimate was mentioned as Rs. 10,264,418.00 by letter dated 24.08.2012 and new estimate too was given on 05.09.2012 in respect of constructing several new sections. This new estimate was in respect of following new sections.</p> <ul style="list-style-type: none"> i. Preparing of a new electronic circuit system. ii. Preparing of a pipe system to remove waste. iii. Preparing of a fire protection system. iv. Fixing of an Aluminum ceiling
<p>a) An increase amounting to Rs. 5,683,832/- was observed between the estimate prepared first according to prices submitted by Provincial Price Committee (B.S.R.) and the submitted secondly and it had been exceeded the market price.</p>	
<p>(b) The Buildings Department and hospital had not been entered into a formal agreement with regard to the relevant contract and Six Million Rupees had paid as an advance to commence works. This is 37.63% from the total contract price which exceeded 20%.</p>	
<p>c) Five Million Rupees had been paid to Buildings Department as interim payments on 19th November 2013 without obtaining certified work sheets and measure sheets</p>	
<p>d) Chairman of the hospital was informed by Chief Engineer of Buildings Department that construction works of the building were completed on 05th February 2014. But 04 items amounting to Rs. 2,300,000/- mentioned in the work estimate (i.e. Rs. 15,948,420/-) had not been completed. Further, floor must be finished by laying carpet under Item 2.1, but floor was not carpeted and building's works were not completed.</p>	

<p>e) Works related to the contract had to finish on 01st September 2014, but late i.e. finished on 05th February 2014. Therefore, the delay time of the contract was 05 months. As parties had not been entered into an agreement, no possibility to charge fines against the delay time.</p>	<p>The estimate submitted on 05.09.2012 including said section was amounting to Rs. 15,948,240.00 (including all construction fluctuations and taxes). Approval for above had been granted under 360-08-01 at the Board of Directors' meeting held on 26.10.2012.</p> <p>An advance payment of Rs. 6 Million was paid upon a request made by letter dated 28.09.2012 to proceed constructions works required for the building estimate.</p> <p>The Ministry of Health decided that a Health Education University Institution must be established in said building and construction works related to this institution had been carried out by Buildings Department instead of proceeding above mentioned construction works.</p> <p>Accordingly, certain construction works decided initially were changed (Eg. : floor carpeting, deciding to cement). All these constructions and related modifications were done under Buildings Department's total supervision.</p> <p>Up to now, the Buildings Department was paid Rs. 11 Million out of the estimated cost (the estimated cost is Rs. 15,948,240.00)</p> <p>Buildings Department is a Government Institution. Sri Jayawardanepura General Hospital also is a Semi-Government Institution. Therefore, parties had not been entered into an agreement for these constructions.</p>
<p><u>4.7 Delayed Projects</u></p> <p>Contract to install a software system for hospital had been awarded to a private institution on 19th July 2010. Nine components were proposed to prepare this software system. The contract's value is Rs. 24,953,859/- and had to finish its works and hand over within 26 weeks from the date of commencing works. Contract's works had been commenced on 25th November 2010 and had to finish on 08th May 2012.</p> <p>The financial and physical performance of the contract as at 31st December 2013 was 30% and 60% respectively/</p>	<p>The hospital doesn't have sufficient hardware to operate this software system and therefore delayed one additional year to bring it up to a 100% operating level. Infrastructure facilities required to this software system had been provided to cover an area of one upon ten from total extent of the hospital premises and therefore only certain components could operate (patients admission, cashier section, clinics, emergency treatment unit and channeled service).</p> <p>Further, the software system installed in a such institution is extremely complicated and had to take a large effort for customization as required to the hospital. It was delay to form new practices and policies related to this software system. Response from hospital employees to this was slow and their trend as well. The project couldn't operate at determined time due to above reasons.</p>

	But presently steps are taken by hospital's Information Technology Division to continuous review and improve this software system as per the hospital's requirement.
<u>4.8 Staff Administration</u> The approved number of employees as at 31 st December 2013 relevant to 14 different posts was 1561. The actual number of employees was 1215 and deficiency was 346. In addition to above, 54 had been recruited as casual laborers.	The lack of Oderly Staff could manage by recruiting casual laborers. Interview was conducted to recruit a person for the post of Deputy Director but couldn't select a trained person. But presently a person has been appointed for the post of Deputy Director (Acting). There is a lack of qualified persons to recruit for nursing staff but hospital's activities are being carried out without interruption. Steps are taken in future to obviate the lack
<u>4.9 Vehicles Utilization</u> <u>Vehicle Accidents</u> Following matters are observed with regard to vehicle accidents.	
(i) A vehicle accident register is maintained by the hospital but it had not been prepared in terms of Section 110 of Financial Regulations .	A General Circular with regard to vehicle accidents is presently continued and steps will be taken to maintain it methodically as pointed out in the audit query.
(ii) 07 Vehicles had been accidental within the review year but their log books had not duly maintained.	Log books of all vehicles have been updated largely and shortcomings of information pertained to vehicles are presently being fulfilled.
iii) In terms of F.R. 104(I)(b),(3) and (4), an investigation must be carried out to determine the extent of the accident, reasons for the accident and person/s who is/ are responsible for the accident but it had not been done.	Action will be taken in terms of Financial Regulations 104 (1).
<u>5. Accountability and Good Governance</u>	
<u>5.1 Corporate Plan</u> In terms of PED Circular No. 12 dated 02 nd June 2003 and Section 5:1:3 of Code of Guidance with regard to Good Governance, a copy of updated Corporate Plan approved by Board of Directors had to submit to relevant Ministry, Public Enterprises Department of Treasury and Auditor General before 15 days to begin the relevant financial year but it had not been done.	The Corporate Plan has already been prepared together with Institute Sri Lanka Foundations and other experts. Steps will be taken to submit the same to relevant institutions in due course.
<u>5.2 Action Plan</u> (a) Objectives expected to achieve within the year are mentioned in the Action Plan for 2013 but no funds had been allocated for same.	Capitals grants received by hospital are used for this purpose and therefore didn't prepare a separate financial plan for this.

<p>b) Tasks expected to complete within 2013 of the Action Plan i.e. improving of vehicle yard, purchasing of 2 new generators, construction of ECG room, establishing of HDU units for medical wards etc... had not been finished as at 31st December 2013.</p>	<p>Several projects were planned to implement according to the Action Plan prepared for 2013. But implementation of all these projects was depending on the provisions granted by treasury for 2013. Accordingly, improving of vehicle yard was too slow due to technical weaknesses while its works were under progress and therefore couldn't implement before to end of 2013. Tenders were invited according to a consulting institution to purchase two new generators and evaluation reports were referred to Ministry's Tender Board. But another Technical Evaluation Board was appointed by Ministry's Tender Board to obtain an evaluation report and said tender decisions have not been informed up to now. A problematic situation with regard to the place (where expected to construct the ECG room) was arisen at the initial period and therefore got delayed. Presently, the ECG room has been constructed at the place where old Dialysis Unit was established. It was planned to modernize the air-conditioning system but couldn't implement this project because no financial provisions were granted. It must be mentioned here that establishment of HDU Unit didn't plan for all wards but only for medical wards. Presently this unit can't operate due to lack of nursing staff.</p>
<p>5.3 Internal Audit</p> <p>The bi-annual internal audit reports relevant to first six months of every year must be submitted to Auditor General before 31st of same year and other report relevant to next six months must be submitted before 31st January of the following year. But said bi-annual internal audit report had not been submitted as stated above.</p>	<p>Internal Auditor post of the hospital was vacant and therefore couldn't manage its works rightly. Accordingly, relevant report couldn't submit duly. An officer has been recruited for this post and may able to submit internal audit report duly in future.</p>
<p>5.4 Audit Committees</p> <p>The Audit Committee had been recommended to Financial Controller to prepare forms to compute costs and profits by each level of unit of the hospital and submit the same. This recommendation had not been implemented</p>	<p>This is a complicated task and decided to discuss further with regard to that.</p>
<p>5.5 Procurement Plan</p> <p>A Static X-ray Floor Mounted machine had been purchased @ Rs. 5,975,000/- in April 2013 because breakdowns occurred from time to time in the static-x-ray machine which was purchased in 2003. The above purchasing had not been planned by the Purchasing Plan for 2012 or 2013.</p>	<p>In 2012, A HIGH FREQUENCY STATIC X-RAY MACHINE CEILIN MOUNT and a MOBIE X-RAY machine had been estimated for Rs. 8.0 Million and Rs. 2.8 Million respectively to purchase for X-Ray Division and ordered in July and August 2012. However, another FLOOR MOUNTED X-Ray machine was purchased by the hospital management based on the</p>

	<p>hospital management based on the requirement of doing X-Ray tests without delay relevant to patients who come for medical tests.</p> <p>No approval had been granted by the basic plan to purchase a FLOOR MOUNTED machine. But a new machine was purchased because one machine which was using became non-operational situation in mid of the year.</p> <p>A certain time had been consumed to supply goods and steps that must be taken in respect of this had included to tender conditions. Availing of goods may get delayed due to practical problems and therefore patients face to difficulties. This was taken into consideration and relevant equipment was purchased by following a light policy to a certain extent from conditions.</p>
<p><u>5.6 Budget Controlling</u></p> <p>Following matters are observed</p> <p>(a) According to the purchasing plan of 2012, the estimated cost to purchase a H.D. Video Laparoscopy system was Rs. 3,000,000/-. But hospital had paid Rs. 10,735,800/- to purchase this machine in 2013. Therefore, a cost of Rs. 7,735,800/- had been born by exceeding the estimated cost. This was a contravention of 257% from estimated cost.</p>	<p>The medical equipment requirement for 2012 was listed at the end of 2011 and they were purchased since January 2012 after approving financial provisions. Accordingly, these equipment have been entered to 2012 list and their value is up to Rs. 3 Million. This is a system of equipment and certain accessories can be added and value may be changed accordingly.</p> <p>Certain accessories have been added by relevant Specialist Doctor while purchasing, preparing specifications and obtaining technical committee recommendations. Accordingly, the cost of this equipment system was higher than the estimated cost.</p> <p>Approval for above was obtained from Ministry of Finance. The said approval was granted not based on each equipment but based on provisions relevant to purchase whole medical equipment. Therefore, this purchasing was done within approved limit and all equipment mentioned in the said list were purchased.</p>
<p>(b)</p> <p>i. Rs. 11,014,495/- had been born as cost of free medical treatment but no provisions had been allocated in annual budget estimate for that.</p> <p>ii. Rs. 1,288,406/- had been born as fuel expenses for generators but no provisions had been allocated in annual budget estimate for that.</p>	<p>Steps will be taken in future to include them to budget.</p>
<p>(c) Variances between budget and actual income relevant to 4 income subjects and 9 expenditure subjects were at the range of 91% to 412%. Therefore, it was observed that budget had not been called into play as a productive agent.</p>	<p>Sometimes hospitals have to make purchases for urgent requirements where expenses are uncontrollable. But steps will be taken as possible as to prepare on real situation while preparing the budget and use it as a productive tool.</p>

<p><u>5.7 Orders issued by Committee on Public Enterprises (COPE)</u></p> <p>The Committee on Public Enterprises (COPE) meeting was held on 21st September 2012 and thereby hospital was ordered to prepare its new business plan and submit to COPE. But even up to 31st December 2013 it was not submitted</p>	<p>Presently it is being prepared and will be submitted in future.</p>
<p><u>6. Systems and controlling</u></p> <p>Short comings of systems and controlling that were observed while in audit were brought to Chairman's attention from time to time. The management must draw attention towards following fields of controlling.</p> <ul style="list-style-type: none"> (a) Assets and stock controlling (b) Collecting of hospital's income (c) Appraisal of medicine 	<p>Computer assisted techniques are presently been used for certain systems as mentioned in the audit query. Steps will be taken to review often with regard to system controlling stated further and develop it as per hospital's requirement.</p>

6. Future Vision



6.1 Medium Term Activities to Improve the Work Performances of the Institute.

Objectives	Activities
1.To reduce the cost of electricity bill of the Hospital	<ul style="list-style-type: none"> i. Changing the present tariff category in the electricity bill to government rates. ii. Replacing the out dated equipment with new technology. iii. Steps are been take to reduce wastage of electricity.
2. To reduce the cost of water bill.	<ul style="list-style-type: none"> i. Minimizing the water bill by waiving off the waste water component of the ii. Steps are taken to minimize wastage of water.
3. To develop as a fee levying model hospital.	<ul style="list-style-type: none"> i. Establishing pricing committee. ii. Introducing a pricing policy and procedures. iii. Preparing a list of packages prices. iv. Revising all billing items and correcting any error.
4. To reduce the capital cost for Medical technological equipment	Obtaining medical and laboratory equipment with a high capital expenditure on a free levy basis for a short period of time and obtaining consumables for these equipment form the same manufacturers through intermediate and long term memoranda.
5. To form a lawful background to offer better and efficient service to face successfully to the competitive private Hospital	To appoint a committee to study the act of Sri Jayewardenepura General Hospital and get recommendation with regard to the alterations has to be done to the said Act
6. Establishing good internal environment to give better and efficient competitive service by the hospital.	<ul style="list-style-type: none"> i. Establishing a Human Resource Management Department in order to regularize the human resources management. ii. Establishing a Marketing Unit to increase brand equity of the hospital. iii. Establishing a Health Information Unit to regularize health information management in the hospital.
7. Expansion of infrastructure facilities for patients, visitors & hospital Staff	<ul style="list-style-type: none"> i. Establishing a new paying ward complex. ii. Establishing new nursing quarters. iii. Establishing a new admin & Finance building. iv. Establishing a new building for a workshop. v. Expanding NICU with Equipment. vi. Establishing a cafeteria for doctors.. vii. Expanding of OPD laboratory services for out patients.

Objectives	Activities
8. Promoting medical and other research opportunities in Sri Jayewardenepura General Hospital	<ul style="list-style-type: none"> i. Starting to pay research allowance to medical officers. ii. Improve internet and computer facilities at the library.
9. To increase quality of services	<ul style="list-style-type: none"> i. Prepare and place Boards with information of the hospital. ii. Providing all clinic ,specialty and prices information to reception & exchange iii. Conducting meetings/workshops to improve communication with patients. iv. Conducting meetings/workshops to improve teamwork among staff members. v. Making arrangements to provide all drugs and other items for inward patients. vi. Improving sanitary facilities for inward patients. vii. Making Arrangements to serve food in food warmers for paying ward patients. viii. Start maintaining a checklist for each paying rooms. ix. Formalizing forms project– Introducing and printing new forms with a colour cording system. x. Broadcasting AV messages on hospital ,diseases and services through the AV system. xi. Extension of the car park. xii. Extension of laboratory & pharmacy department.
10. Develop as a green hospital.	<ul style="list-style-type: none"> i. Improving the garden. ii. Proper waste segregation. iii. Limiting Plastic & polythene to the hospital.
11. Replacing the hospital outdated medical & other equipment.	Refurbishing and replacing the hospital outdated equipment.
12. Develop facilities of cardiology department in Hospital.	Establishing modern advanced cardiac laboratory.
13. Getting a more efficient service by proper management of Human Resource of belong to the hospital	<ul style="list-style-type: none"> i. Performing HR Audit. ii. Doing a job analysis and preparation of jobs descriptions. iii. Preparation of procedure manuals. iv. Implementing rotations and transfer schemes.

Objectives	Activities
14. To have a sound internal control system.	<ul style="list-style-type: none"> i. Strengthening the Audit Department of the hospital. ii. Preparing and Implementing an Audit plan.
15. To increase public transport facilities to the hospital.	<ul style="list-style-type: none"> i. Increase number of bus routes to the hospital. ii. To improve access roads to the hospital.
16. To improve welfare facilities to patients and to the staff.	Preparing a welfare plan for patients & staff.
17. To increase brand equality of Sri Jayewardenepura General Hospital.	<ul style="list-style-type: none"> i. Implementing a marketing plan. ii. Making arrangements with Insurance companies to treat clients of Insurance agencies. iii. Expanding of channeling service. iv. Expanding laboratory services for outside patients. v. Establishing a complaint desk. vi. Conducting patients satisfaction surveys. vii. Establishing a museum. viii. Establishing bill boards/direction boards. ix. Arranging hospital visits for groups of school children.
18. To conduct corporate social responsibility projects.	<ul style="list-style-type: none"> i. Preparing information leaflets on diseases. ii. Broadcasting audio visual health messages. iii. Celebrating special dates.
19. Implementation of internal Training programmes	<ul style="list-style-type: none"> i. Conducting high -tech equipment training. ii. Conducting programs on IT for speedy service.
20. To increase discipline and teaching of staff members .	Booklet on code of ethics and rules and regulations and conducts
21. <i>Establish a comprehensive HMIS</i>	<i>Upgrading the available medical record system.</i>
22. <i>To increase training programmes and courses for trainers including those from private sector health institutions.</i>	<ul style="list-style-type: none"> i. <i>Identify local and foreign demanding training areas.</i> ii. <i>Collaborative programmes with other institutions.</i>