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Annual Report

ஆண்டறிக்கை

2015

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Sri Jayewardenepura General Hospital

ஸ்ரீ ஜயவர்தனபுர பொது மருத்துவமனை



Annual Report  
2015

Sri Jayewardenepura General Hospital

Prepared by:  
Planning Unit  
Sri Jayewardenepura General Hospital  
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# 1. Corporate Information



## 1.1 Historical Facts



Sri Jayewardenepura General Hospital, a gift by the Government of Japan to the citizens of Sri Lanka, on an initiative of His Excellency J. R. Jayewardene, the first executive president of Sri Lanka, was ceremonially opened by Ishimaysu Kitaagawa, the representative of Japan and the President of Sri Lanka on 17th September 1984.

Sri Jayewardenepura General Hospital was established by the Act of Parliament No. 54 of 1983. The primary intention of establishing Sri Jayewardenepura General Hospital was to provide excellent medical and surgical services compared to other government hospitals, at affordable prices to the public

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

First patient was admitted to the hospital on 17<sup>th</sup> 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 17<sup>th</sup> January 1985. First delivery was on 18<sup>th</sup> January, 1985 under the care of Prof. Kingsley de Silva (Consultant Obstetrician and Gynaecologist).

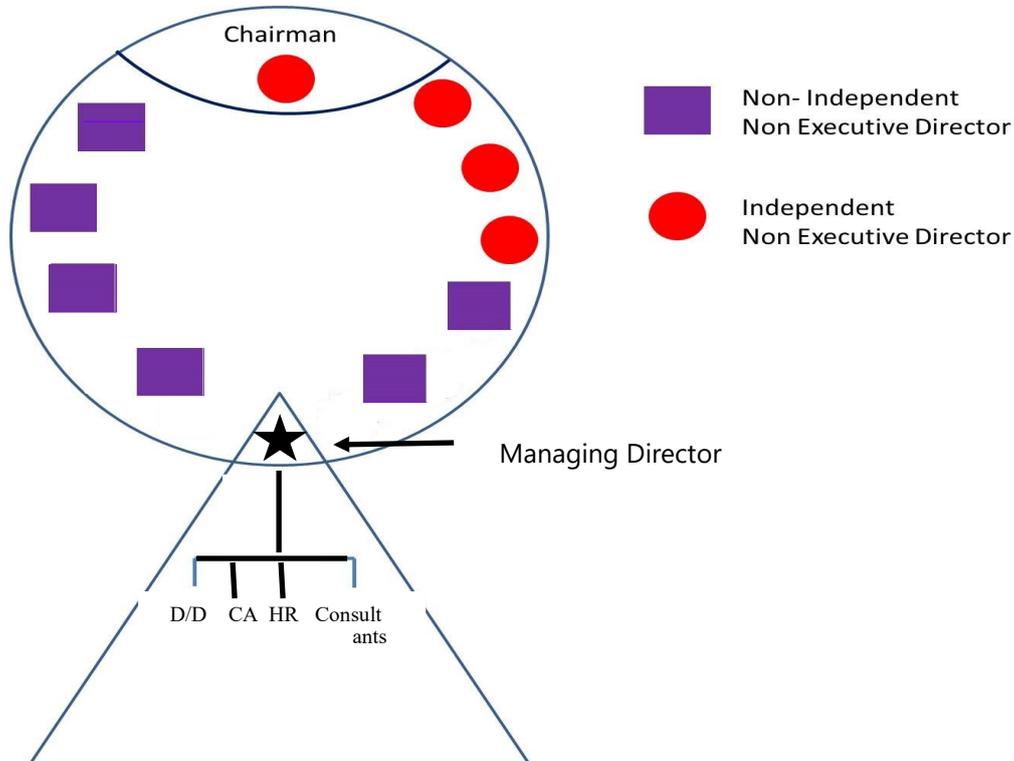
Sri Jayewardenepura General Hospital was setup to supplement the curative health service in Sri Lanka and to assist in the training of medical undergraduates, postgraduates and other health care personnel. While the Board of Directors take policy decisions, operational control is vested on a Committee 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 thirty one 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 three Independent non executive directors, six non independent non executive directors, Chairman and the Managing Director. The Managing Director of the hospital implements the Board decisions and provides solutions for day to day administrative issues with the Committee of Management. The Hon. Minister of Health has the authority to give special directives under the powers vested by section No.9 of Sri Jayewardenepura General Hospital Board Act.

The Non-executive Board Members, while not involving in the routine administration of the hospital, participate in close review and monitoring the operations. Two of the Board Members function as members of the Procurement Board, and one in the Budgetary Planning and Implementation Committee. The Treasury representative chairs the Audit Committee meetings.

## 1.2 Corporate Governance- continue

### 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 Managing 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 Audit Superintendent from the Auditor General's Department participates on invitation as an observer for Audit Committee meetings. The audit committee supervisors and facilitates the functions of the Internal Auditor and coordinates the functions between the Internal and External Auditors.

Audit committee provides an Audit report to the main board quarterly. 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

These governing procedures are in well line with the Code of Best Practice in Corporate Governance-2013 jointly issued by the Colombo Stock Exchange (CSE) and the Institute of Chartered Accountants in Sri Lanka (ICASL)

## 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 of Sri Lanka, His Excellency J. R. Jayewardene and Honourable Ishimaysu Kitaagawa representing the Government of Japan on 17<sup>th</sup> September, 1984.

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



National School of Nursing

**1986**

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

**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.



Coronary Artery Bypass Graft Surgery

**1990**

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

Eye, Psychiatry and Oncology clinics started to function.

**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 30<sup>th</sup> November, 2000.

**2003**

Mammography unit was opened.



Channelling Service

### 2006

Hospital Channelling Service started on March, 2006.

'Rajya Osusala' was opened within the hospital premises.

### 2007

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



'Osusala'

### 2009

Dermatology unit was opened.

### 2010

Neuro-surgical ICU and Psychological Counseling units 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.



Coronary Bypass Graft surgery was done whilst the heart was functioning

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



Opening ceremony of the University College of Health Studies

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



Walk -Thirtieth Anniversary

Establishment of the Professorial Units in Sri Jayewardenepura General Hospital for Clinical Training of Medical Students of Kothalawala Defence University and commencement of clinical training for final year medical students.

Commemoration of the 30th Anniversary of the hospital in (December) 2014.

2015



Commissioning the new CT Machine



Counselling centre



Commissioning the newly refurbished and expanded ETU



2015

Opening of the cardiothoracic HDU



Foundation for the new nurses' quarters building.

**Social Dialogue and Workplace Cooperation Award 2015**



2015

Sri Jayewardenepura General Hospital won Social Dialogue and Workplace Cooperation Award 2015

Sri Jayewardenepura General Hospital is awarded with Silver Award in the Large Scale Service Sector organized by Social Dialogue and Workplace Cooperation Unit, Human Resource Development Division Department of Labour, Ministry of Labour and Trade Union Relations.



## 1.4 Vision and Mission

### Vision

To be the best  
leading tertiary health care provider  
in the South Asia  
in year 2030.

### Mission

“To maintain  
exceptional, safe ,ethical and quality standards,  
while offering  
cost effective healthcare solutions  
with modern technology,  
and to deliver undergraduate and postgraduate education  
in medical and allied health sciences”

## 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 be a global standard in health care according to a Corporate Plan
- To be a State of the Art facility
- To be affordable to the public
- To Provide Health care of international standards.
- To continue training of Undergraduates & Post Graduates
- To be Adequately & competently staffed in all areas.
- To generate Revenue while been affordable to the public
- To honour the rights and benefits of the staff who are employees of the Ministry of Health

## 1.7 Hospital Staff

Sri Jayewardenepura General Hospital Consists of 1921 staff members. Summary of various staff categories are as follows:

1)Executive Staff		19
2)Medical Staff		306
Consultants	37	
Resident specialist	1	
Medical Officers (permanent & contract)	166	
Intern Medical Officers	28	
Post Intern Medical Officers	20	
Post Graduate Medical Officers	54	
3)Nursing Staff		758
Nursing Sisters	23	
Nurses	551	
Student Nurses	184	
4)PSM (Professions Supplementary to Medicine)		70
a) MLT	35	
b) Radiographers	08	
c) Physiotherapists	08	
d) Pharmacists	19	
5)Paramedical Staff		27
a) PHI	02	
b) ECG Technicians (Cardiographers)	09	
c) Audiometrician	01	
d) Ophthalmic Technologists	02	
e) Speech Therapist	01	
f) E.M.T	9	
g)Perfusionist	3	
6) Other Staff		
a) Management Assistants (MN1,MN2)	132	254
b) Trainees	11	
c) Others	111	
7) Junior Staff		
a) Orderly Supervisors	06	311
b) Orderlies	305	
c) Laborers		
Permanent	77	176
Casual	58	
d) Care givers	41	
<b>Total Number of Employees</b>		<b>1921</b>

## 1.8 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

1. General Medicine
2. General Surgery
3. Obstetrics & Gynaecology
4. Paediatrics
5. Anesthesiology
6. Neonatology
7. Ophthalmology
8. Otorhinolaryngology
9. Neurology
10. Dermatology
11. Cardio physiology
12. Neurosurgery
13. Cardiology
14. Cardio Thoracic surgery
15. Orthopaedics
16. Nephrology
17. Genitourinary and Kidney Transplant
18. Rheumatology & Rehabilitation
19. Endocrinology
20. Histopathology
21. Microbiology
22. Haematology
23. Chemical Pathology
24. Blood bank and Transfusion medicine
25. Radiology

# 1.9 Our Services

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

## Patient Care services

1. ETU –24Hours Emergency treatment & Admission

2. OPD-Out Patient Treatment (8.00am –4.00 pm)

3. Specialized Clinics in all Specialties

4. ICU (Intensive Care Unit)

- General ICU
- Neurosurgical
- Cardiology
- Cardio thoracic

5. HDUs' (High dependency Unit)

- Pediatrics
- Neurosurgical
- Cardiology
- Cardio thoracic
- General Medicine
- Gynecology

6. Medical Checkup Unit–  
Medical checkup packages available  
For all illness

7. Laboratory services

Hematology  
Biochemistry  
Microbiology  
Histopathology

8. Radiology Services

- Mammography
- X –ray
- Ultra Sound Scan
- Computer Tomography (CT)

9. Cardiology Investigation

- ECG Tests
- Exercise ECG
- Halter Monitoring
- Angiography and Cardiac Catheterization
- 2D Echo

10. Neurology Investi-  
gation

- EMG Tests
- EEG Tests

12. Endoscopy services (UGIE, LGIE)

16. Nutrition advisory services and consultation

13. Urological treatment services

17. Physiotherapy services

14. ENT related tests

18. Psychological Counseling Services

15. Vision and related tests

19. Speech Therapy services

## Other Services

20. Supportive services

- Blood Transfusion services
- Chanel Service
- Health Education
- Immunization
- Infection Control Service
- Birth & Death Registration
- Pharmacy -(24 h service)
- Emergency Ambulance Service

- Banks (BOC, HNB)
- Automated Teller Machine (BOC, HNB, Peoples , Commercial )
- Cafeteria
- Post Office
- Vehicle Park
- Grocery Shop

# 1.10 Our Website

www.sjghsrilanka.org

The screenshot shows the website for Sri Jayewardenepura General Hospital and Post-graduate Training Institute. At the top left is the SJGH logo, a stylized orange diamond with a white cross. To its right, the text reads "SRI JAYEWARDENEPURA GENERAL HOSPITAL AND POST-GRADUATE TRAINING INSTITUTE" followed by the address "Thalapathpitiya, Nugegoda, Sri Lanka" and phone number "Tel: +94 11 2 778610". On the top right, there are buttons for "Contact Us" and "Directions", and a language selector with "සිංහල" (Sinhala), "English", and "Tamil". Below this is a green navigation bar with links: "About SJGH", "General Info", "Patient Services", "Clinical Specialties", and "Support Services". The main banner features a photograph of two smiling nurses in white uniforms and caps. The text "Welcome To Sri Jayewardenepura General Hospital" is overlaid on the image. Below the banner, there are two columns. The left column has a "JOIN SJGH NOW" button and a small image of the nurses. The right column has a header "Sri Jayewardenepura Teaching Hospital and Post-Graduate Center (SJGH)." and a quote: "A Breath of Fresh Air". Below the quote, a paragraph describes the hospital as a modern setting in salubrious surroundings where one travels that extra mile, while taking in the panorama of change to meet an extraordinary array of health care professionals who are committed to healing the mind, body and soul of those in need.

“Sri Jayewardenepura General Hospital official Website”

## 2. Management Team



## 2.1 Chairman's Message



At the end of a successful year, it gives me pleasure to release this message to the Annual Report 2015 of Sri Jayewardenepura General Hospital.

The Hospital Management under the guidance of the Board has been able to show substantial amount of development of the hospital improving quality & range of services during the first year of its term.

The senior Management working as a team has been able to solve many unresolved issues that have hindered its progress in the past.

The feedback the Board gets through the patient satisfaction surveys over the past year are very encouraging. Increasing number of patients seeking care from the hospital is an indicator of the quality of care provided by the Hospital.

With the continuous support & guidance provided by the Hon. Minister of Health, Nutrition & Indigenous Medicine, Dr. Rajitha Senarathne, we have been able to improve the facilities & the range of services available to meet the current demand of the people.

The present Government provided extra funds with the last budget to improve the infrastructure and to introduce new technology and equipment to upgrade the services to a different level. Longstanding issues of manpower shortage and infrastructure development have been sorted out and an obvious change in the attitude towards patients has been instilled among the staff improving the overall quality of care provided to the patients.

The new Management works with a corporate vision to make Sri Jayewardenepura General Hospital the benchmark for the private hospitals in Sri Lanka in terms of quality & ranges of services.

The cooperation and support extended by the Consultants and the staff to the Management in making it happen, is remarkable.

Let me thank His Excellency the president, the Hon. Minister of Health, Nutrition & Indigenous Medicine & the secretary to the Ministry for the guidance and oversight provided to the Board to develop this Hospital.

I wish the Management success in their future endeavours to improve the Hospital.

Dr. H.A.P. Kahandaliyanage  
MBBS; MSc(Com.Med); DCEH(Lond); MMHI (Boston); MCMA; FCMA;  
Chairman  
Sri Jayewardenepura General Hospital.

## 2.2 Director's Message



I am extremely honored and privileged to deliver this message to the Annual Report 2015 as the Director of this prestigious organization. There are many challenges faced by Sri Jayewardenepura General Hospital as a fee levying general hospital and a medical post graduate training center. During this year we have been able to do a clear analysis of matters that had been resisting and slowing down the forward journey of this unique facility. We have been able to identify the areas that need to be addressed in our endeavor of bringing this hospital to the standards of the most caring and leading tertiary care center in the island with cutting edge technology.

As an important and essential part of this effort we have initiated the renovation of this 32 year old facility in a step wise programme , causing minimum disturbance to the day to day patient care activities of the hospital. Parallel to this, foundations have been laid to many other activities that have been identified as important. Many programmes have been launched to enhance awareness among employees of Sri Jayewardenepura General Hospital on current policies and developments of the patient care services and also importance of their contribution and active participation in making this effort a success. Sri Jayewardenepura General Hospital moves forward with a clear vision, empowering the facility to be the leader in providing safe and quality health care, securing and not forgetting the dignity maintained throughout decades since the commissioning of its services to the nation in 1984.

I take this opportunity to thank the Hon. Minister of Health, Nutrition and indigenous Medicine Dr. Rajitha Senaratna, the Hon. Deputy Minister Faizal Cassim, Secretary to the Ministry Dr. D. M. R. B. Disanayake, Director General of Health Services Dr. Palitha Maheepala, Chairman of Sri Jayewardenepura General Hospital Dr. Athula Kahandaliyanage, Members of the Board of Directors, Members of the Board of Management, Deputy Director Dr. (Mrs) Santhushya Fernando and all the staff of Sri Jayewardenepura General Hospital for all the enthusiasm, professionalism and dedication displayed at all times.

Dr. Susitha Senaratna  
Director  
Sri Jayewardenepura General Hospital

## 2.3 Board of Directors



Dr. H.A.P.. Kahandaliyanage.- - Chairman, SJGH

Dr. N.S.A. Senaratne- Managing Director, SJGH

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

Mrs. A.K.Gunasekera -Treasury Representative-Not in the Photograph

Prof. Janaka de Silva - Director –PGIM

Mr.S.M.Nanda Lalith Senanayake-Appointed by the Minister of Health

Mr.Chamath de Silva– Appointed by the Minister of Health

Dr. Harsha Samaraweera - Appointed by the Minister of Health

Dr. V. K. P. Indraratne - Consultant Representative

Dr. Madhava Karunaratne - Consultant Representative

Dr. P. J. Ambawatta - Consultant Representative

## 2.4 Management Committee

Dr. Susitha Senaratne



Director  
Chairman of the Committee

Dr. (Mrs.) S. Fernando



D/Director (Actg.)  
Member

Dr. Rohan Aloysius



Cosultant Paediatrician  
Member

Dr. Harsha Gunasekara



Consultant Neurologist  
Member

Dr. (Mrs.) S. K. Jayathilake



Consultant Microbiologist  
Member

Mr.W.A.D.Alwis



Chief Accountant  
Member

Mrs. Thilani Rajapakshe



Hospital Secretary  
Member

Mrs. A. N. Saputhanthri



Chief Matron  
Member

## 2.5 Specialist Staff

### Consultant Physicians



Dr. (Mrs.) Champa Jayasundara  
MBBS, MD



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



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

### Consultant Surgeons



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



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

Dr. S. A. Gunawardana  
MBBS, MS, MRCS (Eng.)FRCS

### 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 Neurologist



Dr. H. H. Gunsekara  
MBBS, MD, MRCP

Consultant Nephrologist



Dr. C. A. Herath  
MBBS, MD

Consultant Cardiothoracic Surgeons



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



Dr. H. R. Y. de Silva  
MBBS, MS, MRCS (Eng), FRCS(C-TH)

Consultant Rheumatologist



Dr. Kaleel Cassim  
MBBS, MD

Consultant Dermatologist



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

Consultant Eye Surgeon



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

Consultant Orthopaedic Surgeon



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

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. 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. Samraweera  
MBBS, MD (Radiology)

## Consultant Haematologists



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

## Consultant Microbiologists



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

## 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 Physician



Dr. (Mrs.) Shyama Subasinghe  
MBBS, MD

Resident Nephrologist



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

Consultant Urologist and Kidney Transplant Surgeon



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

Consultant Anaesthetists



Dr. (Mrs.) C.R. Pilimalawwe  
MBBS, MD

Consultant –  
Transfusion Physician



Dr. (Mrs.) A.M. Abeywardane  
MBBS, MD (Transfusion Medicine)

## 3. Operational Information



## 3.1 Summary of the Performance



Sri Jayewardenepura General Hospital is established under the provision of Parliament act number 54 of 1983 and ceremonially opened on 17th of September 1984. Sri Jayewardenepura General Hospital is governed by a board of directors which is appointed by Hon. Minister of Health and act as a training center for medical undergraduate and postgraduate trainees in addition to providing patient care services. In 2015 Number of staff members was 1921.

Designation	Approved cadre	Actual cadre
Executive staff	22	19
Medical staff	203	306
Nursing Staff	880	758
PSM (Professions Supplementary to Medicine)	78	70
Paramedical Staff	30	27
Other Staff	247	254
Junior Staff	466	487
Total	1926	1921

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

Indicator	2015	2014	Increase/ Decrease(%)
1. Number of Patient Beds	1076	1079	-0.3
2.Total Number of Patient Admissions	55143	53424	3.2
3. Average Length of Stay (Days)	4.5	4.7	-4.3
4. Hospital Bed Occupancy (%)	63.04	64.10	-1.7
a. Bed Occupancy of General Wards(%)	63.52	64.28	-1.2
b. Bed Occupancy of Paying Wards(%)	62.38	61.96	0.7
5. Number of Out Patient Department Visits	21377	18733	14.1
6. Number. of Emergency treatment Unit Visits	36752	35060	4.8
7. Total Number of Patients attended for Clinics	158453	158174	0.2
8. Total Number of Surgeries done	13915	13628	2.1
9. Number of Cardio Thoracic Surgeries done	407	385	5.7
10. Number of Kidney Transplants done	23	22	4.5
11. Number of Dialysis done	6171	6008	2.7
12. Number of Echo Cardiograms done	14303	12964	10.3
13.Number of Coronary angiogram Tests	688	689	-0.1
14.Number of Stress Tests	1723	1538	12.0
15.Number of Deliveries	3602	3937	-8.5
16. Number of ECG Tests done	38858	34502	12.6
17.Number of EMG tests done	1363	1312	3.9
18. Number of X- ray Tests done	65946	62500	5.5
19.Number of CT studies	6116	6721	-9.0
20.Number of Mammograms done	383	430	-10.9
21.Number of Physiotherapy done	7708	3243	137.7
22.Number of Channel patients	9363	9824	-4.7
23. Number of Refraction Tests done	4157	4012	3.6
24.Number of Nutrition Advices given	1098	1371	-19.9
25. Number of Speech Therapies done	886	926	-4.3
26. Number of Medical Check-ups	1250	3091	-59.6
27. Number of Psychological counseling done	1664	1204	38.2
28. Number of Pathological tests done	922177	899057	2.6
29.Total Number of endoscopy tests done	4632	4412	5.0
30.Total Number of Blood collection	4877	4414	10.5
31.Total Number of deaths	740	689	7.4

A majority of sectors of Sri Jayewardenepura General Hospital has shown a considerable improvement in 2015 compared to the previous year.

Following table shows the unit wise summary of in-patient care provided by Sri Jayewardenepura General Hospital in 2015.

Unit	Patient Admissions		Increase/ Decrease (%)	Bed Occupancy (%)		Increase/ Decrease (%)
	2014	2015		2014	2015	
General Medical Unit	16187	16557	2.29	105.60	103.6	-1.89
General Surgical Unit	7651	7712	0.80	51.90	56.78	9.4
Gynecology and Obstetrics Unit	8214	7769	-5.42	83.75	79.44	-5.15
Paediatric Unit	2581	2823	9.38	56.23	53.66	-4.57
ENT Unit	1201	1316	9.58	29.09	30.98	6.5
Orthopedic Unit	1824	2040	11.84	47.84	48.93	2.28
Ophthalmology (Eye) Unit	1540	1445	-6.17	41.36	38.55	-6.79
Cardiology Unit	2172	2234	2.85	64.52	63.5	-1.58
Cardio-Thoracic Unit	829	823	-0.72	69.92	64.54	-7.69
Dermatology Unit	33	22	-33.33	10.02	4.52	-54.89
Neonatal Intensive Care Unit	930	886	-4.73	75.10	61.96	-17.50
Neurology Unit	311	412	32.48	30.52	34.86	14.22
Neurosurgery Unit	863	904	4.75	39.99	44.97	12.45
Dialysis and Nephrology Unit	6203	6410	3.34	71.54	74.81	4.57
General ICU	841	695	-17.36	90.51	92.3	1.98
Cardiothoracic ICU	483	521	7.87	72.13	80.29	11.31
Paying ward –Class I	1892	1805	-4.60	102.65	101.81	-0.82
Paying ward –Class II	4877	5287	8.41	53.21	55.34	4.00

Following is the summary of the financial performance of Sri Jayewardenepura General Hospital in year 2015.

Description	(Rs. '000)		Increase / Decrease	
	2014	2015	Value (Rs. '000)	Percentage (%)
Income generated from operations	1,316,437	1,493,892	177,455	13.48
Government Grant –Recurrent	1,700,000	920,086	-779,914	-45.88
Other Income	34,271	40,089	5,818	16.98
Other Operating Income (Interest)	5,470	7,163	1,693	30.95
Capital Grant Amortization	156,602	174,691	18,089	11.55
Total Income	3,056,178	2,461,230	-594,948	-19.47
Materials & Consumables used	727,714	867,508	139,794	19.21
Staff cost	1,273,118	1,572,238	299,120	23.50
Depreciation & amortization	156,602	174,691	18,089	11.55
Other operating expenses	326,724	361,807	35,083	10.74
Total expenses	2,484,158	2,976,244	492,086	19.81
Profit /Loss from operation	728,623	(340,000)	-1,068,623	-146.66
Finance cost	4,990	6,462	1,472	29.50
Other expenses	-	2,330	2,330	
Profit /Loss before Taxation	723,632	(349,115)	-1,072,747	-148.24
Income tax	3,018	3,503	485	16.07
Profit /Loss after Taxation	720,613	352,618	-367,995	-51.07

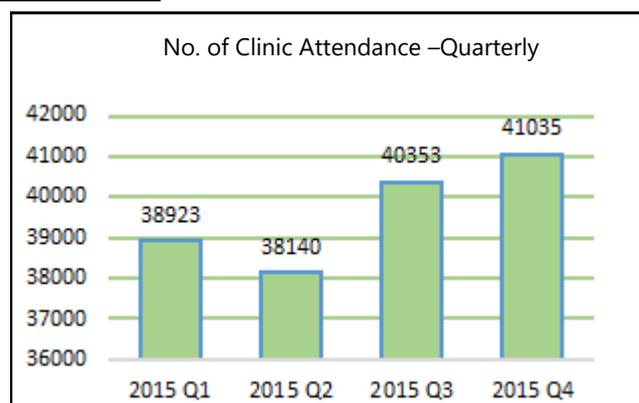
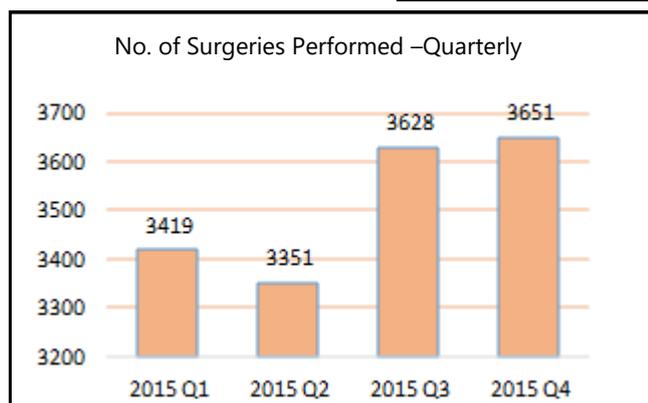
## Major projects among the development activities during 2015:-

1. Establishment of the computer billing system
2. Establishment of a modified computer network in the hospital
3. Improving the sanitary facilities in wards
4. Recruiting employees for existing vacancies and creating new cadre vacancies
5. Providing surgical services for patients suffering from Genito-urological diseases.
6. Car park facility for Consultant ,patients and visitors
7. Inauguration of the construction project of female nurses' quarters building
8. Refurbishment of the ETU
9. Launch of the official website of SJGH
10. Commissioning of the cardiothoracic HDU
11. Establishing the Heart to Heart trust fund
12. Establishing a new CT Scanner
13. Opening of the counseling center 'Mithuru Piyasa"
14. General improvement of quality of services provided by the hospital
15. Improvement of welfare facilities of patients and staff

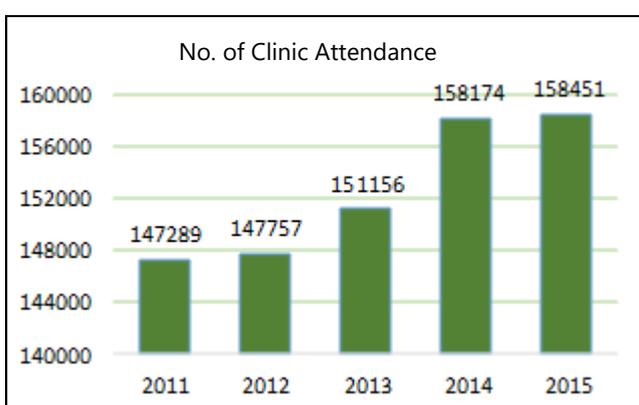
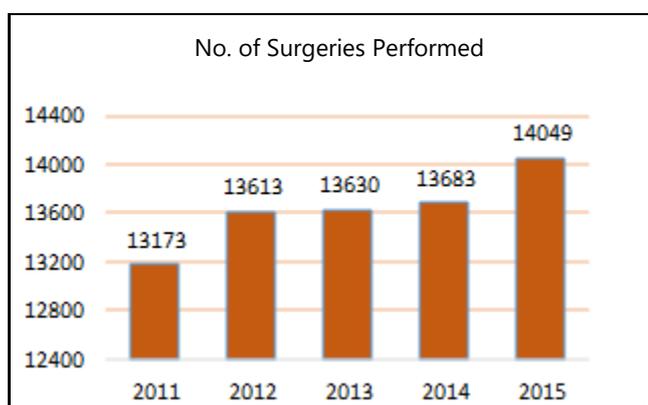
## 3.2 General Performance

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of beds in Hospital	1047	1088	1078	1079	1076	1080	1080	1078	1076
Total No. of admissions	52554	57119	54283	53424	55143	12861	13784	14029	14469
No. of OPD Attendance	16434	16533	18843	18733	21377	4734	5520	5455	5668
No. of Clinic Attendance	147289	147757	151156	158174	158451	38923	38140	40353	41035
No. of Surgeries Performed	13173	13613	13630	13683	14049	3419	3351	3628	3651
Bed Occupancy Rate (%)	66.80	70.47	64.07	64.1	63.04	61.04	61.04	64.43	66
Hospital Income (Rs. Millions)	1693	1857	2157	3056	2461	611	615	618	617
No. of Neonatal deaths	12	27	21	14	11	3	1	3	3
Total No. of deaths	707	748	714	689	740	197	172	183	188

Quarterly Performance-2015



Five year summary



# 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. The General Medical Unit has maintained the bed occupancy rate high and constant in 2015

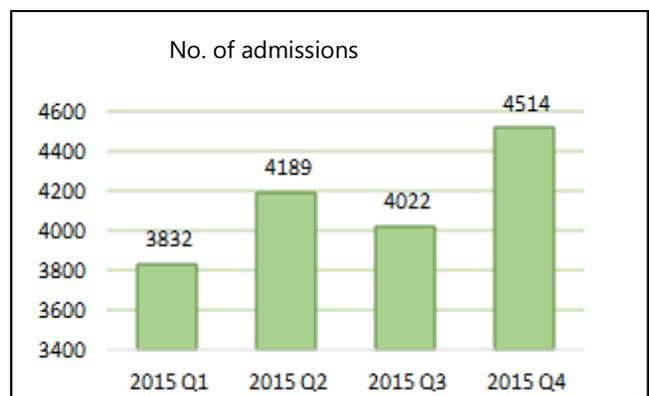


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics Held	344	395	291	293	292	72	72	74	74
No. of Clinic Attendance	36863	39638	38508	35965	34076	8460	8254	8800	8562
Total No. of Admissions	16986	19714	16496	16187	16557	3832	4189	4022	4514
Bed Occupancy Rate (%)	115.87	126.13	105.81	105.59	103.6	102.56	101.87	98.54	102.56

Five year summary



Quarterly Performance-2015



## 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

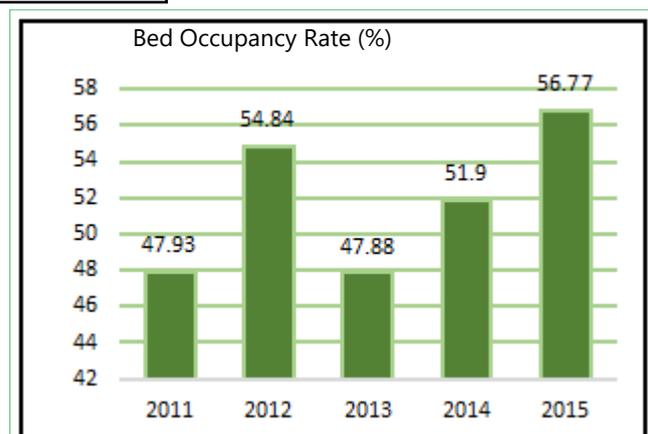
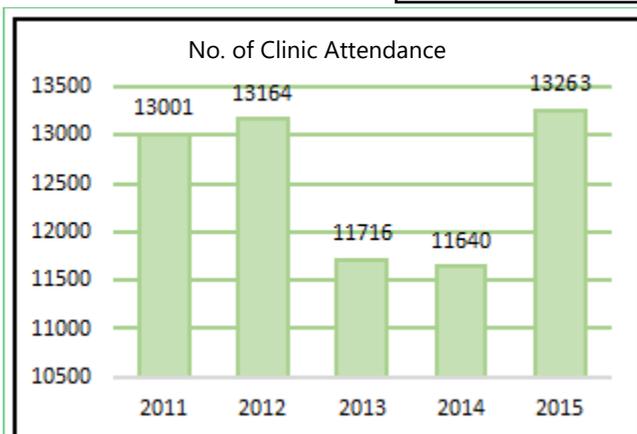


surgeries where the patient is discharged within the same day after the surgical intervention considering patient convenience.

There is a considerable increase in the No. of Surgeries and the bed occupancy rate in 2015 compared to the previous year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics Held	444	450	381	391	392	98	94	99	101
No. of Clinic Attendance	13001	13164	11716	11640	13263	3233	3145	3401	3484
Total No. of Admissions	6763	7115	6927	7651	7712	1935	1945	2046	1786
Total no. of Surgeries	3713	3923	3495	3174	3327	788	791	818	930
Bed Occupancy Rate (%)	47.93	54.84	47.88	51.9	56.77	52.63	54.58	58.58	61.28

Five year summary



### 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.



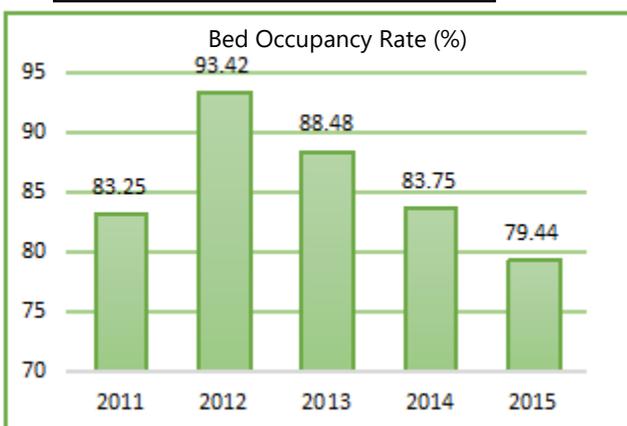
Sri Jayewardenepura General Hospital provides almost all emergency and elective gynaecological services including gynaecological surgeries for benign and malignant conditions, uro-gynaecological surgeries, diagnostic and therapeutic surgery procedures and gynaecological ultrasound scans.

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

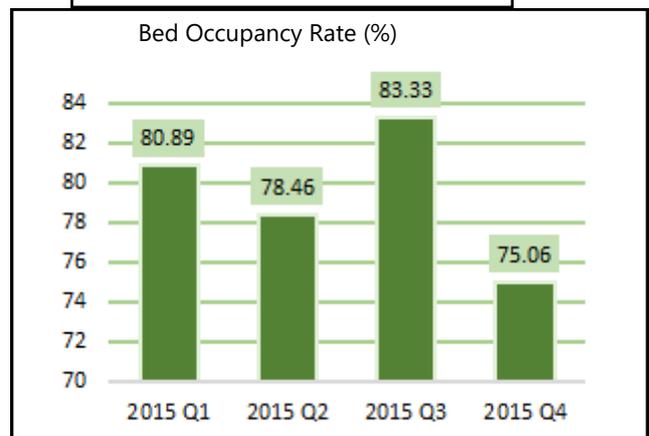
No. of patients attending clinics have increased compared to the last year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics Held	294	335	327	296	338	83	83	87	85
No. of Clinic Attendance	25421	23901	26464	28007	25314	6835	6146	6021	6312
Total No. of Admissions	7871	8706	8659	8214	7769	1892	1929	1971	1887
Bed Occupancy Rate (%)	83.25	93.42	88.48	83.75	79.44	80.89	78.46	83.33	75.06
No. of Deliveries	3877	4156	4016	3937	3602	906	918	902	876
Gyn surgeries	1235	1444	1416	1256	1291	347	256	341	347
Obs surgeries	2078	2276	2198	2118	1767	444	475	463	485
No. of caesarian surgeries	2077	2285	2180	2070	1863	437	478	465	483

Five year summary



Quarterly Performance-2015



## 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 47 beds and well equipped to handle any type of paediatric medical emergency.

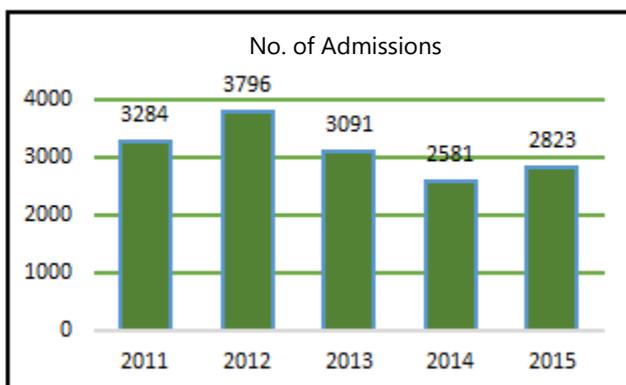
General paediatric clinic, well baby clinic, vaccination clinic and paediatric asthma clinic are conducted by the unit weekly to provide the maximum service through its dedicated and experienced medical staff.

The number Admissions in 2015 is higher compared to the previous year .

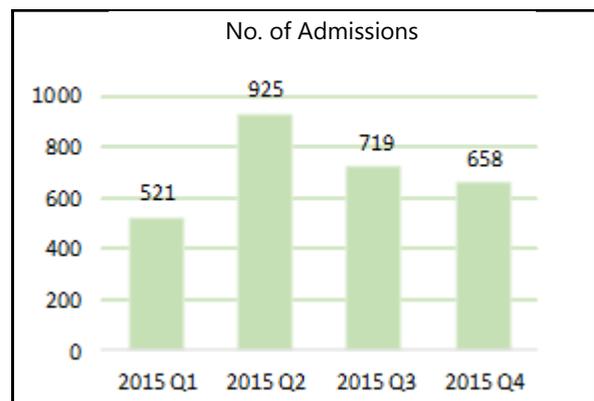


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics Held	337	346	332	341	345	85	85	86	89
No. of Clinic Attendance	7300	6249	6594	7137	6188	1475	1478	1571	1664
Total No. of Admissions	3284	3796	3091	2581	2823	521	925	719	658
Bed Occupancy Rate (%)	70.20	81.28	63.52	56.23	53.66	42.41	67.46	55.44	49.33

Five year summary



Quarterly Performance-2015



## 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.

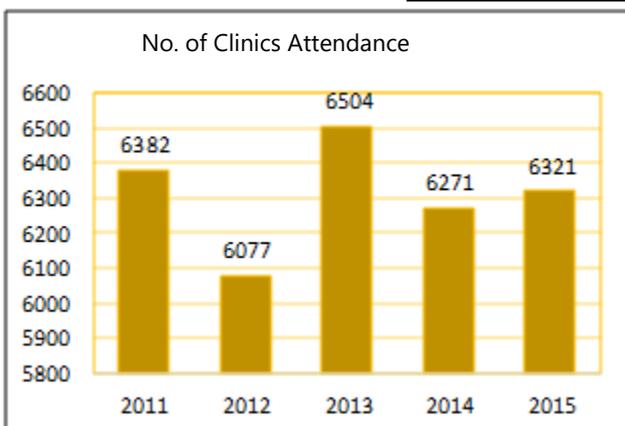


Well-equipped audio laboratory has the capability to carry out investigations such as pure tone audiometry, tympanography and brainstem evoke response assessments. ENT unit provides endoscopy facilities for fibre-optic laryngoscopy and naso-endoscopic procedures.

The No. of clinics attendance, admissions, surgeries performed and the bed occupancy rate have increased compared to the previous year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics Held	98	98	101	94	95	22	24	25	24
No. of Clinic Attendance	6382	6077	6504	6271	6321	1461	1512	1689	1659
Total No. of Admissions	1314	1378	1331	1201	1316	297	313	372	334
Bed Occupancy Rate (%)	29.70	32.57	31.91	29.09	30.98	27.64	28.47	35.89	31.94
No. of Surgeries done	543	539	493	451	483	138	113	105	127

### Five year summary



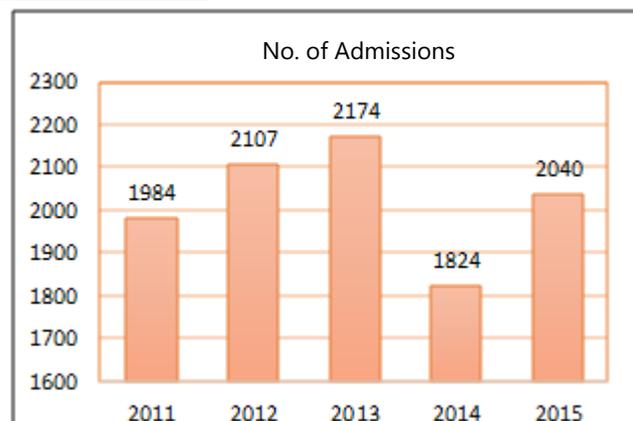
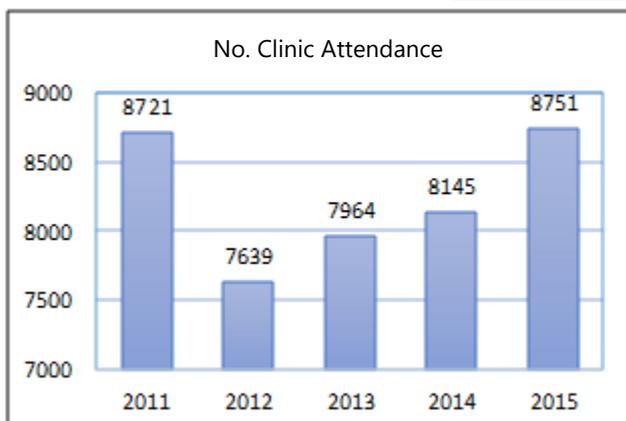
## VI. Orthopaedic Unit

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, admissions, Bed Occupancy and total number of surgeries held by the Orthopedic Unit shows an increased compared to the last year.



	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics Held	99	102	96	95	99	24	24	25	26
No. of Clinic Attendance	8721	7639	7964	8145	8751	2044	2101	2300	2306
Total No. of Admissions	1984	2107	2174	1824	2040	467	491	563	519
Bed Occupancy Rate (%)	66.60	59.31	59.70	47.84	48.93	44.96	47.28	53.6	49.86
No. of Surgeries done	1966	1624	1798	1366	1501	362	406	401	332

Five year summary



## 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



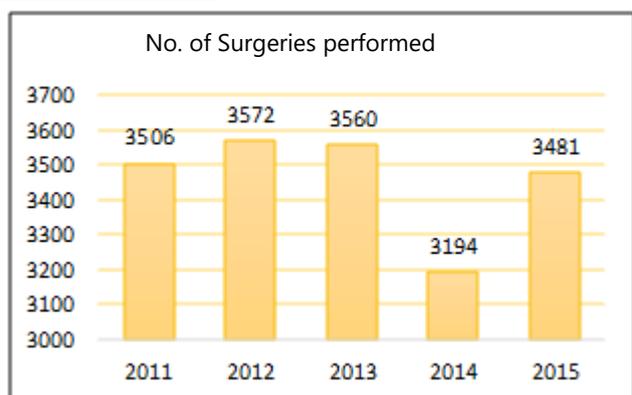
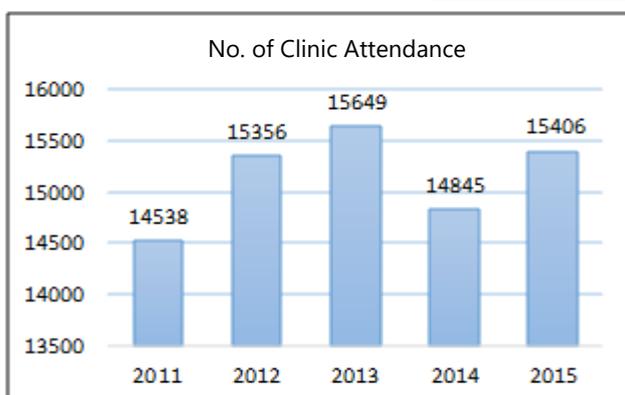
therapeutic facilities is held five times a week. Eye clinic conducts routine eye assessments, correction of refraction and diabetic eye care. The ophthalmology theatre is one of the best government owned units where modern diagnostic and therapeutic facilities are available for patient needs.

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.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	144	148	262	246	242	59	59	63	61
No. of Clinic Attendance	14538	15356	15649	14845	15406	3765	3704	3983	3954
No. of Admissions	1766	1690	1719	1540	1445	361	321	494	363
Bed Occupation Rate (%)	61.30	56.40	58.51	41.36	38.55	40.5	34.48	53.6	37.91
No. of Surgeries performed	3506	3572	3560	3194	3481	830	816	945	890

Five year summary



## 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.

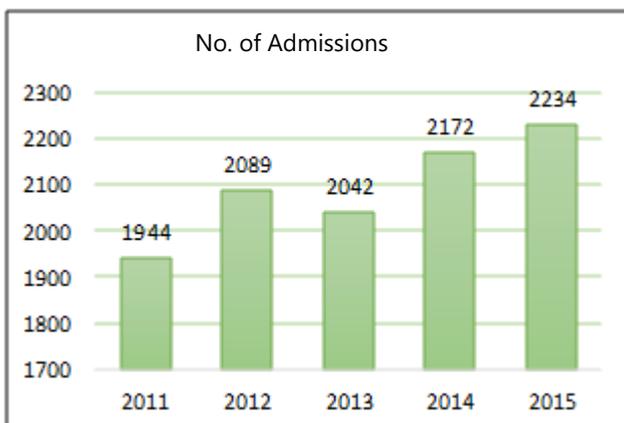
Cardiac catheterization service includes both planned and emergency invasive cardiac procedures such as coronary angiography, percutaneous coronary interventions, right heart catheterization, temporary/permanent pacemaker implantation, ASD closure etc. A wide range of cardiac investigations including echocardiography, stress testing, ambulatory blood pressure and ECG monitoring are carried out in the unit.



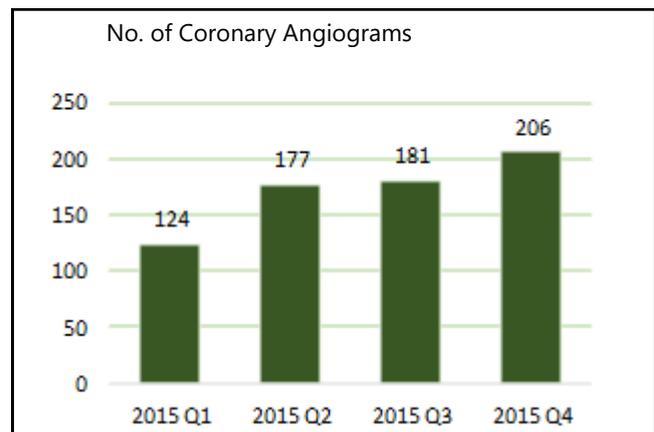
The total no of admissions, bed occupancy rate & no of Coronary Angiograms have increased compared to the previous year in Cardiology Unit at Sri Jayewardenepura General Hospital.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	99	100	95	95	99	24	24	25	26
No. of Clinic Attendance	5582	6123	5929	5741	5379	1347	1311	1261	1460
No. of Admissions	1944	2089	2042	2172	2234	530	559	564	581
Bed Occupancy Rate (%)	55.50	62.40	58.23	64.52	63.5	59.22	61.92	64.78	68.08
No. of Coronary Angiograms	542	579	560	689	688	124	177	181	206

Five year summary



Quarterly Performance-2015



## 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.



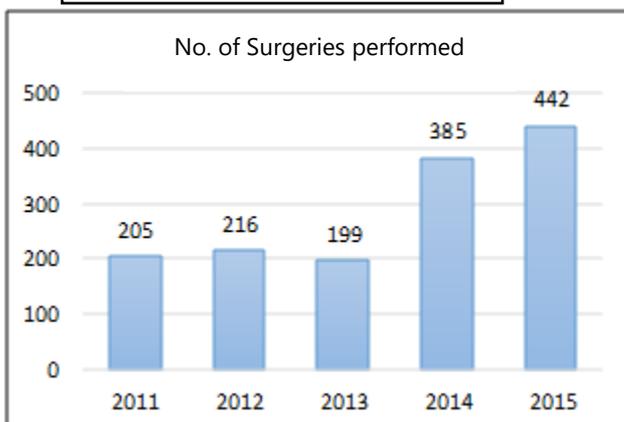
The cardiothoracic unit is not only specialized for adult surgeries but also possess much experience in paediatric heart surgeries.

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.

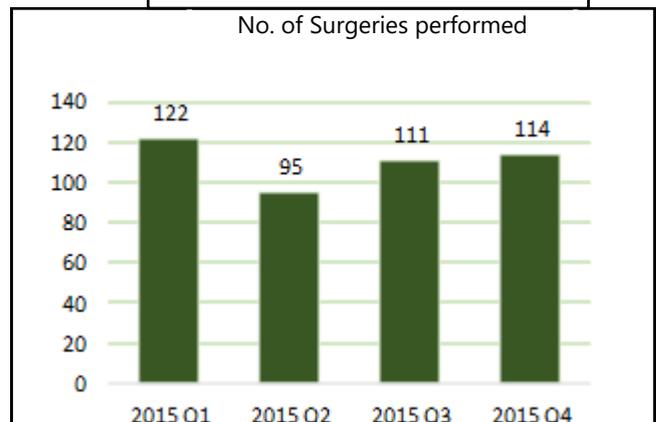
The unit has a separate state of the art operation theatre facility with two operation suits for cardiothoracic surgeries in addition to our main operation theatre complex. A separate 10 bedded ICU facility is also available to take care of post-surgical patients. The total no of admissions, bed occupancy rate and the no. of surgeries performed increased considerably compared to the previous year in Cardio-Thoracic Unit at Sri Jayewardenepura General Hospital.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	94	99	101	95	94	22	24	25	23
No. of Clinic Attendance	3663	3940	3536	3733	3709	950	951	875	933
No. of Admissions	776	923	831	1312	823	203	196	207	217
Bed Occupancy Rate (%)	72.50	56.40	47.40	71.03	64.54	77.79	51.3	63.05	66
No. of Surgeries performed	205	216	199	385	442	122	95	111	114

Five year summary



Quarterly Performance-2015



## X. Dermatology Unit

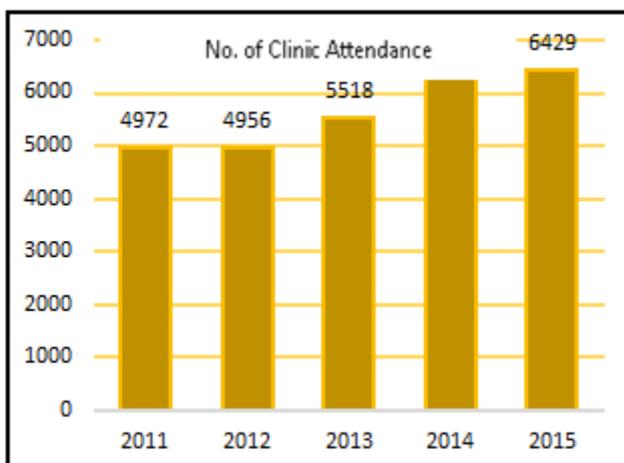
The Dermatology Unit of Sri Jayewardenepura General Hospital provides necessary inward care and outpatient care through general dermatology clinics. Facilities for minor dermatological surgeries and chemical cauterization facilities are currently available while electro cauterization and cryotherapy (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 2015 show a significant increase compared to the year 2014.

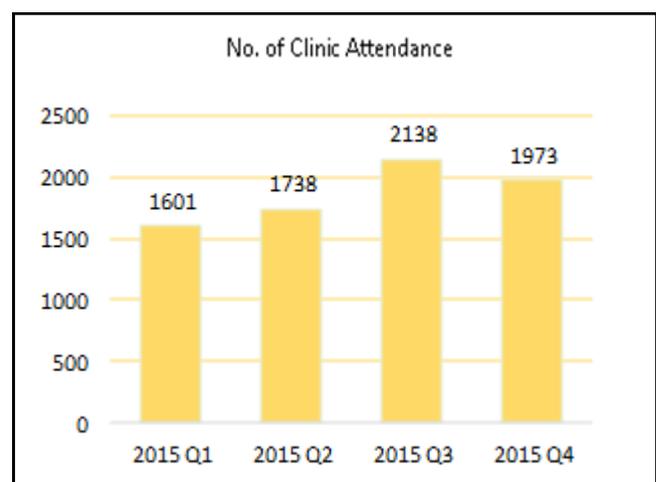


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	193	207	217	207	193	48	46	51	48
No. of Clinic Attendance	4972	4956	5518	6429	7450	1601	1738	2138	1973

Five year summary



Quarterly Performance-2015



# 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.

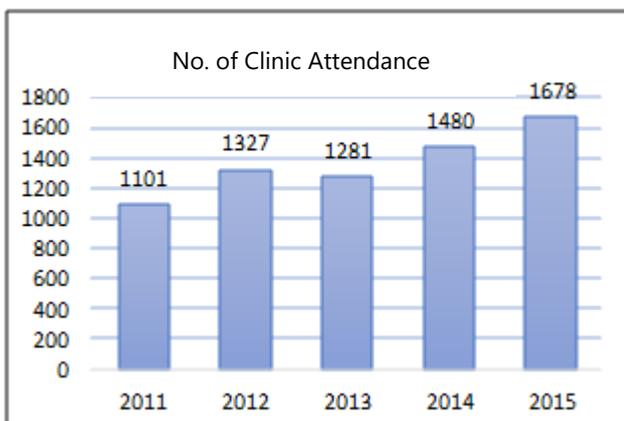


Over the years Neonatal Intensive Care Unit of Sri Jayewardenepura General Hospital have gained great experience regarding ventilation for lung disease, neonatal sepsis

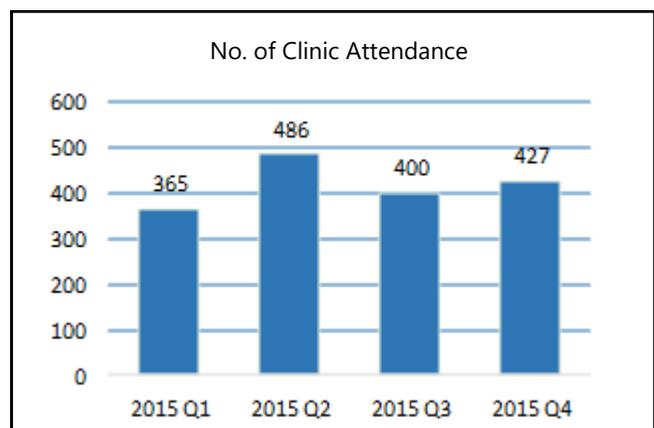
control and management of parenteral nutrition therapy etc. which are necessary for the proper management of critically ill new-borns. The No. of Admissions, bed occupancy rate and the No. attended the Clinics show a considerable increase compared to the previous year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	44	48	49	49	49	11	13	13	12
No. of Clinic Attendance	1101	1327	1281	1480	1678	365	486	400	427
No. of Admissions	824	952	901	930	886	190	250	232	214
Bed Occupancy Rate (%)	71.10	71.67	73.51	75.10	61.96	54.83	63.7	68.51	60.8

Five year summary



Quarterly Performance-2015



## XII. Rheumatology and Rehabilitation Unit

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

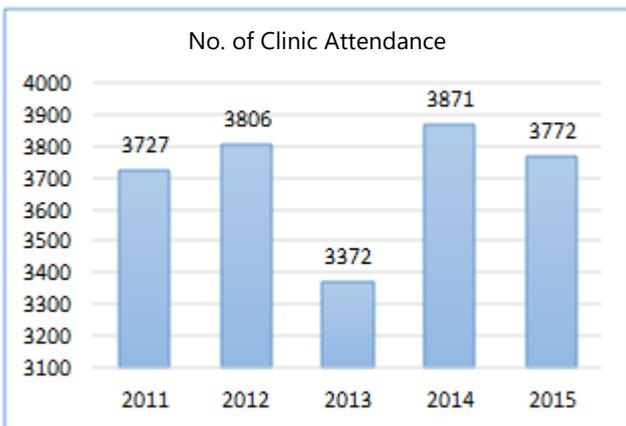
Many types of arthritis including osteoarthritis, rheumatoid arthritis, and psoriatic arthritis and connective tissue disorders such as SLE, mixed connective tissue disorders and vasculitis are treated in the rheumatology unit with a well-trained and highly experienced medical team. The unit has special 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 number of patients attended clinics in this year has reduce compared to the previous year.

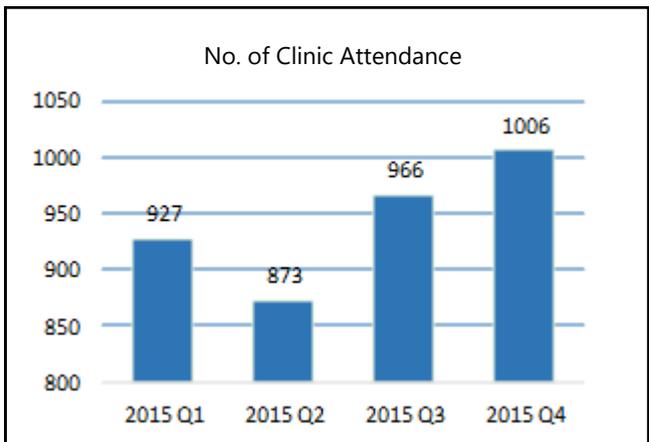


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	142	141	155	197	193	48	46	51	48
No. of Clinic Attendance	3727	3806	3372	3871	3772	927	873	966	1006

Five year summary



Quarterly Performance-2015



## 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.

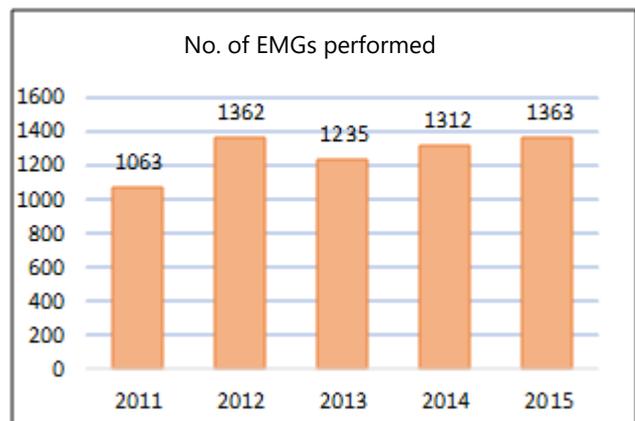
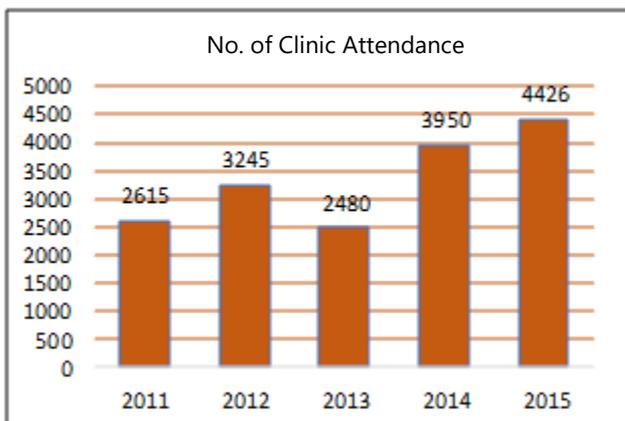


Modern neurophysiological Investigations including electroencephalography (EEG), nerve conduction studies (NCS), electromyography (EMG) and evoked potential studies (VEP, ABR, SEP) are available at the neurology unit. The department works in close collaboration with allied specialty services including neurosurgery, rheumatology and rehabilitation, radiology and allied therapy services which includes physiotherapy and speech and

language therapy which are available on site. The highest No. of Clinic Attendance is recorded in 2015 compared to the last 5 years while the No. of EMGs performed has increased compared to year 2014.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	102	93	96	100	98	26	22	25	25
No. of Clinic Attendance	2615	3245	2480	3950	4426	1116	968	1173	1169
No. of Admissions	128	340	429	311	412	97	93	117	105
Bed Occupancy Rate (%)	26.90	52.05	67.05	30.52	34.86	35.88	30.76	31.13	41.66
No. of EEG performed	487	670	683	642	680	163	172	163	182
No. of EMG performed	1063	1362	1235	1312	1363	324	331	399	309

### Five year summary



## 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.

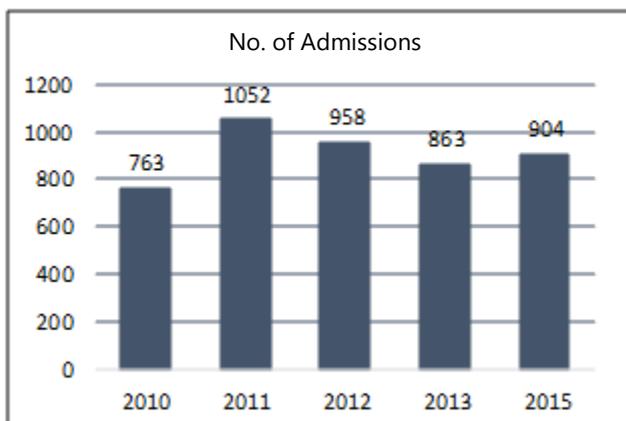
Neurosurgical theatre is equipped with all facilities necessary for neurosurgeries and performs brain surgeries including aneurysm surgeries, neuro-oncological surgeries, skull base surgeries, endoscopic pituitary surgeries, micro vascular decompression reconstructive surgeries and trauma surgeries and 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 bed occupancy rate, No. of Admissions and the number of Surgeries Performed in 2015 have increased compared to the year 2014 and the no of clinics attendance decreased.

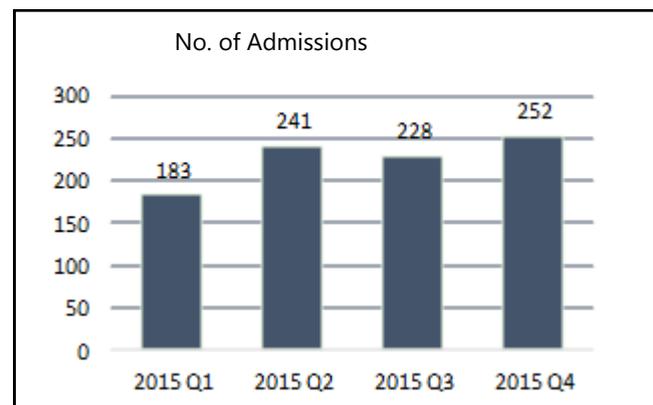


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	92	106	101	95	98	22	26	25	25
No. of Clinic Attendance	650	851	1465	848	754	166	188	205	195
No. of Admissions	763	1052	958	863	904	183	241	228	252
Bed Occupancy Rate (%)	34.00	35.58	49.25	39.99	44.97	34.37	45.9	49.69	49.91
No. of surgeries performed	67	156	176	153	154	45	30	34	45

Five year summary



Quarterly Performance-2015



# 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.

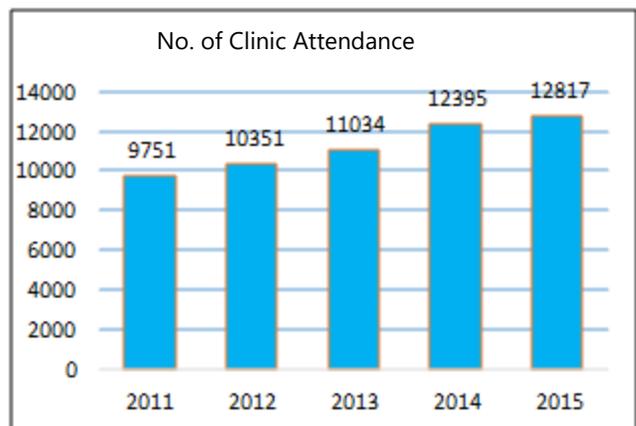
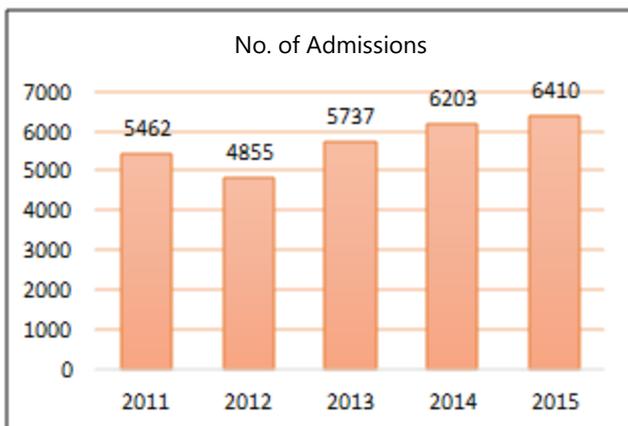
Haemodialysis unit which consists of 14 beds is operated by well-trained doctors and nurses who render individualized care to each patient. Vaccinations, anaemia and bone health management and nutritional guidance are provided to enhance the quality of life of haemodialysis patients.



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, the no of patients attended clinics and No. of dialyses is recorded. The No. of Kidney transplantations have increased in 2015.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	142	144	147	134	242	59	59	63	61
No. of Clinic Attendance	9751	10351	11034	12395	12817	3044	3155	3316	3302
No. of Admissions	5462	4855	5737	6203	6410	1598	1618	1590	1604
Bed Occupancy Rate (%)	72.10	72.00	66.98	71.54	74.81	74.83	73.04	75.65	75.7
No. of Kidney transplantations	12	21	16	22	23	8	6	5	4
No. of Dialyses	4700	4297	5228	6015	6171	1506	1517	1554	1594

Five year summary



## 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.

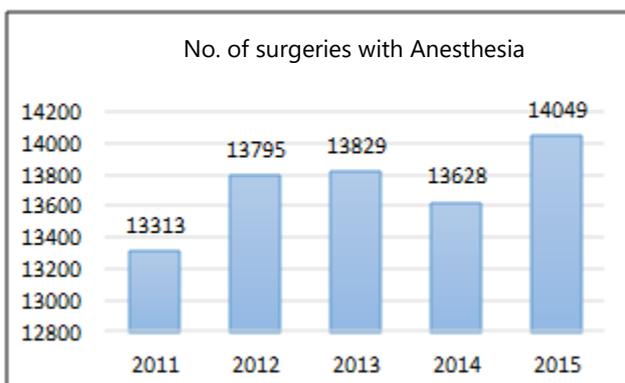


The anaesthesiology department is led by four consultant anaesthesiologists who are specialized in adult and paediatric anaesthesia and critical care. This highly integrated, dynamic, motivated group also consists of postgraduate trainees and senior medical officers. They are committed to provide the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

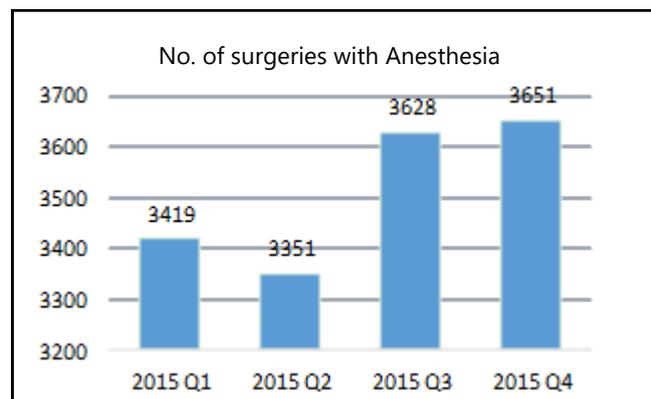
The total no of ICU patients managed in the year 2015 shows a significant increase compared to the last year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. Anaesthesia given	13313	13795	13829	13628	14049	3419	3351	3628	3651
No. of ICU patients managed	907	992	1085	1324	1216	332	291	286	307

Five year summary



Quarterly Performance-2015



## XVIII. Haematology Unit

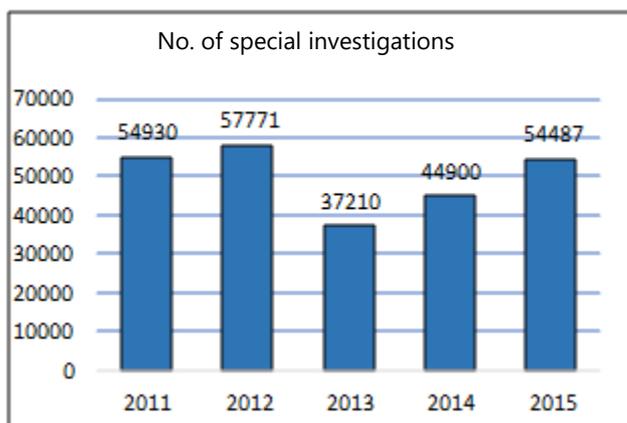
Haematology Unit of Sri Jayewardenepura General Hospital provides a comprehensive range of haematological diagnostic tests at a very competitive price. Haematology laboratory provides round the clock service for inpatients as well as out patients. It is equipped with latest and sophisticated machines 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 to clinics, No. of routine investigations done and the No. of special investigations have considerably increased in 2015 compared to previous years.

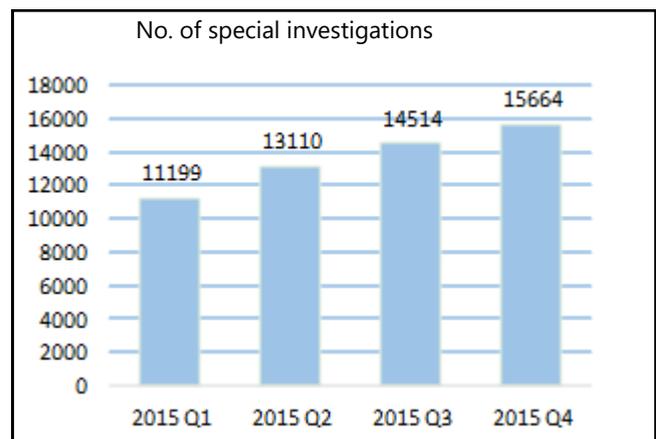


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Clinics held	43	48	49	49	49	11	13	13	12
No. of Clinic Attendance	698	879	1271	1335	1487	353	371	381	382
No. of routine investigations	250878	304421	272752	302781	287934	68140	68001	71150	80643
No. of special investigations	54930	57771	37210	44900	54487	11199	13110	14514	15664

Five year summary



Quarterly Performance-2015



## XVII. Intensive Care Unit (ICU)

Intensive Care Unit of Sri Jayawardenepura 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.

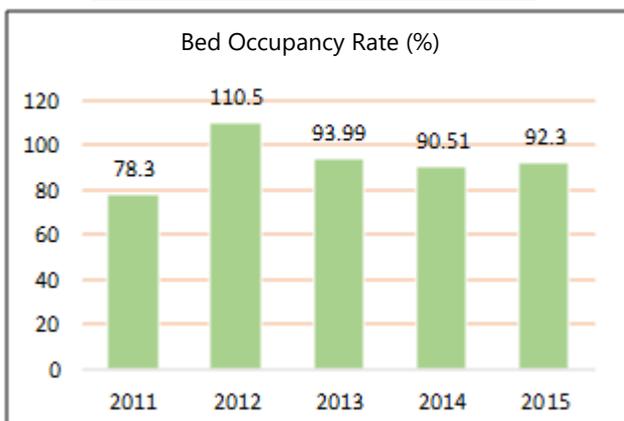


All procedures in the ICU are carried out according to specially defined protocols and all protocols have been laid down according to the international standards of intensive care and are frequently revised and updated. Apart from the general ICU, Neonatal ICU, Neuro-surgical, Cardiology ICU and Cardio-thoracic ICU also provide the intensive care

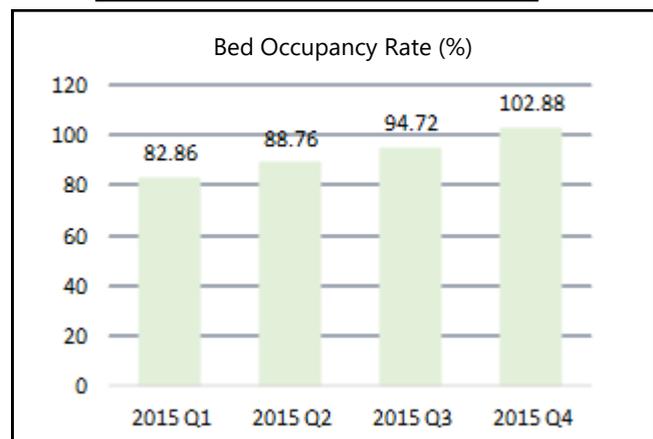
facilities in relevant specialities. The total no of admissions show an increase in 2015 whilst the bed occupancy rate shows a decrease.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Admissions	966	957	794	841	695	192	174	156	173
Bed occupancy rate (%)	78.30	110.50	93.99	90.51	92.3	82.86	88.76	94.72	102.88

Five year summary



Quarterly Performance-2015



# XIX. 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

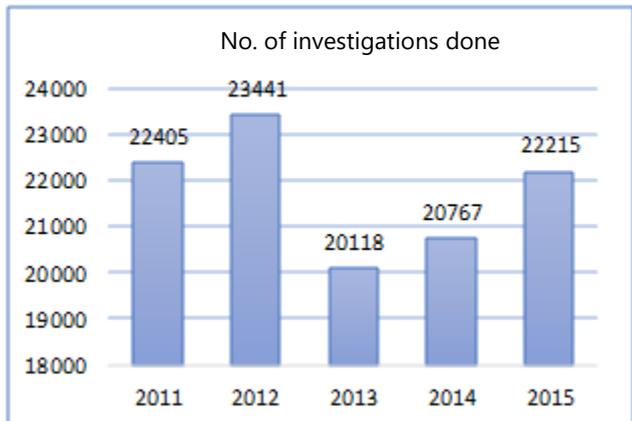
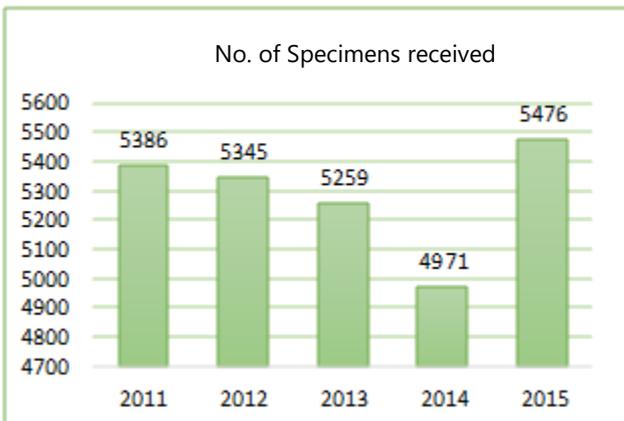
Many varieties of specimens are examined in the histopathology unit. Some of those specimens are surgical

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.



	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of specimens received	5386	5345	5259	4971	5476	1412	1136	1428	1500
No. of investigations done	22405	23441	20118	20767	22215	5964	5137	5494	5620

Five year summary



## XX. Microbiology Unit

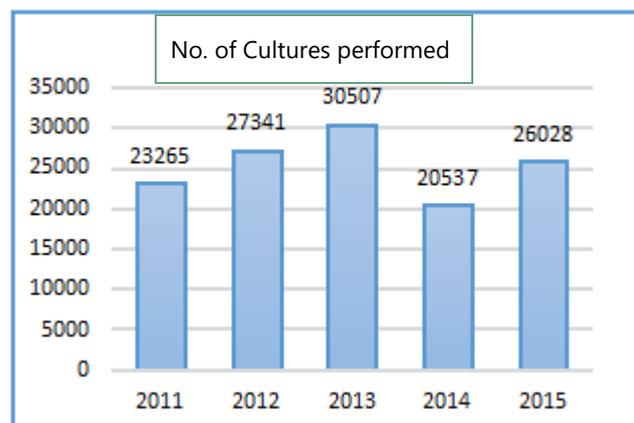
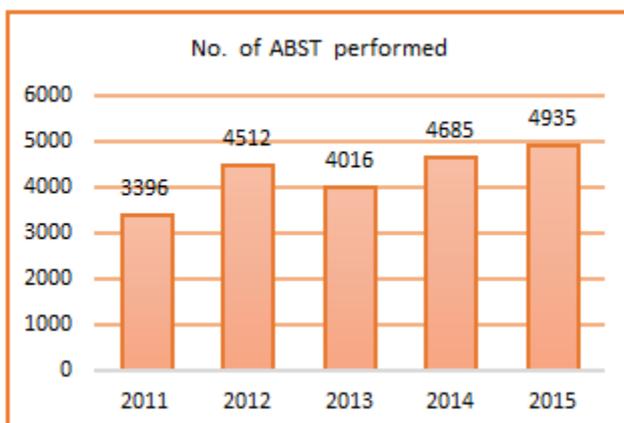
Microbiology Unit of Sri Jayewardenepura General Hospital performs a wide range of screening, diagnostic and surveillance tests in various fields such as bacteriology, mycology, virology and serology. The Microbiology unit of SJGH performs diagnostic bacterial & fungal cultures and microscopy and investigations 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 2015 show a significant increase compared to the previous year.



	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Cultures performed	23265	27341	30507	20537	26028	6196	6677	6488	6667
No. of ABST performed	3396	4512	4016	4685	4935	1188	1263	1255	1229
No. of Serological Tests performed	33935	37054	27841	23255	21659	5506	4468	4361	7324
No. of AFB Tests performed	1,999	2,358	1537	1189	2553	545	708	613	687

### Five year summary



## XXII. Radiology & Imaging Unit

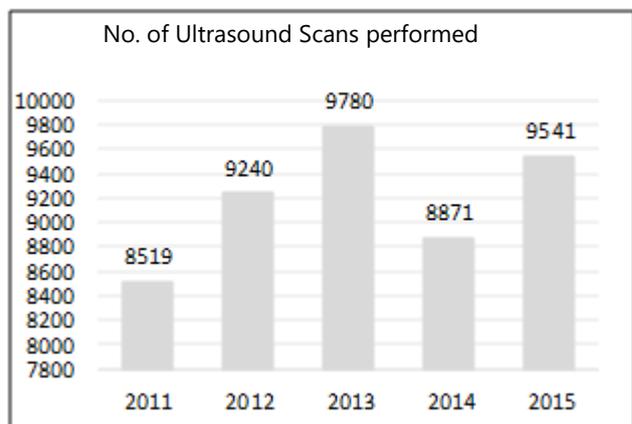
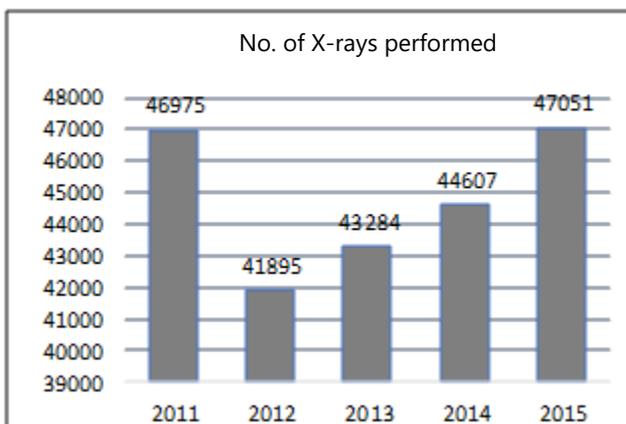
Radiology and Imaging Unit of Sri Jayewardenepura General Hospital provides safe and accurate diagnostic and interventional radiology services to both inward patients and outpatient at a very competitive rate compared to other private hospitals. Radiology and Imaging unit extends its service to the public 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, ultrasound 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 has increased in 2015 compared to the precious year but the No. of Ultrasound Scans performed, No. of CT Scans performed and No. of Other Investigations performed show a decrease.



	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of X-rays performed	46975	41895	43284	44607	47051	11015	11892	12546	11598
No. of Ultrasound Scans	8519	9240	9780	8871	9541	2480	2332	2284	2445
No. of CT Scans performed	5568	6406	7649	6721	6116	222	1380	2305	2209
No. of other tests performed	1699	2160	2321	2301	3238	1373	575	646	644

### Five year summary



## XXI. Biochemistry Unit

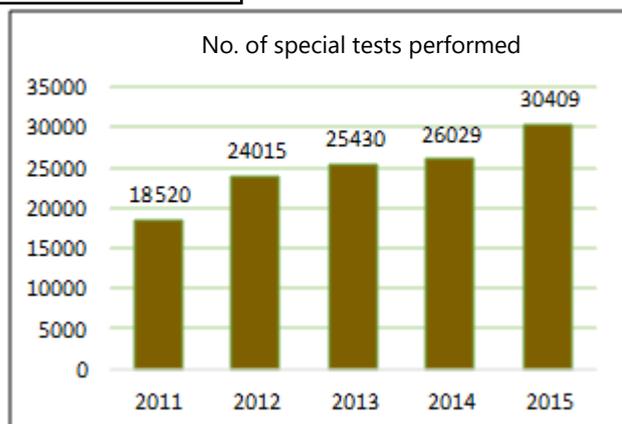
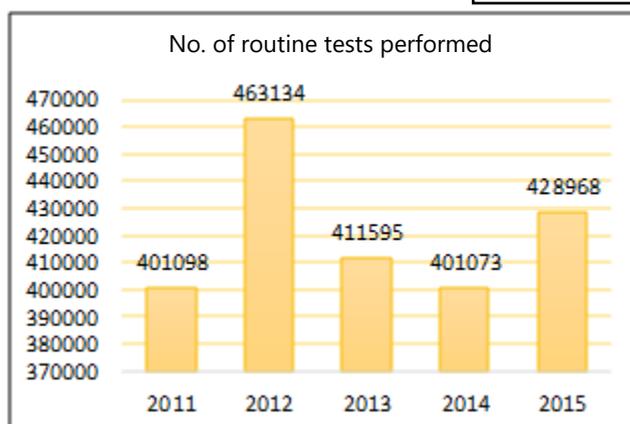
The Biochemistry Unit of Sri Jayewardenepura General Hospital handles about 114 bio chemical parameter analysis investigations. This includes routine tests, special tests and highly specialized tests which are available round the clock for both inward patients and out patients. Biochemistry investigations 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 2015 show a significant increase compared to the previous years whilst the No. of routine investigations has decreased.



	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of routine tests performed	401098	463134	411595	401073	428968	99088	103092	110271	116517
No. of special tests performed	18520	24015	25430	26029	30409	5558	7552	7330	9969

### Five year summary



## XXIII. 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

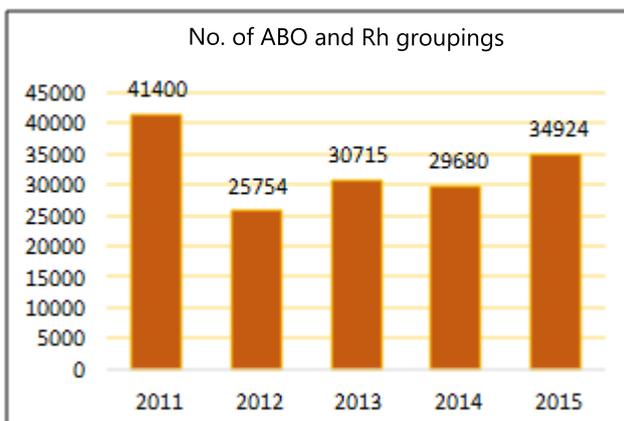


modern technology and equipment to maintain optimal conditions for donated blood and to ensure the quality. The Blood Bank provides blood grouping and cross matching services round the clock by a well-trained and highly competent staff.

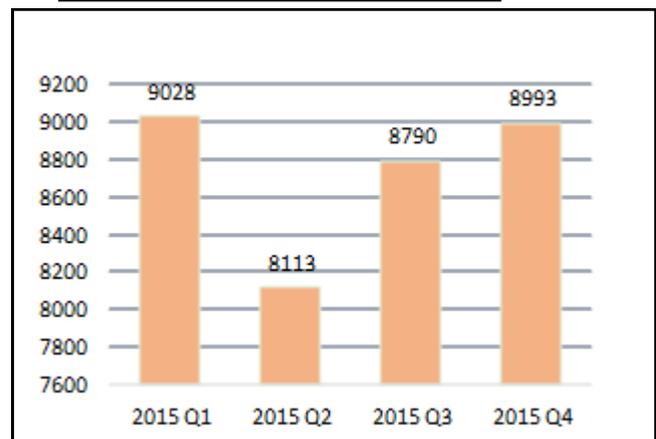
Some of the services provided by the blood bank are blood grouping and cross matching, antibody screening, accepting voluntary donation of blood, serological investigations, direct and indirect coombs tests, therapeutic exchange transfusions, plasma exchange and venesections. The total No. of Red Cell units issued this year show a significant increase compared to the previous year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
Total No. of Blood Samples Collected	5643	5273	4504	4414	4877	1171	971	1359	1376
No. of Red Cell Units Issued	5815	6161	5070	5274	4441	1004	940	1260	1237
No. of ABO and Rh groupings	41400	25754	30715	29680	34924	9028	8113	8790	8993
Grouping & cross matching	13963	14214	13289	29680	34405	8835	8113	8512	8945

Five year summary



Quarterly Performance-2015



## XXIV. 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.



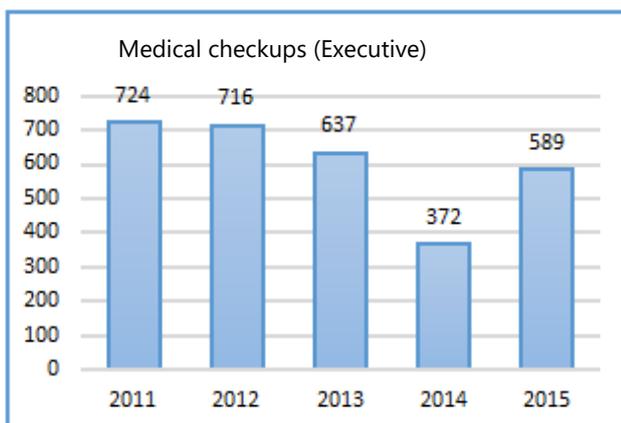
Medical check-up unit presents various health check-up packages tailored to different ages and different lifestyles. Also the Medical check-up unit of Sri Jayewardenepura General Hospital is the preferred institution to perform medical check-ups for the high ranking officers including the Secretaries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

The total no of medical checkups (FEB) (Foreign Employment Bureau) and medical check-ups (Executive) show a decrease in

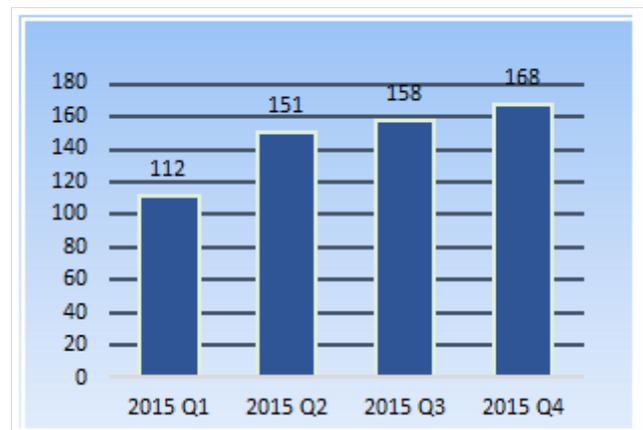
2014 compared to the previous year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
Medical Check-ups (FEB)	4086	2723	3733	2719	661	661	0	0	0
Medical Check-ups (Executive)	724	716	637	372	589	112	151	158	168

Five year summary



Quarterly Performance-2015



## XXV. Paying Wards

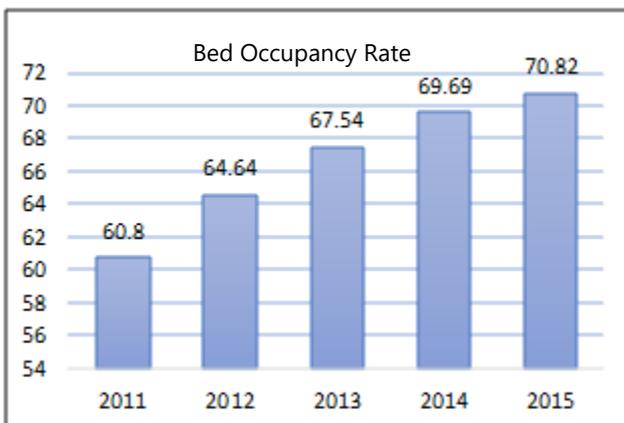
Sri Jayewardenepura General Hospital consists of class I and class II Paying Wards to deliver a quality health care service at a more comfortable and convenient environment. Class I paying ward consists of 18 air-conditioned individual rooms with telephone and television facilities while class II consists 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 has decreased but the bed occupancy rate has increased in this year compared to the previous year.

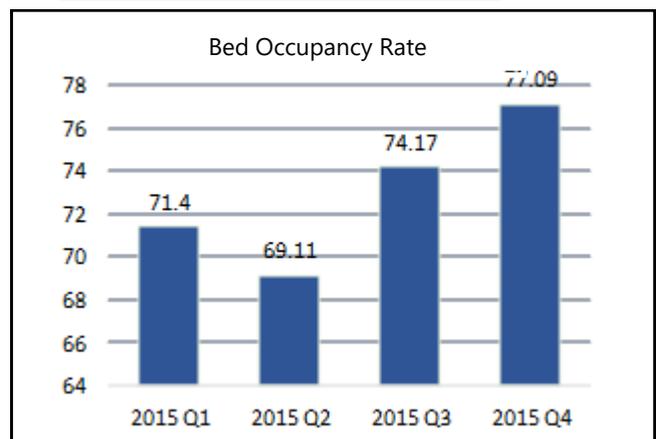


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Admissions	6306	6543	7022	6769	7092	1547	1737	1871	1937
Bed Occupancy rate (%)	60.80	64.64	67.54	69.69	70.82	71.4	69.11	74.17	77.09

Five year summary



Quarterly Performance-2015



## XXVI. Endoscopy Unit

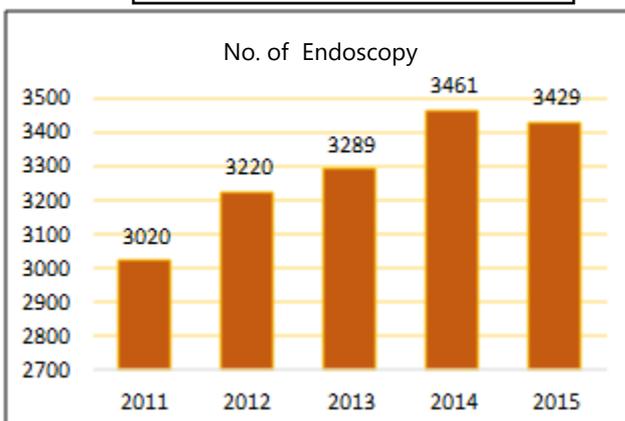
Endoscopy Unit of Sri Jayawardanepura General Hospital provides a comprehensive range of endoscopic examination and interventional procedures including Upper Gastro-Intestinal Endoscopy, Lower Gastro-Intestinal Endoscopy, Bronchoscopy, Fibre-Optic Laryngoscopy, Oesophageal Variceal Bonding and Endoscopic 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, no of Fibre Optic Laryngoscopy and no .of Oesophageal Variceal binding have increased in 2015.

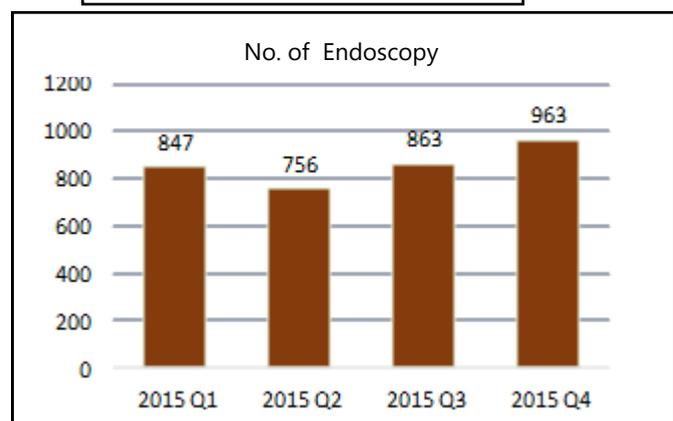


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Bronchoscopy	25	27	26	17	39	7	10	10	12
No. of Upper GI Endoscopy	1759	1897	1931	2191	1837	448	429	467	493
No. of Colonoscopy	653	648	649	495	693	154	133	185	221
No. of Fibre Optic Laryngoscopy	342	407	422	432	526	146	129	123	128
No. of Oesophageal Variceal Banding	226	228	253	322	313	84	49	78	102
No. of ERCPs	15	13	8	4	21	8	6	0	7
Total	3020	3220	3289	3461	3429	847	756	863	963

Five year summary



Quarterly Performance-2015



## XXVII. ECG unit

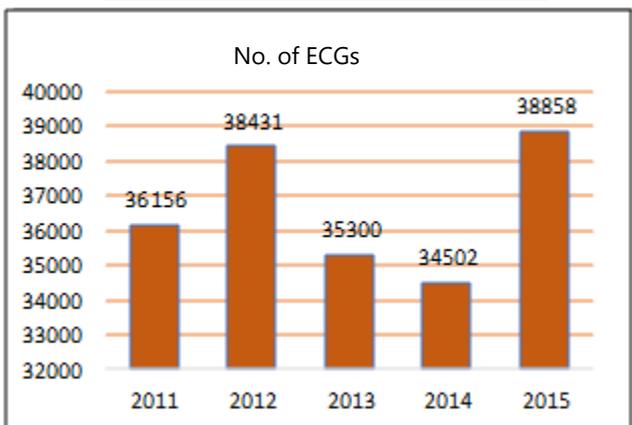
ECG Unit of Sri Jayewardenepura General Hospital provides ECG, EEG and EMG services to both inpatients and outpatient round the clock. ECG Unit is empowered with the latest technology and well trained and competent staff to offer an accurate and efficient service to the patients at an affordable rate.



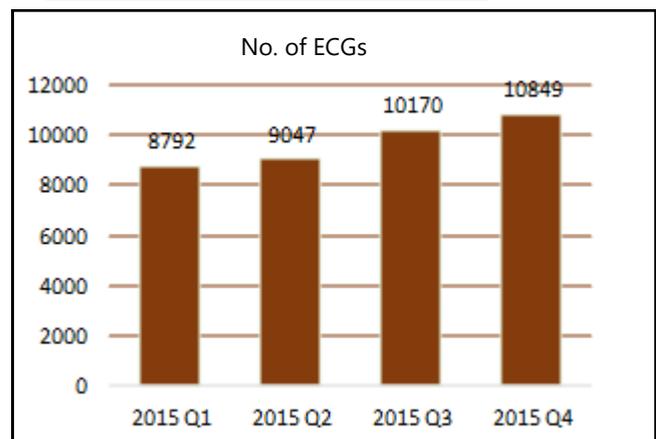
The total number of Halter Monitoring test in 2015 is an increase compared to the previous year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of ECGs	36156	38431	35300	34502	38858	8792	9047	10170	10849
No. of Exercise ECGs	1965	1842	1707	1538	1723	350	396	502	475
No. of Halter monitoring tests	387	462	514	533	643	160	174	154	155

Five year summary



Quarterly Performance-2015



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

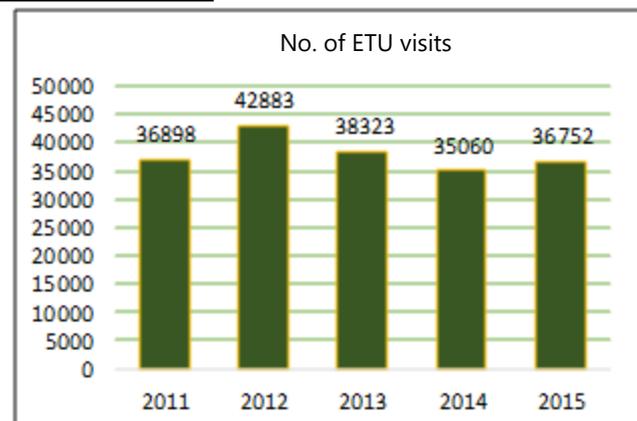
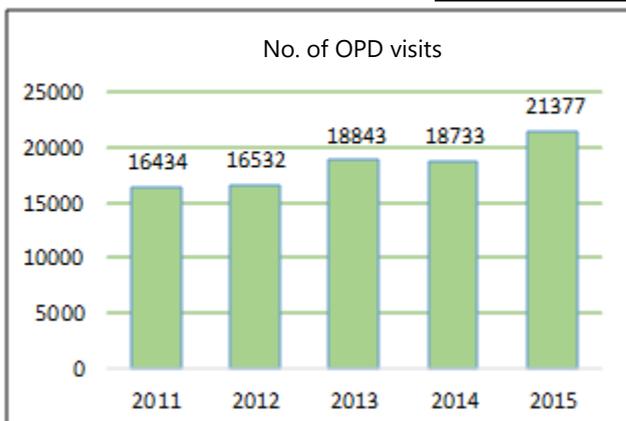
Sri Jayawardenepura General Hospital runs an Out-patients service from 8.00 am to 12.00 noon, from Monday to Saturday. Patients are examined by a qualified, senior medical officer and are referred to the relevant specialties when necessary.

Emergency Treatment Unit of Sri Jayawardenepura 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 No. of OPD visits, and the No. of ETU visits record a decrease in 2015.



	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of OPD visits	16434	16532	18843	18733	21377	4734	5520	5455	5668
No. of ETU visits	36898	42883	38323	35060	36752	8346	9630	8946	9830

Five year summary



# XXIX. Health Education and Infection Control Unit

Health Education and Infection Control Unit of Sri Jayewardeneepura 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



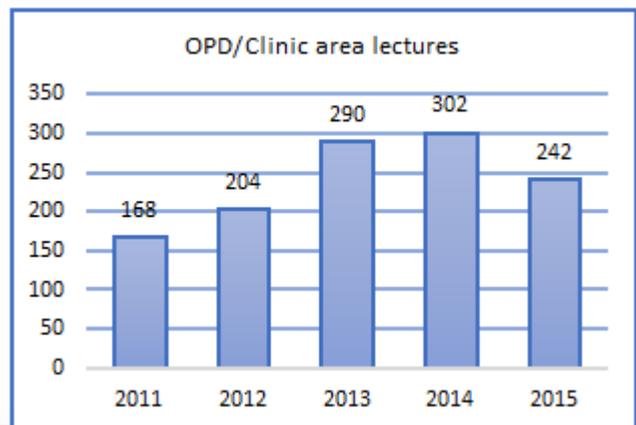
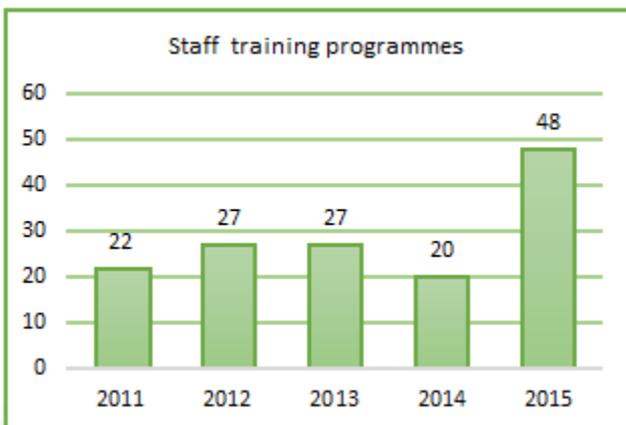
prevailing health matters via posters and leaflets, maintaining a mini resource centre for patients to supply information on their health problems, lectures in nutritional care and stoma care for nurses and personalized education sessions on colostomy care are some of the services provided by this unit.

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 polices and guidelines. The no of OPD/Clinic area lectures and Infection Control Guidelines have increased in 2015 compared to the previous year.

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
Staff training programmes	22	27	27	20	48	12	10	14	12
OPD/Clinic area lectures	168	204	290	302	242	57	60	63	62
Hospital acquired infection rate	0.29	0.31	0.42	0.62	0.56	0.91	0.62	0.44	0.26

Five year summary



## XXX. 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.

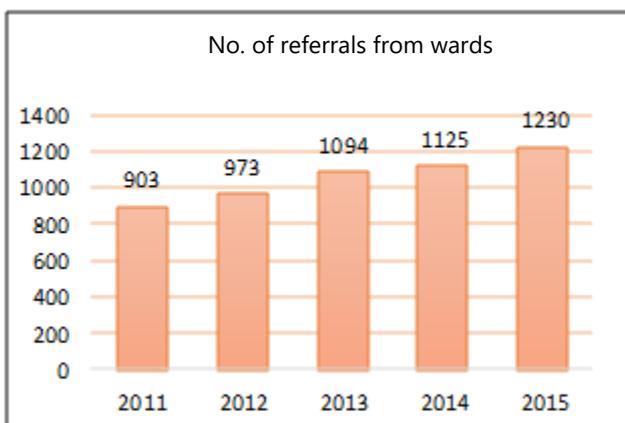
The Nutrition Unit provides its service in dietary adjustments for the inward patient with debilitating illnesses, patients referred by medical and endocrinology clinics, children in over or under-nutritional status and pregnant mothers with gestational diabetics. Nutrition Unit also involves in planning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

The total number of patients in wards referrals and number of patients – OPD and clinics referrals to the Nutrition Unit in 2015 has considerably increased compared to last 5 years.

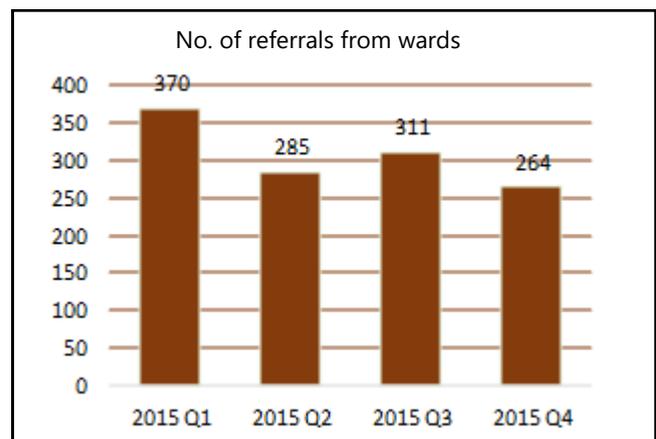


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of referrals from Wards	903	973	1094	1125	1230	370	285	311	264
No. of referrals from OPD & Clinics	844	931	1035	1371	1098	271	255	287	285

Five year summary



Quarterly Performance-2015



# XXXI. 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.

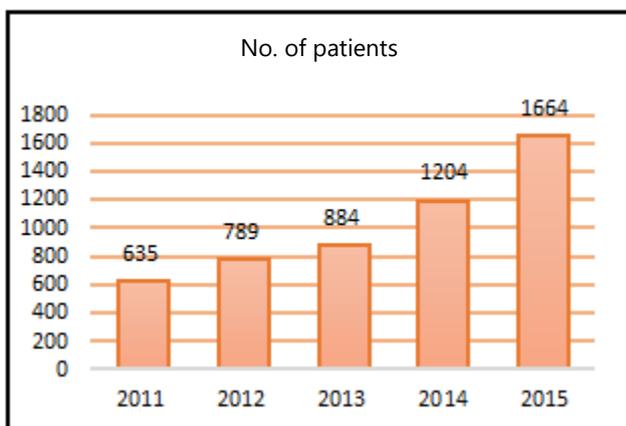
Patients and their family members are referred to this unit from the OPD, Emergency Treatment Unit, all wards and clinics. This unit provides, counseling treatment for in-ward and out –patients, Psycho-social

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.

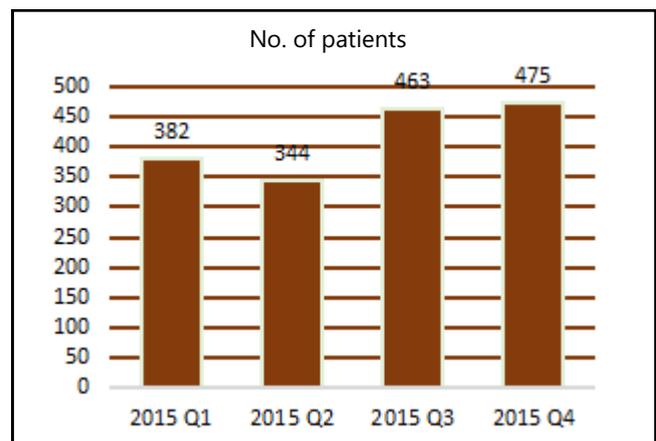


	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of patients	635	789	884	1204	1664	382	344	463	475
No. of patients referred for Psychiatric or Medical	96	113	137	316	238	66	57	52	63
No. of patients referred for	35	41	57	86	79	21	16	22	20
No. of awareness programs conducted	3	4	4	10	11	2	2	4	3

Five year summary

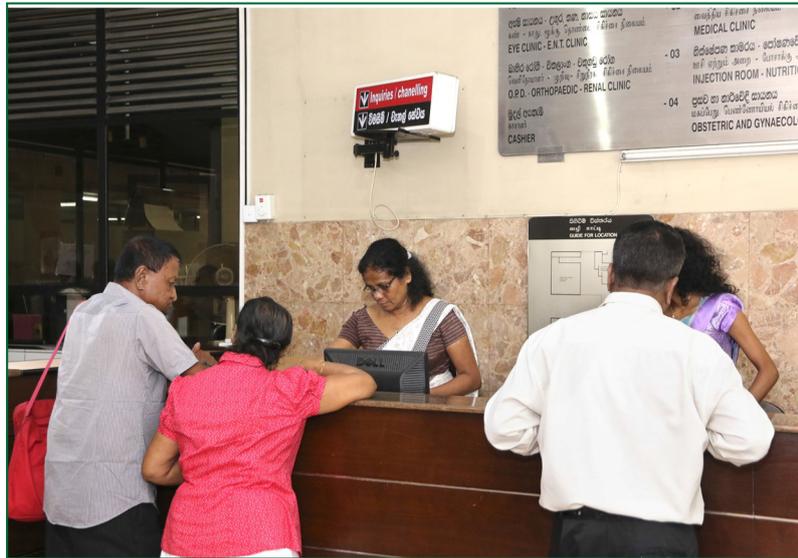


Quarterly Performance-2015



# XXXII. 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.



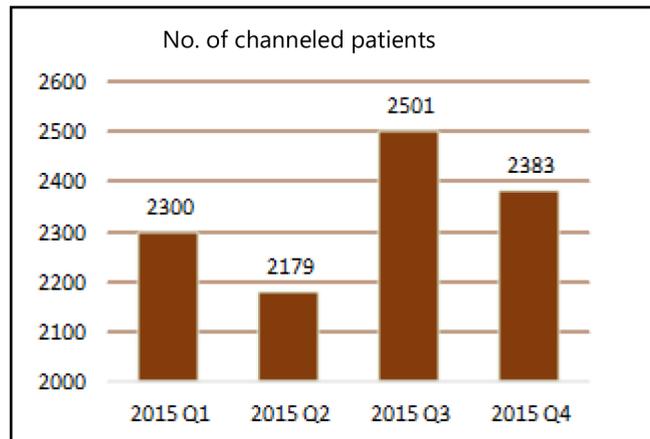
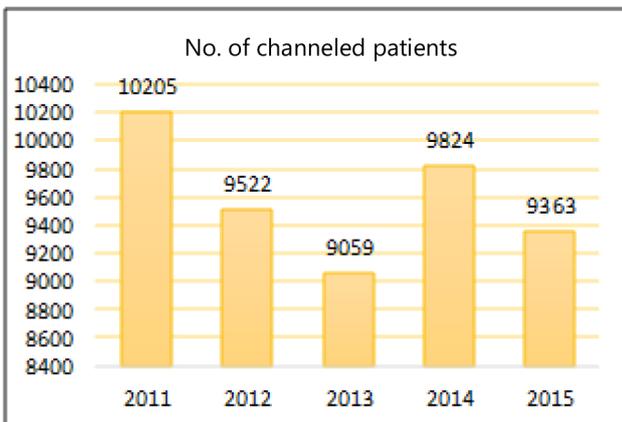
A gradual decline in the number of participants has been observed since 2009 but an increase is shown in 2015.

decline in the

	2011	2012	2013	2014	2015	2015			
						Q <sub>1</sub>	Q <sub>2</sub>	Q <sub>3</sub>	Q <sub>4</sub>
No. of Channeled patients	10205	9522	9059	9824	9363	2300	2179	2501	2383

Five year summary

Quarterly Performance-2015



## 3.4 10 year summary

	2006 000'	2007 000'	2008 000'	2009 000'	2010 000'	2011 000'	2012 000'	2013 000'	2014 000'	2015 000'
Hospital Charges	480,290	524,314	588,214	721,761	812,121	828,236	993,119	1,120,511	1,316,437	1,493,892
Growth rate %	16.59	9.17	12.19	22.70	12.57	1.98	19.91	12.83	17.49	13.48
Govt. grants - recurrent	588,000	672,277	736,400	775,000	775,000	837,000	827,234	999,600	1,700,000	920,086
Growth rate %	15.29	14.33	9.54	5.24	-	8.00	(1.17)	20.84	70.07	(45.88)
Interest income	4,886	4,995	4,933	4,823	3,334	4,443	5,376	5,514	5,470	7,163
Growth rate %	(9.50)	2.23	(1.24)	(2.23)	(30.87)	33.26	21.00	2.57	-0.80	30.93
Other income	15,483	14,742	17,339	27,099	32,909	24,032	32,250	31,788	34,271	40,089
Growth rate %	27.79	(4.79)	17.62	56.29	21.44	(26.97)	34.20	(1.43)	7.81	(16.97)
Total income	1,088,659	1,216,328	1,346,886	1,528,683	1,623,364	1,693,711	1,857,979	2,157,414	3,056,179	2,635,921
Growth rate %	15.88	11.73	10.73	13.50	6.19	4.33	9.70	16.12	41.66	(17.46)
Total expenditure	1,167,885	1,294,536	1,438,597	1,555,528	1,571,299	1,712,964	1,977,155	2,065,126	2,492,169	2,988,539
Growth rate %	3.36	10.84	11.13	8.13	1.01	9.02	15.42	4.45	20.68	19.92
Surplus / (deficit)	(79,226)	(78,208)	(91,711)	(26,845)	52,065	(19,253)	(119,176)	92,286	720,613	(352,618)
Growth rate %	(58.40)	(1.28)	17.27	(70.73)	(293.95)	(136.98)	519.00	(177)	680.85	148.80
Govt. grants - Capital	105,000	130,591	106,100	102,925	115,000	236,785	71,000	282,751	190,225	265,654
Growth rate %	127.56	24.37	(18.75)	(2.99)	11.73	105.90	(70.01)	298.24	-32.72	39.65
Recurrent grants out of total Revenue %	54	55	55	51	48	49	45	46	56	35

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
No. of beds in Hospital	1000	1006	1011	1013	1043	1046	1047	1088	1078	1079	1076
Bed occupancy percentage (%)	60.44%	72%	70%	73%	75%	66.1%	66.8%	70.5%	64.07%	64.10%	63.04%
No. of Patients admitted	51,420	56,996	52,203	53,952	55,142	53,962	52,554	57,119	54,283	53,424	55,143
Daily admissions average	141	156	143	148	151	148	144	156	149	146	151.08
Daily average of ward patients	605	726	704	741	780	670	693	759	690	677.42	678.7
Average length of stay (days)	4.8	4.7	4.7	4.7	5.1	4.6	4.7	4.8	4.6	4.7	4.5
No. of clinics held	2,117	2,170	2,478	2,515	2,782	2,822	2,851	2,939	3,027	3,101	3196
No. of first time visits for clinics	27,066	27,113	26,604	24,825	26,961	26,312	25,722	24,295	26,854	27,987	28787
No. of subsequent visits	133,178	136,138	124,810	123,165	126,630	123,611	121,567	123,462	124,302	130,187	129,664
No. of visits to the Emergency Treatment Unit	32,709	36,026	34,695	38,005	40,452	38,012	36,898	42,883	38,323	35,060	36,752
Total No. of outpatient visits	15,827	17,554	18,722	16,895	16,222	15,536	16,434	16,532	18,843	18,733	21,377
Average of No. attended clinics	76	75.2	61	59	55	53	51.7	50.3	49.9	51.00	49.6

## 4. Financial Reports



## 4.1 Statement of Financial Position

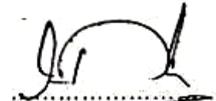
Statement of Financial Position as at 31<sup>st</sup> December

**SRI JAYEWARDENEPURA GENERAL HOSPITAL BOARD**  
**THALAPATHPITIYA, NUWEGODA**

**Statement Of Financial Possision as at 31st December**

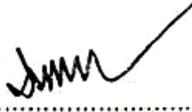
		2015	2014
		Rs:	Rs:
<b>ASSETS</b>			
<b>Current assets</b>			
Cash & Cash equivalents	Page 06	229,149,890	629,821,159
Receivables and Prepayments	Page 05	199,332,899	381,597,509
Inventories	Page 05	213,326,812	190,968,311
Short term Investment	Page 05	10,045,000	10,045,000
		<u>651,854,601</u>	<u>1,212,431,979</u>
<b>Non current assets</b>			
Property, Plant & Equipment	Page 04	1,048,011,935	922,890,099
Furniture & Fittings ,Auto Mobiles, Others	Page 04	72,924,829	73,124,406
Capital work in progress	Page 04	18,516,247	10,220,627
		<u>1,139,453,010</u>	<u>1,006,235,132</u>
<b>Total assets</b>		<u>1,791,307,611</u>	<u>2,218,667,111</u>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Creditors & Accrued Payments	Page 06	722,773,014	856,097,893
<b>Total Liabilities</b>		<u>722,773,014</u>	<u>856,097,893</u>
<b>Net assets</b>		<u>1,068,534,597</u>	<u>1,362,569,218</u>
<b>NET ASSETS/ EQUITY</b>			
<b>Contributed Capital and Reserves</b>			
Grants Received from Japanese Govt.	Page 07	978,976,227	978,976,227
Capital Reserve - (Other Grants Received)	Page 07	37,848,935	37,848,935
Capital Reserves	Page 07	2,280,000	2,280,000
Other Donations	Page 07	7,940,525	7,869,480
Deferred Income ( Capital Grant )	Page 07	445,438,433	354,475,002
Accumulated surpluses / (deficits )	Page 10	(403,949,524)	(18,880,424)
<b>Total net assets / equity</b>		<u>1,068,534,596</u>	<u>1,362,569,220</u>

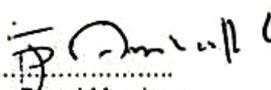
The accounting policies on pages 12 to 15 and notes on pages 04 to 11 form an integral part of these Financial statement. The Board of Directors is responsible for the preparation and presentation of these Financial statement. these Financial statements were approved by the Board Of Directors and signed on their behalf.

  
Accountant

Date 18/05/2016

  
Director

  
Chairman

  
Board Member

Dr. Athula Kahandalivanage



## 4.3 Cash Flow Statement

### CASH FLOW STATEMENT

FOR THE YEAR ENDED 31ST DECEMBER	2015 Rs.	2014 Rs.
<b>CASH GENERATED FROM OPERATIONS</b>		
Profit/(Loss) for the year	(352,618,182)	720,613,254
Adjustment in respect of previous year	(32,450,917)	(4,500,415)
Capital Grant Amortization	174,690,528	156,602,038
Depreciation	(174,690,528)	(156,602,038)
Provision for Gratuity	31,261,573	42,353,652
Provision for Expiry Items	3,918,875	(152,169)
Provision for Bad debts		
Investment Income (Interest)	(7,163,073)	(5,470,713)
<b>Operating Profit/(Loss) before Working Capital Changes</b>	<u>(357,051,724)</u>	<u>752,843,609</u>
<b>Adjustment for Working Capital Changes</b>		
(Increase) / Decrease in Stocks	(26,277,376)	(12,256,212)
(Increase) / Decrease in Debtors	182,264,610	(88,284,447)
Increase / (Decrease) in Creditors & Payables	(143,212,051)	(52,327,887)
<b>Cash Generated From Operating Activities</b>	<u>(344,276,541)</u>	<u>599,975,063</u>
Gratuity Paid	(21,374,395)	(23,116,124)
<b>Net Cash Generating From Operating Activities</b>	<u>(365,650,936)</u>	<u>576,858,939</u>
<b>Cash Flows From Investing Activities</b>		
Capital Grant (received)	265,725,004	190,225,273
Purchase of Property, Plant & Equipment	(307,908,410)	(182,219,883)
<b>Net Cash Flows From Investing Activities</b>	<u>(42,183,406)</u>	<u>8,005,390</u>
<b>Cash Flows From Financing Activities</b>		
Interest Income	7,163,073	5,470,713
<b>Net Cash Flows From Financing Activities</b>	<u>7,163,073</u>	<u>5,470,713</u>
<b>Net Increase in Cash &amp; Cash Equivalents</b>		
Cash & Cash Equivalents during the year	(400,671,269)	590,335,042
Cash & Cash Equivalents at the beginning of the year	629,822,069	39,487,027
	<u>229,150,800</u>	<u>629,822,069</u>
<b>ANALYSIS OF CASH AND CASH EQUIVALENTS</b>		
Cash in Hand & Bank	229,150,947	629,822,216
Bank Overdraft	(147)	(147)
	<u>229,150,800</u>	<u>629,822,069</u>

## 4.4 Notes to the Accounts- 2015

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

Notes to the accounts  
Note - 1

4

2015

**FIXED ASSETS (PROPERTY, PLANT & EQUIPMENT, FURNITURE ETC.,)**

	Freehold Land (26 acres)	Buildings Donated by Japan	Other Buildings	Other donations by Japan	Furniture & Fittings	Electrical Equipments	Refrigerator & Photo Copy Machines	Medical Equipments & Implements	Automobiles	Computer Software & Network	Renovation Of Kitchen	Total 2015	Total 2014
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
<b>COST / REVALUATION</b>													
As at 1st January	15,015,732	453,028,634	421,708,551	416,490,078	27,520,487	143,433,640	24,032,768	1,875,623,810	48,638,282	28,846,433	28,760,185	3,283,102,610	3,096,156,140
Additions			8,387,725		8,342,583	16,165,051	116,500	266,688,941		340,500		300,038,300	217,153,870
Transfers/Disposals													920,400
As at 31st December	15,015,732	453,028,634	430,096,276	416,490,078	35,863,050	159,598,691	24,149,268	1,942,310,751	48,638,282	29,186,933	28,760,185	3,583,141,910	3,312,389,610
<b>DEPRECIATION</b>													
As at 1st January		271,817,184	146,442,250	416,490,077	17,720,518	52,657,555	15,167,156	1,321,666,920	34,217,010	967,629	7,739,804	2,287,088,105	2,159,865,108
Charge for the year		9,060,573	8,246,047		3,794,526	11,659,336	1,413,784	134,954,642	3,529,800	120,315	1,436,019	175,117,042	156,802,037
Charge on Disposals													92,040
As at 31st December		280,877,757	157,688,297	416,490,077	21,515,044	64,316,891	16,580,942	1,456,723,562	37,746,810	1,087,944	9,177,823	2,462,205,147	2,316,375,105
<b>NET BOOK VALUE</b>													
As at 1st January	15,015,732	181,211,450	273,266,301	1	9,799,949	90,776,085	8,865,640	353,754,890	14,422,272	27,881,804	21,020,381	996,014,505	936,291,032
As at 31st December	15,015,732	172,150,877	272,407,960	1	14,348,006	95,281,800	7,568,358	485,587,189	10,892,472	28,101,889	19,582,362	1,120,835,763	986,014,505

## Notes to the accounts

<u>SHORT TERM INVESTMENTS</u>	2015 Rs.	2014 Rs.
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
	<u>10,045,000</u>	<u>10,045,000</u>

INVENTORIES

General stores	21,221,148	14,852,364
Drugs stores	21,738,804	25,598,136
Surgical consumables stores	65,154,792	58,976,356
Dressings stores	9,505,878	11,515,398
Electro Mechanical Engineering (EME) stores	8,986,637	9,391,431
Radiology Department stores	3,013,808	4,577,255
Path lab & Blood Bank stores	10,294,021	9,993,923
General items in sub stores	12,030,396	13,423,387
Drugs & Surgical consumables in sub stores	<u>66,419,090</u>	<u>43,758,947</u>
	218,364,574	192,087,197
Less: Provision for expiry items	<u>5,037,762</u>	<u>1,118,887</u>
	<u>213,326,812</u>	<u>190,968,310</u>

RECEIVABLES, DEPOSITS AND PRE-PAYMENTS

Miscellaneous deposits	Schedule 01	4,339,582	6,798,396
Pre Payments		451,795	732,891
Advance Payment For Local Purchases		-	50,653
Income Receivable	Schedule 02	6,686,883	6,516,171
Staff Distress Loans	Schedule 03	143,943,699	140,709,446
Staff School Book advance		-	5,130
Special Loan - Cricket Team		60,338	335,000
Staff - Salary Advance	Schedule 04	301,992	98,000
Staff - Festival Advance	Schedule 05	314,850	1,095,000
Dialysis assistance fund a/c		1,685,600	588,000
Sundry debtors	Schedule 06	11,593,581	7,469,718
Hospital Charges Receivable	Schedule 07	29,410,115	210,247,632
Ministry Of Health - Sewerage charges of NTS		-	5,907,011
Death Donation Recoverable		500,000	1,000,000
Clinical society		<u>44,463</u>	<u>44,463</u>
		199,332,899	381,597,511
Less - Provision for bad debts		<u>-</u>	<u>-</u>
		<u>199,332,899</u>	<u>381,597,511</u>

**Notes to the accounts****CASH AND CASH EQUIVALENTS**

	<b>2015</b>	<b>2014</b>
	Rs.	Rs.
Bank of Ceylon Current a/c - No 01	154,878,062	551,686,964
Bank of Ceylon Current a/c - No 02	46,314,164	49,950,146
Hatton National Bank - 20th Anniversary a/c	20	20
Hatton National Bank	248,662	761,163
H N B Call Deposit a/c	23,878,000	19,018,000
Bank of ceylon - Dialysis Fund current account	2,211,201	7,126,378
Cash in hand & Imprest accounts	1,522,919	1,181,625
Petty cash imprest for stamp duty	97,010	97,010
HNB-dialysis fund current a/c	(147)	
	<u>229,149,890</u>	<u>629,821,306</u>

**CURRENT LIABILITIES**

Creditors and Accrued Expenses	311,984,901	446,670,984
Other Liabilities	35,470,308	43,888,762
Provision for Gratuity	375,317,805	365,538,147
	<u>722,773,014</u>	<u>856,097,893</u>

## STATEMENT OF CHANGES OF EQUITY

2015

2014

Rs.

Rs.

**CAPITAL GRANTS**

Grant from Japanese Government to Sri Lanka Government for the Project	928,851,297	928,851,297
Grant received under Japanese International Co-operation	50,124,930	50,124,930
Deferred Income (Capital Grant from SL Government ) Note -C	445,438,428	354,474,997
Capital Reserves	2,280,000	2,280,000
Donation to purchase a Hemo Dialysis 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 Equipments	7,940,525	7,869,480
	<u>1,472,484,113</u>	<u>1,381,449,637</u>

Note - C

**Deferred Income (Capital Grant from SL Government )**

Balance as at 1st January	354,474,997	319,694,762
Add : Capital Grant Received During the Year	265,653,959	190,225,273
Less : Capital Grant Amortization	174,690,528	155,445,038
Balance as at 31st December	<u>445,438,428</u>	<u>354,474,997</u>

**Creditors and Accrued Expenses**

2015

2014

Accrued Expenses	Schedule 11	96,609,346	84,617,733
Auditor General's Department		3,853,571	3,103,571
Trade Creditors	Schedule 12	142,666,131	91,582,131
N W S & D B		437,799	437,799
M S D		41,688,054	266,929,750
Inland Revenue Department		26,730,000	
		<u>311,984,901</u>	<u>446,670,984</u>

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

Note: 01	2015 Rs.	2014 Rs.
Revenue from Hospital care	1,493,892,145	1,316,437,279
Government Grant - Recurrent	920,086,000	1,700,000,000
Other Income <span style="float: right;">Note A</span>	<u>40,089,052</u>	<u>34,271,646</u>
	<u>2,454,067,197</u>	<u>3,050,708,925</u>
<b>Note A Other Income</b>		
Ambulance charges	3,518,331	1,989,718
By-standards/Visitors	3,021,286	2,851,170
Revenue from staff meals	865,272	891,998
Revenue from staff rent and electricity	2,273,496	2,241,007
Hospital shop - Rent	2,580,000	2,325,000
Hospital Shop - Electricity	799,214	742,743
Hospital Bank - Rent	240,000	240,000
Hospital Bank - Electricity	450,151	403,883
Sanasa Rent	12,000	12,000
Bank of Ceylon - Electricity	189,207	238,389
Bank of Ceylon - Rent	240,000	
Miscellaneous Income	5,754,069	7,133,323
Bonds settled by Staff members	2,015,630	928,721
Sales Commission	382,592	153,178
Channeling Fees	979,720	860,050
Security Service Electricity	27,729	21,924
Milk Bar Electricity	126,272	145,538
Milk Bar Rent	80,000	60,000
Rent - OSUSALA	1,020,000	1,020,000
OSU SALA - Electricity	580,907	73,457
People's Bank Electricity	17,202	67,375
Service Charges 0.1%	370,209	345,797
Revenue from Car Park	12,763,567	11,372,351
Fruit Juice Bar - Electricity	54,199	61,884
Income From supplier Registration	1,722,000	86,640
Post Office - Rent	6,000	5,500
	<u>40,089,052</u>	<u>34,271,646</u>
<b>Note:02</b>		
<b>Purchase of materials</b>		
Drugs	283,478,508	231,158,485
Surgical Items	261,531,961	190,709,577
Dressings	35,618,379	32,181,198
Medical Oxygen	23,816,974	17,867,705
Lab Chemicals & Consumables	104,495,297	103,839,323
X-ray films & Chemicals	15,492,317	17,361,799
General Supplies	67,634,069	58,189,618
Electro Medical Engineering ( consumables)	12,317,493	14,827,808
	<u>804,384,998</u>	<u>666,135,513</u>
Add: Stocks brought forward	192,087,197	179,830,985
Less: Stocks carried forward	<u>218,364,574</u>	<u>192,087,198</u>
	778,107,621	653,879,300
Add: Condemned & expired stocks (Provision)	3,918,875	152,169
Add: Material cost for meals (for patients and staff)	<u>85,481,801</u>	<u>73,987,227</u>
	<u>867,508,298</u>	<u>727,714,358</u>

\*Adjustment for over provision is in brackets

	2015 Rs.	2014 Rs.
<b>Note: 03</b>		
<b>(a) Salaries &amp; Wages</b>		
Salaries & Allowances	1,124,566,969	859,427,876
EPF & ETF	113,049,137	104,779,024
Overtime, Piece Rate & Extra Duty Payment	216,256,124	197,881,916
Uniform allowance	12,336,875	11,421,335
Encashment of leave	10,050,000	5,000,000
Pension Contribution	3,203,816	3,114,073
Traveling	809,892	553,711
	<u>1,480,272,812</u>	<u>1,182,177,935</u>
<b>Add: Other staff related expenses</b>		
Cost of free medical treatment - Staff Inpatients	33,110,787	22,572,505
S P C - Free Medical To Staff	27,253,971	24,902,317
Staff Welfare	141,750	905,000
Human resources development expenses	196,890	206,510
Provision for gratuity	31,261,573	42,353,652
	<u>1,572,237,783</u>	<u>1,273,117,919</u>
<b>Note:04 Depreciation &amp; amortization</b>		
Provision for the depreciation for the year	174,690,528	156,602,038
	<u>174,690,528</u>	<u>156,602,038</u>
<b>Note:05 Other operating expenses</b>		
<b>(a) Fuel</b>		
Stand by generators	285,200	1,936,200
Incinerator	-	-
Boilers	12,258,900	13,800,304
Motor Vehicles	1,637,405	2,003,643
	<u>14,181,505</u>	<u>17,740,147</u>
<b>(b) Utility services</b>		
Electricity Charges	130,063,987	138,963,381
Water Charges	39,448,653	26,339,441
Telephone Charges (Communication)	2,741,715	2,751,456
	<u>172,254,355</u>	<u>168,054,278</u>
<b>(c) Repairs &amp; maintenance</b>		
Service Agreements signed with suppliers	15,054,504	25,699,187
Repairs to motor vehicles	2,791,045	2,613,473
Repairs to medical equipment/Other equipments (breakdown)	25,973,297	15,788,874
Repairs to steel furniture	268,110	226,183
Repairs to Buildings	11,667,862	613,588
	<u>55,754,819</u>	<u>44,941,305</u>
<b>(d) Other services</b>		
Janitorial and cleaning services	35,938,771	34,590,601
Garbage disposal service	3,078,372	3,263,208
Removal of unclaimed dead bodies	547,650	518,400
Maintenance of sewerage line	16,411,756	10,946,502
Laundry service	7,307,300	7,045,200
Security Service	17,796,916	11,224,606
License and Insurance	732,214	757,486
Legal Charges	1,858,588	1,109,507
Audit fees	750,000	650,000
Disciplinary procedure expenses	306,534	302,179
Postage & Stamps	1,008,330	887,565
Refreshment	-	29,575
Allowances for Board Members/Tender Board Members	738,150	714,500
Hospital charges exempted - In Patients( clergy /other)	24,172,358	14,554,414
Press advertisements	4,073,357	3,435,666
Books & Periodicals	1,285,679	1,274,841
Sports Club	84,871	122,050
Miscellaneous expenses	2,649,008	3,685,600
Rates & Taxes	876,720	876,720
	<u>119,616,572</u>	<u>95,988,620</u>
	<b>361,807,251</b>	<b>326,724,350</b>

	2015 Rs.	2014 Rs.
<b>Note:06 Finance cost</b>		
Bank charges	21,675	27,040
Credit card commission	6,440,536	4,963,881
	<u>6,462,211</u>	<u>4,990,921</u>
<b>Note: 07 Other expenditure &amp; outgoings</b>		
Bad debts written off	-	
Provision for bad doubtful debts		
Outside test charges	2,330,186	
	<u>2,330,186</u>	<u>-</u>
<b>Note: 08 HOSPITAL FUND UN-APPROPRIATED BALANCE</b>		
Profit /(Loss) as per income Statement	(352,618,182)	720,613,254
Profit & (Loss) a/c 1st January	(18,880,424)	(734,993,263)
Adjusted in respect of previous years	(32,450,917)	(4,500,415)
Profit & Loss a/c 31st December	(51,331,341)	(739,493,678)
Profit & Loss A/C at the end of the year	<u>(403,949,524)</u>	<u>(18,880,424)</u>

**OTHER LIABILITIES**

	2015	2014
Performance bond deposit	851,907	905,562
Sundry creditors	5,800,889	5,800,139
Professional charges	23,766,106	24,504,947
Hospital Charges - Deposits	-	5,372,756
Special Projects Funded	25,750	25,750
Gratuity Payable	2,120,778	(173,948)
Special theater allowance	100	100
Welfare Society	-	
Sports Club		
Special study	15,000	15,000
Dialysis assistance fund a/c	2,214,571	7,129,748
Construction of temple	1,800	1,800
Library Membership	248,407	246,907
Death Donation Over Deducted	-	
31ST Anniversary	425,000	
Tender Deposit	-	60,000
	<u>35,470,308</u>	<u>43,888,761</u>

## STATEMENT OF CHANGES IN EQUITY

2015

	ATTRIBUTABLE TO OWNERS OF THE CONTROLLING ENTITY					Total Net equity Rs
	Contributed capital	Other Reserves	Deferred Income	Accumulated surpluses/ (deficits)	Other Donation	
Balance at 01.01.2015 brought forward	1,016,825,160	2,280,000	354,474,997	(18,880,421)	7,869,480	1,362,569,216
Change in net equity 2015				(32,450,917)	71,045	(32,379,872)
Capital Grant Received			265,653,959			265,653,959
Capital Grant Amortization			(174,690,528)			(174,690,528)
Surplus for the Period				(352,618,182)		(352,618,182)
Balance at 31.12.2015 Carried forward	1,016,825,160	2,280,000	445,438,428	(403,949,520)	7,940,525	1,068,534,593

## 4.5 Significant Accounting Policies - 2015

### 2. ASSETS AND BASES OF THEIR VALUATION

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

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

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

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

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

#### Japanese Government Donation

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

#### Other Assets

Other Buildings	05%
Furniture & Fittings, Gas cookers And other equipments	20%
Electrical Equip., Sewing machines Cylinders	10%
Medical equip., & implement	25%
Refrigerator & Photocopy mach.	15%
Automobiles	20%
Software (Locally Developed)	100%
Other Software	25%

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 flow statement cash and cash equivalents consist of cash in hand and outstanding bank overdraft. Cash flow statement reported herein is based on the indirect method.

### 3. LIABILITIES & PROVISIONS

#### 3.1 Capital Commitments & Contingencies

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

#### 3.2 Retirement Benefit Cost

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

A provision of Rs.31,261,573 was made in the 2015 in calculating the revised liability as at 31<sup>st</sup> December 2015.

#### 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.

#### Valuation of Inventories

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

#### Long Term outstandings

The amount due to the Medical supplies Division as at 31.12.2015 is Rs.41,688,054 which is confirmed by the MSD.

#### 4 INCOME & EXPENDITURE ACCOUNT

##### 4.1 Revenue

1. The revenue of the Board represents the Income from 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 free medical 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 charged 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 presents the elements of the Board's performance: hence such a presentation method is adopted.
3. Professional fees of Rs. <sup>243</sup> 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 The following Legal Cases are filed against Hospital Board as at 31.12.2015.

- |   |  |
|---|--|
| 1 | 258/2009 -Dr. D.H.Samarakoon–Promotion case – Grant compensation |
| 2 | 444/2009 – Dr. Anula Wijesundara - Rs. 2.5 million with cost     |
| 3 | Mr. Ekanayake – Labour Tribunal - Rs. 2 million                  |
| 4 | Mr. Lasantha – Labour Tribunal - Rs. 2 million                   |
| 5 | Mr. Ratnasinghe – Labour Tribunal - Rs. 2 million                |
| 6 | Ex-Internal Auditor - Rs. 3.5 million                            |
| 7 | 51/68/05 M - Prof. R.L.Satharasinghe - Rs. 60 million with cost  |
| 8 | Ms. J.P. Padmini - Rs. 1.5 million                               |

# 5. Audit Reports



# 5.1 Auditor General's Report



**විගණකාධිපති දෙපාර්තමේන්තුව**  
**கணக்காய்வாளர் தலைமை அபிபதி திணைக்களம்**  
**AUDITOR GENERAL'S DEPARTMENT**



මගේ අංකය } HSM/B/SJGH/1/15/32  
எனது இல. }

ඔබේ අංකය }  
உமது இல. }

දිනය } 30 December 2016  
திகதி }

The Chairman,  
Sri Jayewardenepura General Hospital Board

**Report of the Auditor General on the Financial Statements of the Sri Jayewardenepura General Hospital Board for the year ended 31 December 2015 in terms of Section 14 (2) (c) of the Finance Act, No. 38 of 1971**

The audit of financial statements of the Sri Jayewardenepura General Hospital Board for the year ended 31 December 2015 comprising the statement of financial position as at 31 December 2015 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 Jayewardenepura General Hospital Board Act, No. 54 of 1983. My comments and observations which I consider should be published with the Annual Report of the Board in terms of Section 14(2)(c) of the Finance Act appear in this report. A detailed report in terms of Section 13(7)(a) of the Finance Act was issued to the Chairman of the Board on 09 November 2016.

## 1.2 Management's Responsibility for the Financial Statements

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.



### 1.3 Auditor's Responsibility

---

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 Auditing 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.

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 financial statements, whether due to fraud or error. In making those risk 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 the 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

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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 Jayewardenepura General Hospital Board as at 31 December 2015 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

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#### 2.2.1 Sri Lanka Public Sector Accounting Standard 07

---

The following observations are made.

- (a) The sum of Rs.4,258,177 spent for the development of 9 items of assets of the Hospital had been brought to account as recurrent expenditure without being capitalized.
- (b) The fixed assets costing Rs.1,678,856,148 had been fully depreciated as the useful life of non-current assets had not been reviewed annually. However, they had still been in use. Accordingly, action had not been taken to revise the estimated error in terms of Sri Lanka Public Sector Accounting Standard 03.

#### 2.2.2 Accounting Deficiencies

---

The following observations are made.

- (a) Provisions for gratuity expenditure had been overstated by Rs.1,788,516 in the year under review due to failure in making provisions for gratuity allowance for 21 employees who are in the service and making overprovisions for 113 employees who were in the service as at 31 December 2015. Further, the gratuity



amounting to Rs.115,868 overpaid to a female officer who resigned from the service had not been brought to account as a recoverable amount.

- (b) The gratuity amounting to Rs.65,383 paid in the year under review to an employee who left the service in the preceding year, had been debited to the Gratuity Expenditure Account without being debited to the Gratuity Payable Account.
- (c) Depreciation for non-current assets had been understated by Rs.18,191,156 due to errors in computation.
- (d) A methodology for accounting the fair value of various non-current assets received from local donors from the date of inception of the Hospital up to the year under review, had not been introduced. As such, action had not been taken to account for the fair value of 44 units of equipment and 4,493 inventory items received as donations in the year under review.
- (e) The consultancy service fees amounting to Rs.2,133,975 paid to the State Engineering Corporation of Sri Lanka for the construction of the new nurses' quarters, had been brought to account as a recurrent expenditure without being debited to the Work- In -Progress Account.
- (f) In the preparation of financial statements, it had been indicated by the Notes to Accounts that accounts had been prepared on accrual basis. Nevertheless, accrued expenses amounting to Rs.2,610,060 for the year under review and prepaid expenditure of Rs.217,056, had not been brought to account.
- (g) Costs of trade stocks and outdated stocks as at the end of the year under review had been understated by Rs.591,575 and Rs.679,322 respectively due to errors in computation.

### 2.2.3 Unexplained Differences

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 The following observations are made.

- (a) According to the financial statements and files and Registers made available to audit relating to the following items, there had been a difference of Rs.13,,211,360. However, reasons for the difference had not been explained.



Particulars	File/Register presented to audit	Value according to the Financial Statements	Value according to the File/Register	Difference
		Rs.	Rs.	Rs.
Cost of non-current assets purchased during the year	Register of Fixed Assets	300,039,300	287,472,439	12,566,861
Hospital Charges receivable as at 31 September 2015 from the President's Fund	File relating to Hospital Charges	11,920,902	11,620,902	300,000
Hospital Charges receivable as at 31 December 2015 from 8 Insurance Companies	Register relating to Hospital Charges of Insurance Companies	10,150,639	9,914,766	235,873
Distress Loans of 10 Officers as at 31 December 2015	Loan Register	1,398,166	1,506,792	108,626
				----- 13,211,360 =====

(b) A difference of Rs.7,492,933 existed between the total value of 6 balances of Trade Creditors Accounts and the total value of Certificates of Confirmation of Balances received thereon as at 31 December of the year under review. However, reasons for the difference had not been explained.



#### 2.2.4 Lack of Evidence for Audit

Evidence shown against the following items had not been made available to audit.

Item	Value	Documentary Evidence not made Available to Audit
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	Rs.	
(a) Non-current assets eliminated from accounts	29,287,000	Written evidence to confirm the cost of non-current assets eliminated from accounts for disposal and the accuracy of the accumulated depreciation.
(b) Non-current assets eliminated from accounts	2,268,500	Recommendations of the Board of Disposal relating to the disposal of assets and the approval of the Board of Directors.
(c) 115 Creditors Balances	132,220,019	} Confirmation of Balances
(d) Hospital Charges receivable	11,307,230	
(e) Value payable to the Medical Supplies Division	41,688,054	

#### 2.3 Accounts Receivable and Payable

The following observations are made.

- (a) Adequate steps had not been taken over periods between 2 and 6 years to recover a sum totalling Rs.7,540,268 comprising the hospital charges amounting to



Rs.6,349,313 receivable from 03 Government institutions, salaries amounting to Rs.1,112,280 paid to the Internee Doctors and electricity charges amounting to Rs.78,675 receivable from 03 private institutions.

- (b) Action had not been taken over periods from 2 to 5 years to settle audit fees amounting to Rs.2,453,571, payable to the Auditor General's Department as at 31 December 2015.
- (c) Action had not been taken for over a period of 5 years to settle a sum of Rs.10,838,120 to the Ministry of Health for medical supplies purchased and water charges amounting to Rs.437,799 to the National Water Supplies and Drainage Board.
- (d) The professional fees amounting to Rs.3,616,142 not settled for the Doctors over a period of 5 years, had not been written back to income.

**2.4 Non-compliance with Laws, Rules, Regulations and Management Decisions**

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The following non-compliances were observed.

Reference to Laws, Rules and Regulations	Non-compliance
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(a) Establishments Code of the Democratic Socialist Republic of Sri Lanka (i) Sections 4 and 5 of Chapter VII	Appointments for the post of Cardiographer Grade III had been given to 4 officers of the clerical staff and they were placed on a salary step relating to the post of Cardiographer Grade III contrary to provisions of the Establishments Code of the Democratic Socialist Republic of Sri Lanka. Even though





### 3. Financial Review

#### 3.1 Financial Results

According to the financial statements presented, the operations of Sri Jayewardenepura General Hospital Board for the year ended 31 December of the year under review had resulted in an after tax deficit of Rs.352,618,182 as against the after tax surplus of Rs.720,613,254 for the preceding year, thus indicating a decrease of Rs.1,073,231,436 in the financial result as compared with the preceding year. The decrease in the Government grant by a sum of Rs.779,914,000 and the increase in the cost of the staff by a sum of Rs.299,119,863 in the year under review had been the main reasons for the deficit.

An analysis of financial results of the Board of the year under review and 04 preceding years revealed a continuous financial deficit up to the year 2012. Nevertheless, there had been a financial surplus in the years 2013 and 2014 and it had again converted to a financial deficit in the year 2015. Taking into consideration the employees' remuneration, Government tax and depreciation for the non-current assets, the overall contribution of the Board had improved continuously from the year 2012 up to the year 2014 from Rs.716,896,615 to Rs.1,739,662,005. However, the overall contribution had decreased to Rs.950,142,035 in the year under review and it was a decrease by Rs.789,519,970 as compared with the preceding year.

#### 3.2 Legal Actions instituted against the Hospital

Six persons of the hospital staff and 02 external persons had filed 06 and 02 cases respectively in the Courts against the Hospital as at the end of the year under review claiming compensation of Rs.11 million based on matters such as retiring prior to reaching the age of retirement, non-receipt of promotions, dismissal from the service due to misappropriation of cash and Rs.62.5 million due to weaknesses in the patient care services respectively.



#### 4. Operating Review

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##### 4.1 Management Activities

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The following observations are made.

- (a) A Memorandum of Understanding had been entered into between the Sri Jayewardenepura Hospital and the Ministry of Youth Affairs and Skills Development on 09 May 2013 for the establishment of the University College of Health Studies with a view to establishing training programmes in the Technical Division of the Health Sector. In terms of that agreement, water and electricity charges of that College established on the premises of the Hospital, had been paid by the Hospital. However, as the relevant Memorandum of Understanding had been cancelled as at 09 May 2016, the Management had not paid attention to the uncertainty of the going concern of the College and necessary action had not been taken to establish the College on a formal basis.
- (b) A number of 12,322 units of 11 types of drugs costing Rs.546,490 and 4,778 units of 32 types of surgical items and radiology items costing Rs.5,686,759 remained in the stores as at 31 December 2015 as non-movable items with short expiry periods. In addition to that, out of 2,208 units of 12 types of surgical items and drugs costing Rs.585,643 purchased during the year under review, not even one unit had been used during the year. Proper attention had not been paid to use these drugs and matters such as purchase of drugs without properly identifying the requirement, retirement of the surgeon who named the drugs for use and non-prescribing of those drugs for use by the new surgeon had been the reasons for existence of such stocks.
- (c) A number of 1,658 units of 24 types of drugs costing Rs.973,665 and 2,321 units of 18 types of surgical items costing Rs.143,782 of the Indoor Pharmacy and the surgical stores had been included in the stock books without source documents.
- (d) Even though the stocks that remained as at 08 July 2015 had been computerized for the first time, physical stock verification had not been carried out as at that



date. According to the stock books as at that date, 388,016 units of 152 types of surgical items had remained. However, according to the computerized data, it had been 412,755 units. Even though there were excess of stocks of 44,047 units and shortage of stocks of 21,683 units, action had not been taken to find out the reasons therefor.

#### 4.2 Transactions of Contentious Nature

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The following observations are made.

- (a) Two Radiographers over 68 years old had been recruited on 21 and 25 August 2015 on duty assignment basis for a year without the prior approval of the Cabinet of Ministers in terms of Section 9.1 of Chapter II of the Establishments Code of the Democratic Socialist Republic of Sri Lanka without identifying the special duty to be assigned and the basis on which salaries and allowances are to be paid monthly for them. When a retired officer is re-employed, 50 per cent of his salary drawn at the time of retirement or Rs.15,000 or whichever is more, can be paid as a monthly allowance in terms of provisions of the Public Administration Circular No. 09/2007 of 11 May 2007. However, contrary to that, sums of Rs.358,680 and Rs.215,698 had been overpaid respectively to those two officers during the period from July 2015 to January 2016.
- (b) Three anesthesia machines received as donations on 19 March 2014, used for a period less than one year, had been disposed of by stating that they were defective and instead of them, 4 new anesthesia machines had been purchased at a cost of Rs.29,900,000 on 14 August 2015. Recommendations of a Technical Survey Board for whether those machines were defective, had not been obtained for disposal of 3 old machines and it was confirmed in audit that those 3 machines granted to Negombo, Kaluthara and Moneragala District Hospitals, had been used without any defects.

Despite notifying by the Letter dated 21 April 2015 of the “Royal Perth” Hospital in Australia that 4 new anesthetic machines will be granted as donations, the purchase order had been sent on 14 May 2015 to purchase the above 4 new



machines. Further, despite having made aware of that 4 new machines will be received as donations, 4 machines had been purchased at a cost of Rs.29,900,000 and the 4 machines received as donations had remained idle in the Hospital even by 22 August 2016. However, the Chairman had informed the audit that as the 4 machines received as donations, were defective and cannot be used.

#### 4.3 Operating Activities

Professional fees had been charged from patients for surgeries and treatments carried out in the Hospital and 99.85 per cent out of those fees had been paid to the Specialist Medical Officers, Medical Officers and to the assisting staff participated in the surgery. The entire professional fees so paid during the year 2015 alone amounted to Rs.243,870,143. The following observations are made in that connection.

- (a) Even though the approval of the Cabinet of Ministers had been received for the Doctors to engage in private practices outside normal duty hours, the Management had not prepared a specific methodology in respect of the value of the professional fees recoverable or the value payable to the Doctors and the assisting staff and the manner in which that value is computed. However, the relevant surgeon had decided the professional fees recoverable at his own discretion.
- (b) Even though the professional fees cannot be charged for surgeries and tests carried out during normal duty hours, 14 Doctors had charged professional fees amounting to Rs.1,917,075 for surgeries and tests carried out during normal duty hours from January to December 2015.
- (c) Even though the Pay As You Earn Tax (PAYE) should be levied on professional fees paid to the Specialist Medical Officers, Medical Officers and the Assisting Staff and should be remitted to the Commissioner General of Inland Revenue in terms of provisions of the Inland Revenue Tax Act, No. 10 of 2006, the Management of the Hospital had not levied Pay As You Earn Tax



on professional fees. The estimated value of Pay As You Earn Tax so unrecovered during the years 2014 and 2015 amounted to Rs.35,367,508 and Rs.39,377,486 respectively.

#### 4.4 Procurement and Contract Procedure

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The following observations are made.

- (a) The three minimum bids received in the procurement for the maintenance of the garden of the Hospital and landscaping therein during the period from April 2015 to March 2016, had been rejected. The selected contractor who offered the fourth minimum bid of Rs.588,800 per month was the contractor of this purpose in the preceding year as well. However, under deployment of employees and inspectors by 18 per cent and 5 per cent respectively out of the cadre that should be deployed in the service had not been considered in this procurement. The total cadre deployed during the period from 01 April to 31 December of the year under review stood at 2,994 and it was less than the total cadre that should be deployed by 27.4 per cent.
- (b) Drugs had been purchased in the Trade Name instead of the generic name and it was revealed in the audit test check that the additional cost incurred for purchase of 23,534 units of 8 types of drugs in their Trade Name amounted to Rs.2,897,050.
- (c) The expansion of the motor vehicle park of the Hospital had been awarded to a contractor for a sum of Rs.11,209,829 on 05 September 2012 for the completion of the contract within 112 days as agreed. Even though the works should have been completed by 09 January 2013 in terms of the agreement, those works had not been completed even by 22 August 2016. The sample of soil used for filling the vehicle park had failed the quality test and soil compaction test and expansion joints had not been closed by mixing tar and sand. As the entire period of delay was over 3 years, the recoverable liquidated damages amounted to Rs.1,120,982. Even though the consultants had recommended the setting off of liquidated



damages against the third interim bill of Rs.995,454 submitted by the contractor, without paying money for that bill, payments had been made for that bill after a period of 01 year and 06 months of that recommendation. The Hospital had not taken action to cash the performance bond before expiry and it had expired on 01 October 2014.

- (d) The contract of installation of a computer software system for the Hospital had been awarded to a private institution at a contract value of Rs.24,953,859 in the year 2010. The work had been abandoned in the year 2014 when the physical and financial performance of the above contract of which the contract period was 26 weeks, had been 65 per cent and 26 per cent respectively. The remaining work had been assigned to another contract company at a contract value of Rs.8,250,000 in December 2014 to be completed within 06 months. The new company which was an associate institution of the first contract company that executed the works of the first contract as well, had been involved in the purpose of installation of this software system for over a period of 4 years. Nevertheless, they had failed to complete it even by 22 August 2016. The period of delay of the second contract had exceeded a year and it had been reported that the physical performance had been only 90 per cent. However, the Conditions for recovery of liquidated damages had not been included in the Agreement and action had not been taken to obtain a performance bond as well. Mobilization Advances amounting to Rs.4,140,000 or 50 per cent of the contract value exceeding the limit specified in Guideline 5.4.4(i) of the Procurement Guidelines, had been granted without obtaining a security bond.
- (e) A condition had been entered into for obtaining a guarantee certificate for 3 years from the contractor to whom the work of prevention of leakage of water on the outer wall of the new Cardiology Building of the Hospital had been assigned. Nevertheless, out of the entire contract value, only a sum of Rs.263,812 had been retained and the balance of Rs.2,374,312 had been paid to the contractor in the year under review without obtaining a guarantee certificate.



#### 4.5 Idle and Underutilized Assets

The following observations are made.

Details in respect of unserviceable equipment that existed in the different Divisions of the Hospital as at the end of the year under review are given below.

Division	Type of Assets	Quantity	Idle Period
			Years
Laboratory	Laboratory Equipment	72 units of 55 types	2 to 25
Health Education Unit	Equipment	4 units of 4 types	More than 13
Blood Bank	Equipment	2 units	More than 1
Ward No. 2	Equipment	2 units	More than 13
Medical Reports Division	Equipment	6 units of 2 types	More than 2

Action had not been taken to dispose of the above mentioned unserviceable equipment formally. Moreover, action had not been taken either to identify the operating condition and use or for disposal of 3 units of goods that remained underutilized in the Health Education Unit over a period exceeding 7 years.

#### 4.6 Identified Losses

The following observations are made.

- (a) The total cost of the validity expired drugs and surgical goods that remained in 5 main stores and sub stores as at 31 December of the year under review amounted to Rs.5,415,699. Details are given below.



Validity expired Year -----	Cost of validity expired Drugs -----
	Rs.
Year under review	866,713
Between 1 and 3 years	268,170
More than 3 years	162,716
Validity expiring stocks of surgical goods purchased in preceding years for the Neuro Surgical Unit due to failure to purchase on accurate estimates after studying the consumption pattern.	4,118,100
	-----
	5,415,699 =====

Adequate steps had not been taken to dispose of validity expired drugs and surgical goods properly and eliminate them from books, to take disciplinary action against the parties responsible and to minimize the quantity of stocks of drugs subject to expiring of validity.

- (b) A number of 5,533 units of 14 types of drugs costing Rs.301,443 purchased from the Medical Supplies Division in 4 preceding years including the year under review had failed in quality test . However, action had not been taken even by the end of the year under review to recover that value or to obtain quality passed drugs instead, from the Medical Supplies Division.

#### 4.7 Staff Administration

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The following observations are made.

- (a) Even though Directives had been given at the Committee on Public Enterprises held on 10 February 2016 that the Ministry of Health, Nutrition and Indigenous Medicine should intervene directly to fill permanently the vacancies that existed



in main posts such as the Director, the Deputy Director and the Accountant of the Hospital, permanent officers had not been appointed to those posts even up to 22 August 2016.

- (b) Even though the number of vacancies in the posts of Ward Clerk / Management Assistant as at 10 August 2015 had been 9, a total of 17 persons including 9 and 8 had been recruited to the post of Ward Clerk on permanent and contract basis respectively. Salaries and overtime paid during the period from September to December 2015 to 8 officers recruited on contract basis exceeding the approved cadre without obtaining the prior approval of the Department of the Management Services and without an approved Scheme of Recruitment in terms of the Public Administration Circular No.25/2014 of 12 November 2014, totalled Rs.1,771,766.
- (c) Before approving the salary increments of the staff of the Hospital, the Efficiency Bar Examination that should be passed and whether it had been passed had not been considered and the requirement of including that in the Salary Increment Forms had not been identified.

## 5. Accountability and Good Governance

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### 5.1 Corporate Plan

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The Corporate Plan prepared for the period from the year 2014 to the year 2018 had not been updated for the year 2015.

### 5.2 Action Plan

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The following observations are made.

- (a) Estimated values relating to each targeted function had not been included in the Action Plan.



- (b) Progress reports had not been prepared quarterly so as to enable to identify the progress of the achievement of the intended targets and objectives according to the Corporate Plan and the Action Plan as well, to identify the amount spent thereon according to the Budget Estimate and copies of those had not been furnished to the relevant Ministry and the Department of Public Enterprises.
- (c) Three development and construction activities for which provisions of Rs.230 million had been made and included in the Action Plan prepared for the year under review, had not been commenced even by the end of the year under review.
- (d) According to the Corporate Plan prepared, functions such as establishment of a cafeteria for Doctors, construction of a laboratory of high standard for heart patients and establishment of a new financial and administrative building to be implemented in the years 2014 and 2015, had not been included in the Action Plan of the year under review. Moreover, functions included in the Action Plan such as repairing of central air conditioning system and improvement of the electricity supplying system, had not been included in the Corporate Plan. Accordingly, the Action Plan had not been prepared in conformity with the Corporate Plan.

### 5.3 Procurement Plan

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The amount spent in the year for purchase of 260 items of goods not included in the Procurement Plan of the year under review amounted to Rs.95,940,345. According to the approved Procurement Plan, 27 units of medical equipment had been purchased exceeding their estimated cost ranging from 91 per cent to 2,902 per cent. As such, it was observed that the Procurement Plan had not been made use of as an effective instrument of management control.



#### 5.4 Budgetary Control

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The following observations are made.

- (a) In terms of Section 5.2.1 of the Public Enterprises Circular No. PED/12 of 02 June 2003, an annual budget had not been prepared including the expenditure relating to the targets expected to be achieved according to the Action Plan.
- (b) A sum of Rs.34,881,433 had been spent for 6 Objects for which provisions had not been made for the year under review. The entire provisions amounting to Rs.3,450,000 made for 2 Objects had not been utilized.
- (c) Variances ranging from 49 per cent to 707 per cent and 61 per cent to 245 per cent were observed between the estimated and the actual income of 05 items and 8 items of expenditure respectively thus indicating that the budget had not been made use of as an effective instrument of management control.

#### 5.5 Unresolved Audit Paragraphs

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Even though the Chairman of the Hospital Board had been directed at the meeting held on 22 August 2016 to update the Corporate Plan prepared for 5 ensuing years and to furnish within one month to the Committee on Public Enterprises with a copy to the Auditor General, action had not been taken in accordance with that Directive even by 22 August 2016.

#### 6. Systems and Controls

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



Areas of Systems and Controls	Observations
(a) Fixed Assets Control	Failure in taking action to identify physically all fixed assets of the Hospital, asses their values and to record them in the Register.
(b) Stock Control	Non-maintenance of inventories of drugs and surgical goods in the stores as well as in other sub-stores in the updated manner.
(c) Staff Administration	Failure in taking action to introduce and obtain approval for the proper schemes in respect of recruitments, promotions, grading and salary scales.
(d) Contract Management	Failure in super-checking, supervising and paying attention continuously in respect of contracts.
(e) Control of Purchases	Failure to purchase by identifying the requirement and failure in taking action to obtain the service of suppliers in terms of conditions.

H.M.Gamini Wijesinghe  
Auditor General

**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 2015 ending from 31<sup>st</sup> December**

	<b>Audit Observations</b>	<b>Action taken to Correct</b>
2.2	Comments about Financial Statements	
2.2.1	<u>Sri Lanka Government Sector Accounting Standard No. 07</u> Following observations are made.	
(a)	An amount of Rs. 4,258,177/- spent on refurbishing 9 items of assets of the Hospital has been entered in the accounts as recurrent expenditure instead of under capital expenditure.	An officer will be appointed to monitor this so that recurrent expenditure and capital expenditure could be identified and entered correctly in the accounts.
(b)	Fixed assets worth Rs. 1,678,856,148 were still in use which have been fully depreciated due to useful life time not being reviewed annually for non-current assets. Action has not been taken to revise the estimation error according to Sri Lanka Government Sector Accounting Standard No. 03.	Since there is a large amount of property, plant and equipment in the Hospital it is a complex process to re-value them. However, steps will be taken to do a re-valuation with the help of an outside institute after discussing the matter with the Board of Directors
2.2.2	<u>Accounting Defects</u> Following observations are made.	
(a)	Provision for gratuity for the year under review has been over accounted by Rs. 1,788,516 due to non-allocation of provision for gratuity for 21 workers in service and over provision of gratuity for 113 workers who were in service as at 31st December 2015 and an amount of Rs. 115,868 over paid as gratuity to an officer who left the service has not been accounted as an amount to be recovered.	It will be corrected in the accounts of 2016. Action will be taken to recover this amount.
(b)	Gratuity of Rs. 65,383/- paid in the year under review to a worker who left the service in the previous year has been debited to the Gratuity Expenses Account instead of Gratuity Account.	Instructions have been given to minimize this type of errors and this error will be corrected when accounts for 2016 is prepared.
(c)	Depreciation of non-current assets has been undervalued by Rs. 18,191,156 due to calculation errors.	This will be corrected when the Accounts for 2016 is prepared.
(d)	No method of accounting the Fair value of various non-current assets received from local donors has been introduced since the inception of the hospital up to the year under review. Hence, the Fair value of 44 units of Equipment and 4,493 inventory items received as donations during the year under review have not been entered in the accounts.	A new method will be prepared and implemented to enter the donations received by the hospital in the accounts.
(e)	Consultancy Services fee of Rs. 2,133,975/- paid to the Estate Engineering Corporation for the construction of the New Nurses Hostel has been debited to the Recurring Expenditure Account instead of Work in Progress Account.	This will be corrected when the Accounts for 2016 is prepared..

(f)	Accrued expenses of Rs. 2,610,060/- and Prepaid expenses of Rs. 217,056/- for the year under review have not been entered in the accounts though the notes on accounts state that the Financial Statements had been prepared on accrued basis.	Error is admitted. Action will be taken to prevent such mistakes in the future.																														
(g)	The cost of stock in trade and out of date stock at the end of the year under review have been under valued by Rs. 591,575/- and Rs. 679,322/-respectively due to calculation errors.	This will not happen again as these stores are computerized already.																														
2.2.3	<b>Unexplained Discrepancies</b> Following observations are made.																															
(a)	<p>According to the Financial Statements and files and documents submitted for the audit relating to the following subjects there was a discrepancy of Rs. 13,211,360/- but no reasons for the discrepancy were not given.</p> <table border="1" data-bbox="244 745 874 1798"> <thead> <tr> <th>Description</th> <th>File/ document submitted for the Audit</th> <th>Value according to Financial Statements</th> <th>Value according to the file/ document</th> <th>Discrepancy</th> </tr> </thead> <tbody> <tr> <td>Cost of non-current assets purchased during the year</td> <td>Fixed assets register</td> <td>300,039,300</td> <td>287,472,439</td> <td>12,566,861</td> </tr> <tr> <td>Hospital charges due from the President's Fund as at 31st September 2015</td> <td>File relating to Hospital Charges</td> <td>11,920,902</td> <td>11,620,902</td> <td>300,000</td> </tr> <tr> <td>Hospital charges due from 8 Insurance Companies as at 31st December 2015</td> <td>File relating to Hospital Charges of Insurance Companies</td> <td>10,150,639</td> <td>9,914,766</td> <td>235,873</td> </tr> <tr> <td>Distress loans of 10 officers as at 31st December 2015</td> <td>Loans Register</td> <td>1,398,166</td> <td>1,506,792</td> <td>108,626</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>13,211,360</td> </tr> </tbody> </table>	Description	File/ document submitted for the Audit	Value according to Financial Statements	Value according to the file/ document	Discrepancy	Cost of non-current assets purchased during the year	Fixed assets register	300,039,300	287,472,439	12,566,861	Hospital charges due from the President's Fund as at 31st September 2015	File relating to Hospital Charges	11,920,902	11,620,902	300,000	Hospital charges due from 8 Insurance Companies as at 31st December 2015	File relating to Hospital Charges of Insurance Companies	10,150,639	9,914,766	235,873	Distress loans of 10 officers as at 31st December 2015	Loans Register	1,398,166	1,506,792	108,626					13,211,360	<p>Other buildings Rs. 8,387,725.00 and Computer Software Rs. 340,500.00, should be added to the Fixed Assets Register. Some items from the remaining fixed assets have been taken into the Fixed Assets Register in 2016.</p> <p>This will be corrected when Accounts for the year 2016 is prepared.</p> <p>This will be corrected when Accounts for the year 2016 is prepared.</p> <p>This will be corrected when Accounts for the year 2016 is prepared.</p>
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				13,211,360																												
(b)	No reasons were given for the discrepancy of Rs. 7,492,933/- between the total value of 6 Trade Debtors Accounts Balances and the value of Confirmation letters of balances received certifying such as at 31st December of the year under review	All creditors who had a balance of more than Rs. 500,000.00 as at 31.12.2015 have been sent Confirmation letters certifying the balances. The letters certifying the balances of those creditors who have responded had been submitted for the audit. The discrepancy is due to the fact that all stores of the hospital are closed from the second week of December for stock taking and GRNs for the goods received during that period have been issued in January of the following year.																														

2.2.4	<p><b>No Evidence for the Audit</b> The evidence shown opposite the following subjects were not submitted for the audit.</p> <table border="1" data-bbox="217 271 831 1283"> <thead> <tr> <th data-bbox="217 271 280 367"></th> <th data-bbox="280 271 405 367">Subject</th> <th data-bbox="405 271 564 367">Value (Rs.)</th> <th data-bbox="564 271 831 367">Written evidence that was not submitted</th> </tr> </thead> <tbody> <tr> <td data-bbox="217 367 280 618">(a)</td> <td data-bbox="280 367 405 618">Non-current assets removed from Accounts</td> <td data-bbox="405 367 564 618">29,287,000</td> <td data-bbox="564 367 831 618">Written evidence to support cost of non-current assets removed from accounts for disposal and correctness of accumulated depreciation.</td> </tr> <tr> <td data-bbox="217 618 280 853">(b)</td> <td data-bbox="280 618 405 853">Non-current assets removed from Accounts</td> <td data-bbox="405 618 564 853">2,268,500</td> <td data-bbox="564 618 831 853">Approval of the Board of Directors and Disposal Board recommendations relating to disposal of assets.</td> </tr> <tr> <td data-bbox="217 853 280 927">(c)</td> <td data-bbox="280 853 405 927">Creditor balances</td> <td data-bbox="405 853 564 927">132,220,019</td> <td data-bbox="564 853 831 927">Proof of balances</td> </tr> <tr> <td data-bbox="217 927 280 1088">(d)</td> <td data-bbox="280 927 405 1088">Hospital charges to be recovered</td> <td data-bbox="405 927 564 1088">11,307,230</td> <td data-bbox="564 927 831 1088">Proof of balances</td> </tr> <tr> <td data-bbox="217 1088 280 1283">(e)</td> <td data-bbox="280 1088 405 1283">Value to be paid to the Medical Supplies Division</td> <td data-bbox="405 1088 564 1283">41,688,054</td> <td data-bbox="564 1088 831 1283">Proof of balances</td> </tr> </tbody> </table>		Subject	Value (Rs.)	Written evidence that was not submitted	(a)	Non-current assets removed from Accounts	29,287,000	Written evidence to support cost of non-current assets removed from accounts for disposal and correctness of accumulated depreciation.	(b)	Non-current assets removed from Accounts	2,268,500	Approval of the Board of Directors and Disposal Board recommendations relating to disposal of assets.	(c)	Creditor balances	132,220,019	Proof of balances	(d)	Hospital charges to be recovered	11,307,230	Proof of balances	(e)	Value to be paid to the Medical Supplies Division	41,688,054	Proof of balances	<p>(a) All the disposed assets were priced by the Hospital Supplies Section.</p> <p>(b) Disposal Board reports and the approval of the Board of Directors have been obtained for the assets disposed. Those documents will be submitted for auditing.</p> <p>(c) Trade Creditors - Medical Supplies Section - This value is a balance of about 15 years old.</p> <p>(d) Hospital charges to be recovered - The document giving Hospital charges due from other institutions has been submitted for auditing. Hospital charges due from the Navy is a non-recoverable balance and will be removed from the accounts.</p> <p>(e) This information has been submitted for auditing.</p>
	Subject	Value (Rs.)	Written evidence that was not submitted																							
(a)	Non-current assets removed from Accounts	29,287,000	Written evidence to support cost of non-current assets removed from accounts for disposal and correctness of accumulated depreciation.																							
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(e)	Value to be paid to the Medical Supplies Division	41,688,054	Proof of balances																							
2.3	<p><b>Accounts recoverable and payable</b> Following observations are made.</p>																									
(a)	<p>Sufficient steps have not been taken for a period of 4 to 6 years to recover a total of Rs. 7,540,268/- as hospital charges Rs. 6,349,313/- due from 3 government institutions, salaries paid to interns Rs. 1,112,280/- due from the Ministry of Health, Electricity charges Rs. 78,675/- due from 3 private institutions.</p>	<p>Action has consistently been taken to recover these monies and some monies had been recovered. Which could not be recovered further more will be submitted to the Board of Directors for removal from the accounts.</p>																								
(b)	<p>No action has been taken to settle auditing fees Rs. 2,453,571/- due to the Auditor General's Department as at 31st December 2015 for a period of 2 to 5 years.</p>	<p>An amount of Rs. 718,947/- due to the Auditor General's Department for the year 2013 has been paid in 2016. The rest will be settled as soon as it is approved by the Ministry.</p>																								
(c)	<p>No action has been taken to settle Rs. 10,838,120 due to Ministry of Health for Medical Supplies purchased, Rs. 437,799/- due to National Water Supply and Drainage Board as water charges for a period of more than 5 years.</p>	<p>Main items under Trade Creditors are Medical Supplies Division, Auditor General's Department and professional charges. The amount to be paid to Medical Supplies Division will be set off against heart operations. The amount due to National Water Supply and Drainage Board will be settled.</p>																								
(d)	<p>Action has not been taken to include Professional charges Rs. 3,616,142 in the income which had not been settled to doctors for a period of more than 5 years.</p>	<p>The professional charges given are the professional charges collected but not claimed by the relevant workers for the recent years.</p>																								

2.4

Non Compliance with laws, rules, regulations and management decisions

Following inconsistencies were observed.

Compliances with laws, rules, regulations Reference

(a) Establishment Code of the Democratic socialist Republic of Sri Lanka

(i)	Sections 4 and 5 of Chapter VII	Four officers of Clerical Grade have been appointed to Grade III Electrocardiograph technician post but placed in the salary step of Grade II Electrocardiograph technician against the provisions of Establishment Code of the Democratic socialist Republic of Sri Lanka. These officers had continuously been given the increments though they had not passed the efficiency bar examinations relevant to their new post.
(ii)	Section 4.1 of Chapter XXX	Nine officers of the Hospital including 6 doctors have conducted lectures at the University College of Health Studies during duty hours without due approval and collected an amount of Rs. 877,125 as allowances during the period 2013, 2014 and up to 30th November 2015
(b)	Treasury Circular No. 842 dated 19th December 1978	No action has been taken by the hospital to maintain a Fixed Assets Register or to follow a regular procedure in keeping accounts of the Fixed Assets.
(c)	Chapter 9.3.1 of State Enterprises Circular No. PED/12 dated 02nd June 2003	When preparing the Recruitment and Promotions Procedures for all grades though they have to be recommended by the Salaries and Cadres Commission and approved by the Management Services Department after getting the approval of the relevant Ministry and the Board of Directors, no steps had been taken to get the relevant recommendation and approval for the Recruitment and Promotions Procedure that had been prepared.

(i) The four officers mentioned in the audit query have served as Grade 1 Clerks and they had been appointed as Electrocardiograph Technicians on the requirement of the Institution after their completion of the Electrocardiograph Technicians Course at the Health Ministry. They have been placed in Grade III when they were appointed to the new post. However, at the time of new appointments they were enjoying the salary scale 99,312-6x2100-9x3624 - 161,828 as Clerks of Grade 1. Since placing them at a lower salary scale 94932-7x2436-5x3888-131424 of Grade III of the new post was a problem they were especially placed in Grade II salary scale of 113724-16x3888-175432 of the new post. It has been specifically stated in the said order that it is not considered as an appointment given to the Grade II post (annexes are provided).

The said decisions are decisions taken to justify the non-assigning of a lower salary scale than he was receiving when appointing an officer to a superior post.

(ii) Since the term of Memorandum of Understanding between the Ministry of Skills Development and Sri Jayawardenepura General Hospital has lapsed and had not been renewed, the Memorandum of Understanding became invalid and all managerial functions of the University College of Health Studies became vested in Sri Jayawardenepura General Hospital and it was decided to supply all financial and other resources through the Hospital to the University College.

Sri Jayawardenepura General Hospital is a Teaching Hospital and it is involved in the development of health studies in various ways. The University College of Health Studies is also a part of hospital management at present. Steps will be taken to get the necessary permission to maintain it with the necessary resources supplied through the hospital.

(b) A Fixed Assets Register is maintained presently and a Fixed Assets Register consistent with the circular will be prepared.

(c) There is an approved recruitment procedure bearing No. PED/12 dated 03rd June 2003 which has been forwarded to the management services department for approval with the amendments of provisions in State Enterprises Circulars and provisions in Circular No. PED/PU dated 08th July 2009 and Chapter 9.3.1 Code of Good Governance for State Enterprises but that has not been approved yet. (Annexes are submitted)

3.	Financial Review	
3.1	<p><u>Financial Results</u>                  There was a post tax deficit of Rs. 352,618,182/- in the operations of the Board as at 31st December of the year under review according to the financial statements submitted, but there was a post tax excess of Rs. 720,613,254/- in the year before and compared to the earlier year there is a decrease of Rs. 1,073,231,436/- in the financial result. The deficit was due to the decrease of Rs. 779,914,000/- in the government grant for the year under review and an increase of Rs. 299,119,863/- in the Staff Expenses.                  When the financial results of the year under review of the Board and of the past four years are analyzed there has been a financial deficit continuously up to the year 2012 and an excess in the years 2013 and 2014 and again a deficit in 2015. The total commitment of the Board has increased continuously from Rs. 716,896,615/- in 2012 to Rs. 1,739,662,005/- in 2014 when emoluments for employees, government taxes and depreciation of non-recurrent assets were considered. However, the total commitment in the year under review has decreased to Rs. 950,142,035/- and compared to the previous year it was a decrease of Rs. 789,519,970/-.</p>	
3.2	<p><u>Legal Action filed against the Hospital</u>                  06 staff members have sued the hospital for Rs. 11 million for reasons such as, retirement before reaching the age, refusal of promotions and termination due to financial fraud and 02 outsiders have sued for Rs. 62.5 million for deficiencies in patient care services in 06 and 02 cases respectively filed against the hospital in courts at the end of the year under review.</p>	
4.	<u>Operations Review</u>	
4.1	<p><u>Management Activities</u>                  Following observations are made.</p>	
(a)	<p>Sri Jayewardenepura General Hospital and the Ministry of Youth Affairs and Skills Development have signed a Memorandum of Understanding to form the University College of Health Studies with the intention of establishing training programs for technical division of the Health Sector on 09th May 2013. According to the Memorandum the Hospital has paid the water and electricity bills for October 2013 of the College which is situated at the hospital premises. However, the said Memorandum of Understanding was not in force by the 09th May 2016 and no action was taken to establish the University College in a proper manner as the management was not apprehensive of the doubtful existence of the University College.</p>	<p>University College of Health Studies was established under the Memorandum of Understanding between Sri Jayewardenepura General Hospital and Ministry of Youth Affairs and Skills Development. The Board of Directors at that time has decided to charge so though there was no term to that effect in the Memorandum of Understanding. According to Section 4.vi(b) of the Memorandum of Understanding it should be amended with the agreement of both parties to take such a decision. However, the Memorandum of Understanding was not revised for that purpose.</p> <p>According to section 3.vi of the Memorandum of Understanding the responsibility of providing a site for the University College of Health Studies lies with Sri Jayewardenepura General Hospital and therefore it could not be recovered. The University College did not have the financial capacity to do so either.</p> <p>Furthermore, Electricity charges and water charges could also not be charged as Sri Jayewardenepura General Hospital has agreed to bear the operational expenses and other expenses according to section 3.vii of the Memorandum of Understanding.</p>

		<p>Section 03(vi) of the Memorandum of Understanding signed between Sri Jayewardenepura General Hospital and Ministry of Youth Affairs and Skills Development to establish the University College of Health Studies effective from 09th May 2013 to 09th May 2016, states that Sri Jayewardenepura General Hospital should provide the premises and facilities for the University College of Health Studies (Provide required premises by the Sri Jayewardenepura General Hospital to establish University College of Health Studies of SJGH).</p> <p>The Memorandum of Understanding was to be amended if the University College was to charge 25% of course fees or rent for that. The Memorandum of Understanding has not been amended as both the parties had decided not to continue it. The decisions of the Board of Directors could not be implemented accordingly. However, the Memorandum of Understanding has become void after the 09th May 2016.</p> <p>The Secretary to the Ministry of Health under instructions of the Minister of Health has taken a decision to appoint a committee to study the facts and to provide necessary facilities for the continuation of studies of the students who have already been admitted. It has been decided to continue the studies at the premises of Sri Jayewardenepura General Hospital as before and to supply the necessary funds from the Sri Jayewardenepura General Hospital. The decision of the Committee met at the University College on 15.06.2016 is attached hereto. (annexes submitted).</p>
(b)	<p>12,322 units of 11 drugs worth Rs. 546,490/- and 4,778 units of 32 types of surgical material and radioactive material worth of Rs. 5,686,759/- remained in the stores as items not moving and as items with short periods of expiry as at 31st December 2015. Besides, not a single unit of 2,208 units of 12 types of surgical material and drugs worth of Rs. 585,643/- purchased during the year under review has been used during the year. Due attention has not been paid in using these drugs and purchasing without identifying the requirement, retirement of the surgeon who named the items of drugs and the new surgeon not prescribing the use of them have resulted in the existence of such stocks.</p>	<p>Only 17 drugs out of the drugs stated in the Audit Report are to expire in the year 2016. The rest of the drugs are to expire in the years 2017 and 2018. Photocopies are attached. (annexes have been submitted)</p> <p>These 38 drugs have moved as follows by 24.08.2016. Some drugs have been changed for ones with longer dates of expiry. Some drugs could not be changed as all in government hospitals had the same expiry date.</p> <p>Most of these 38 drugs have been used and some are still being used.</p>
(c)	<p>1,658 units of 24 types of drugs worth of Rs. 973,665/- and 2,321 units of 18 types of drugs worth of Rs. 143,782/- have been entered in the Stocks Registers without source documents in the Indoor Pharmacy and Surgical stores.</p>	<p>The following have caused the excess in stocks of 18 types of surgical items.</p> <p>01. When applications stores requisition notes (SRN) are received from wards and sections via computer. A printout is issued when the goods are taken away. This is the normal practice of surgical stores. This is followed as it is necessary to save time in issuing items to about 30 sections. There are occasions when stocks have not been taken away. There was no procedure to re-enter the stock (return note) at that time. On such occasions the computer records them as issued though they have not.</p>

1. To remedy the situation the data is entered to the computer at the time the goods are taken away. The system of Return Notes has also been introduced. Issuing dates have also been increased.
2. There were instances where codes have been changed when entering the data of physical stocks into the computer.
3. Large number of items of the physical stock have to be counted on the same day (about 1000). This has caused the lapses. (small number of items either plus or minus).
4. Instances where codes have been changed when same item has received under different brand names.
5. Supply section has assigned 2 codes for the same item. e.g. Oxygen face mask—SUCOF 038 and SUCOF 001.
6. ST not belonging to the relevant item entered in the Ledger by mistake. Mostly items with similar names. e.g. Disposable needle, gloves.

For not correctly balancing the Stocks Register as at 31.12.2015.

1. There are mistakes in balancing. This shortage has been entered as excess stock in the books.
2. There were instances where some sections have taken on loan and had not covered. e.g. E.G.G. Electrodes.
3. There are instances where codes got mixed when stocks have been issued.

Drugs are issued for the wards (clinics) conducted daily in the hospital by the Indoor Dispensary. This is done through a computerized system. Accordingly, when a drug is issued to a patient and if the drug issued is not required for the patient or the relevant doctor has stopped prescribing that drug or the wrong item code is entered when issuing then the drug has to be removed from the patient's bill. It is done through the "drug return" method.

In this "Drugs Return" method the drugs entered but later decided as not required are duly removed from the bill of the patient. But under this method, the physical stocks at the Dispensary and the stocks in the Drug Item Summary taken at the end of the day, the status of the stocks recorded after documentation are not clearly shown.

The summary of drugs issued is documented either daily weekly or monthly in the Drugs stocks register. At that time a difference in the amount of drugs stated in the summary and the amount of drugs physically existing is created. That is due to the computer system not being properly designed.

Most of the time the physical balance is more than the book balance given in the daily summary due to this reason. This excess of drugs is entered as excess stock. Since there is no other method to correct this fault in the computer system, this recording of excess of stock in the books is described at the audit as a mistake committed by the pharmacists.

		<p>The Chief Pharmacist has requested the officer monitoring the Computer System to correct this fault in the Computer System and it is expected that it will be corrected in the future.</p> <p>02. Further, the Computer Section has requested the Dispensary to enter the stocks of drugs in the computer system and they have come to the dispensary for the purpose at a time it was very busy, that is, when the drugs are being issued for ward patients using the computer system. At that time a part of the stocks at the dispensary has already been billed for the patients. In the circumstances the Chief Pharmacist has informed that the accuracy of the amounts entered as physical stocks in the computer system is not satisfactory. Therefore,, it is a mistake occurred at a busy time and such mistakes will be corrected in the future.</p> <p>Some of those mistakes in the computer system have now been corrected to an extent. For example, when a drug is billed for a patient and later if that drug was returned then at the end of the day summary correctly shows the removal of that returned drug unlike before.</p> <p>Several mistakes in the computer system have been corrected to an extent by now.</p> <p>Sy: Lactulose/Pharacetamol Drugs are issued for all the wards in the Hospital by the Internal Dispensary II. When drugs are issued like this, if it is not required for that particular patient or the doctor has stopped that drug then that drug has to be removed from the bill of the patient. When removing it this way though it is removed from the bill though it will not be removed from Drug Item Summary taken at the end of the day. These stocks are recorded as excess stocks. These are entered in the books as surplus stocks (physical).</p>
(d)	<p>Stocks as at 08th July 2015 have been computerized for the first time though no physical count was taken. According to Stocks registers there have been 388,016 units of 152 types of surgical items but 412,755 units according to computerized data. Although there has been an excess of 44,047 units and a shortage of 21,683 units no investigation has been done to find out the reasons.</p>	<p>According to the year end stock taking register as at 31st December 2014 computerization started first from 01.01.2015. An authorized group has been appointed for the purpose.</p> <p>Accordingly, drugs have been issued by balancing the computer, stock book and physical stock from 01.01.2015 onward. The Computer Section has instructed the Stores Sections to computerize physical stocks again from 08.07.2015 due to following factors that cropped up in the Computer System. Accordingly, a book containing all the items was printed and given to the surgical stores to enter the stock balance as at 08.07.2015. Consequently the Pharmacist of the Surgical Stores with the help of members of the junior staff have taken the stocks and entered them in the book given to them by the Computer Section and had delivered it back to the Computer Section and for that reason the Surgical Stores had not been able to submit documentary evidence to support the physical stock taking for the audit.</p>

Factors that cropped up in the Computer System:

1. Failure of the Computer System several times a day from its inception. At such instances it has been restored after calling the data entry operators. It has taken them a long time to rectify on some occasions.
2. When commands were given to save after entering the data and when printing, the system failed occasionally. As it could not be activated again on such instances the whole process was required to be started again.
3. On many occasions the sisters have complained that the data in the computer at the stores was not visible for them to request items from the stores. On such instances stocks were physically counted again and entered into the system by the data entry operators.

Many service problems have arisen due to these reasons and on occasions when it could not be re-started in time instructions have been given to issue items on loan chits for wards (till the system was returned to order).

These reasons have created these excesses and shortages in stocks. Some have already been remedied. We feel it occurred due to the change from manual to computer system. Steps will be taken to prevent such a state in the future.

1. There was no method of accepting an item that has been issued. Entering return notes have been started now. E.g. Bill 338113 ring pressures.
2. Some items have been entered under 2 code numbers when entering in the computer. E.g. SUCT 028, SUCY 034, Clinical Thermometer (one code number has been disabled and one has been activated).
3. Several items have been stored in one counter due to space constraints in the stores and they have been issued under different code numbers sometimes.
4. Mistakes that have occurred in the physical stock taking. Several mistakes have occurred as a large number of items had been counted on the same day by the pharmacist with the help of peons.
5. When certain items were issued belatedly sometimes (even when computerized) nobody has come from the sections to receive them. Then they had become excess. E.g. Disposable gloves. When surplus socks were set off against the shortfall the numbers have tallied. E.g. Disposable needles 21G has increased. Disposable needles has decreased. This had happened due to the change of code numbers and the excess was equal to the shortfall.
6. Mistakes have occurred due to some STV stocks had not been entered in the register. Shortage disappeared when they were entered.
7. Shortages have occurred when what is taken on loan from some units were not covered. They will be covered if entered in STV.

Therefore, the mistakes and computer problems have been corrected. This situation will not arise in the future.

4.2	<p><u>Controversial Dealings</u> Following are observed.</p>	
(a)	<p>On 21st and 25th August 2015 two retired radiologists over 68 years of age have been recruited on a one year assignment without the prior Cabinet approval as laid down in Section 9.1 of Chapter 11 of the Establishment Code of the Democratic Socialist Republic of Sri Lanka, without identifying the basis of payment of salaries and allowances for the assignment of the special task. According to the provisions of Public Administration Circular No. 09/2007 dated 11th May 2007, when a retired officer is re-employed he can be paid a monthly allowance either of the maximum of 50% of the last drawn salary at the time of retirement or Rs. 15,000/-, but contrary to that these two officers have been paid respectively Rs. 358,680/- and Rs. 215,698/- in excess from July 2015 to January 2016.</p>	<p>The approved cadre of Radiologists in the Institution was 12 and there were only 6 radiologists in the permanent service. When applications were called no qualified persons applied. Therefore, there was a problem in filling those vacancies this was done to maintain the patient care service uninterrupted and steps are being taken to recruit trainee radiologists and to train them at the Radiologists Training School as an option.</p>
(b)	<p>4 new anaesthetic machines were purchased spending Rs. 29,900,000/- on 14th August 2015 after removing 3 anaesthetic machines received as a grant on 19th March 2014 and which have been in use for less than a year, claimed to be faulty. Before the removal of the 3 old machines no recommendation of a technical board of review had been obtained to decide whether they were faulty but the said machines which had been donated to Negombo, Kalutara and Monaragala District Hospitals are functioning without any fault as certified by the Audit.</p> <p>The order for purchase of these 4 new machines have been sent on 14th May 2015 when Royal Perth Hospital in Australia has informed that 4 new anaesthetic machines will be provided as a donation by its letter dated 21st April 2015. The 4 new machines have been purchased spending Rs. 29,900,000/- knowing that 4 new machines would be received as a donation and the 4 machines received as a donation were at the hospital not being used even by 22nd August 2015. However, the Chairman has informed the Audit that the 4 machines received as a donation could not be used since they are faulty.</p>	<p>The 3 anaesthetic machines received at the hospital in March 2014 are machines removed after use by a hospital in Australia. They have been received without the vaporizers and they were not up to current standards. These four machines were fitted with the vaporizers from the other machines that were in use in the hospital on the instructions of the Chief Anaesthetist of the hospital and had been used for about 1½ years with much difficulty. This situation has arisen when an operation of long duration was done. These machines were machines that have been repaired to a working condition and were used with much difficulty as stated above and after the purchase of new machines these machines have been given to the hospitals which had requested them to be used as backup machines.</p> <p>It is admitted that it is a fault to remove these machines without being inspected by a technical officer. These machines have been used with much difficulty as explained earlier and Consultants have written to the hospital management about the complications that may occur during the complex operations that were done for the patients. (annexes are submitted). Accordingly, steps were taken to give those machines to the hospitals which had requested them.</p> <p>It was decided to purchase 4 new anaesthetic machines for the hospital in February 2015. The procurement process was started accordingly. Royal Perth Hospital of Australia has informed that it will send us 4 anaesthetic machines in April 2015 and since the 3 machines that were in operation at that time at the hospital were to be removed due to problems they had and since there was a requirement of 7 new machines at the hospital the order for 4 new machines has been issued. After receiving these 4 machines as a donation they were subjected to the inspection of the Bio-medical Engineering Service Section under Ministry of Health and according to that report these machines were not recommended for anaesthetizing patients. (annexes submitted)</p> <p>These 4 machines were kept till a report was taken from the Bio-medical Engineering Service Section about their suitability before they were used. They were not used since they have not been recommended.</p>

<p>4.3</p>	<p><u>Operational Activities</u>                  professional charges were collected from patients for operations done at the hospital and for treatment of patients and 99.85% of those charges had been paid to the Consultants, doctors and supporting staff who had participated in those operations. The professional charges so paid in 2015 alone was Rs. 243,870,143/-.                  Following observations are made on this.</p>	
<p>(a)</p>	<p>Cabinet approval has been granted to the doctors to do private practice outside general duty hours, but a definite method about the value of professional charges that can be levied or the value that can be paid to the doctors and the supporting staff and the way it should be calculated has not been prepared by the management and the particular surgeon on his own has decided the amount of professional charges that was to be levied.</p>	<p>Sri Jayewardenepura General Hospital has 20 wards and professional charges are collected from patients entered into wards 3, 4 and 5. Majority of these patients are patients who have obtained medical services from doctors and they have come relying completely on doctors and they expect to pay a higher price to obtain patient care services with more facilities and to leave the hospital soon. Professional charges are levied from these patients only for operations and other observations made on patients and the hospital levies from the patients a considerable amount as hospital charges, drugs, laboratory tests and for other things during the period of hospitalization.</p> <p>The Chief doctor would decide the professional charges for the doctors, nurses, orderly and other staff participating in the operations according to their contribution for the operation. This will be forwarded to the Board of Directors and their approval for same will be submitted for the audit in the future. Attendance Registers are maintained at present for the staff who are not doctors for this purpose and it is expected to introduce a sufficient procedure through the proposed finger print machines in the future.</p>
<p>(b)</p>	<p>14 doctors have charged Rs. 1,917,075/- as professional charges for operations and tests done during their normal duty hours from January to December in 2015 even though no professional charges could be claimed for operations and tests done during the normal duty hours.</p>	<p>There is a cabinet approval for doctors to do private practice outside normal duty hours and more than 95% of professional charges represent patient care duties done outside normal duty hours. However, it is our opinion that the resources can be used to the maximum by conducting operations and providing other medical services for patients in the paying wards whenever the resources of the hospital could be obtained during normal duty hours without any disturbance to normal duties.</p> <p>E.g. Operating theatres are open 24 hours from morning night with air-conditioning facilities apparatus and doctors, nurses and other staff are standing by. Yet, when normal operations are not done during such times the operations of patients in the paying wards are done.</p> <p>However, written explanations have been called from those doctors.</p> <p>When apparatus and staff utilized for examination of external patients during normal hours remain under utilized professional charges are levied for consultations done by the doctors at the request and need of external patients. It is stated that all those consultations mentioned in the audit query have been done outside normal hours though the time of payments for those consultations had been recorded during normal hours. However, steps will be taken to establish a standard fee structure in the future after consultation with the doctors about the fees levied.</p>

(c)	<p>The hospital management has not deducted the pay as you earn tax on professional fees paid to the consultant medical officers, medical officers and supporting staff according to the provisions of Inland Revenue Act No. 10 of 2006 though it should have deducted and remitted to the Commissioner General of Inland Revenue. The value of estimated pay as you earn tax not deducted during 2014 and 2015 are Rs. 35,367,508/- and 39,377,486/- respectively.</p>	<p>The hospital deducts the pay as you earn tax from the income earned from normal duties of the consultant doctors and other staff who charge professional fees and remits it to the Commissioner General of Inland Revenue.</p> <p>The hospital has provided facilities to consultant doctors of this hospital and external consultant doctors for private practice. Such private practice is done after duty hours and earnings from that are declared by them and pay as you earn tax is paid by them individually. The hospital has conducted a special meeting with the officers of the Inland Revenue Department on 30.05.2016 in this respect and as agreed at the meeting steps are being taken to provide the information relating to consultant doctors and other staff who charge professional fees to the Department of Inland Revenue.</p> <p>Pay as you earn tax has not been deducted since 1998 when the hospital started paying professional charges. However, a management committee paper has been submitted requesting advice regarding the deduction of pay as you earn tax on those professional fees and action will be taken once it was responded to.</p>
4.4	<p><u>Procurement and Contract Process</u> Following observations are made</p>	
(a)	<p>During the period of April 2015 to March 2016 the contractor who bid for Rs. 588,800/- per month for providing Hospital garden maintenance and beautification being the 4th lowest and was selected rejecting the first 3 lower bids was awarded the tender and it was the contractor for same in the previous year also but the fact that it had failed to employ 18 percent of workers and 5 percent of supervisors according to the terms of agreement has been disregarded in awarding the tender. The total number of workers employed during the period from 01st April to 31st December of the year under review was 2,994 and it was 27.4 percent less of the required number.</p>	<p>The work of Abans Company was satisfactory during January, February of 2015, that is after about 8 months of awarding the tender for 2014-2015 (The time this tender was announced and technical evaluations were done). The following special work was also attended to by them during this period apart from the work mentioned in the agreement. Therefore, this tender has been awarded to them as their work was satisfactory.</p> <ul style="list-style-type: none"> <li>• A dying Madu shrub has been revived.</li> <li>• A dying Esala tree near ward 1 has been revived.</li> <li>• Ixora plants in the hospital premises which were dying due an attack by ants were treated and revived.</li> <li>• The garden in front of the Driver's Room and the Consultant's dinning hall was rearranged removing branches after the big trees like Ipil ipil and Veralu were removed.</li> <li>• Flower pots and the garden were arranged in the months of November and December for the 30th Anniversary of the Hospital.</li> <li>• Roundabout in front of Gate No. 01 was rearranged and flowering plants were planted.</li> <li>• Maintained the flower pots in front of all wards.</li> </ul> <p>Steps will be taken to correct the mistakes in the contract agreement in the future.</p> <p>When the tenders were called for the second time for 2015-2016, Abans Company was fined for lapses in its daily work depending on the report of the members of the garden beautification committee, but their services was not so poor as to refuse their tender application.</p> <p>When 15 workers should be present according to the terms of the Agreement and that number was not present steps have been taken by the Establishment Section to recover fines by adding 25% to the daily wage according to the terms and conditions of the agreement on the recommendations of the garden sub-committee. (Annexes submitted).</p>

		<p>Furthermore, Abans Private Company has been informed in writing on several occasions that their maintenance of the garden was not satisfactory due to the under-employment of workers and that steps should be taken to lift their services to a higher standard.</p>
(b)	<p>Drugs have been purchased by their brand name instead of their generic name and the additional expenditure incurred in purchasing 23,534 units of 8 types of drugs in their brand name in the year under review had been Rs. 2,897,050/- as revealed in a sample investigation</p>	<p>Quotations have been called for drugs under generic names of the drugs. But in the selection of drugs their quality was considered and they were to be of highest quality. Therefore, purchases have been made at reasonable prices depending on the quality rather than the lowest price, Hence, the purchases have been made depending on the quality and not on the brand name.</p> <p>On certain instances, especially for the patients in paying wards, the drugs have to be purchased under their brand name according to the recommendation of doctors and the needs of the patients. Since this hospital charges fees from its patients that has to be done to maintain the hospital.</p>
(c)	<p>The work of expanding the vehicle park of the hospital has been entrusted to a contractor for a contract value of Rs. 11,209,829/- on the condition of completing it within 112 days on 05th September 2012. The work was not completed even by 22nd August 2016 though it should have been completed by 09th January 2013 according to the agreement. The samples of earth taken to fill the vehicle park have failed the tests for quality and soil compaction and expansion joints have not been filled with tar and sand. The whole period of delay has been more than 3 years with a late fee of Rs. 995,454/- and the consultants have recommended that not to pay the 3rd interim bill but to set it off for the late fee, yet that bill had been paid after 1 year and 6 months after that recommendation. The hospital has not taken steps to recover the performance bond before its expiry on 01st October 2014.</p>	<p>The expansion of this vehicle park was started in 2012 and to be finished by 2013. However, due to problems that arose during the period of contract and it is true that it was delayed for a long time. Several decisions have been taken after many rounds of discussions with the Contractor by the management consultancy firms of those times. But problems have arisen when steps were taken to implement those decisions.</p> <p>When it was decided to end the contract at one time, considering that the Contractor intended to take legal action and the additional expense involved in calling tenders afresh to complete the contract, it was decided to get the services from the same contractor and the contractor requested not to charge the late fees. However, in that instance too, the contract could not be finished but some part was completed.</p> <p>There were several rounds of discussions after the new management was appointed. It was decided to prepare it by filling with earth but subsequent laws enacted relating to digging of earth by the government prevented that. However, instructions have been given after discussions again and it is being implemented now.</p> <p>It was decided to use a part of this vehicle park for the proposed paying wards complex, but it took such a long time to get the approvals for that building and problems arose about using that part for the vehicle park also.</p> <p>However, it should be stated that during that time vehicles were parked on that land and the hospital did not incur a loss on that account.</p> <p>Therefore, weaknesses of contractors and problematic administrative circumstances have affected this and the project is now being conducted with the decision of finalising it. However, action has been taken to explore the ability to recover some amount from the contractor with the advice of the Consultancy Firm</p>

		<p><u>Blood Bank</u> The instruments mentioned are not being used in that section and they will be removed hence.</p> <p><u>Ward No. 02</u> These instruments are not being used though they are functioning as modern and more technically advanced methods and instruments are available. These instruments will be duly removed.</p> <p><u>Medical Records Section</u> The 3 computers and the 3 UPSs were not removed as they were to be checked up to see whether they could be used after repairing. These computers were sent to the Information Technology Section and they have recommended that these computers be removed as it is useless to spend money to repair them. Therefore, they will be duly removed.</p> <p>One object of the fixed assets survey in 2015 was to identify inventory items that have not been in use and to remove them.</p>												
4.6	<p><u>Losses Identified</u> Following observations are made The value of stocks of expired drugs and surgical items in sub-stores and 5 main stores in the year under review was Rs. 5,415,699/-. The details are given below.</p> <table border="1" data-bbox="215 1032 762 1406"> <thead> <tr> <th>Year of expiry</th> <th>Value of expired drugs (Rs)</th> </tr> </thead> <tbody> <tr> <td>Year under review</td> <td>866,713</td> </tr> <tr> <td>Between 1 to 3 years</td> <td>268,170</td> </tr> <tr> <td>More than 3 years</td> <td>162,716</td> </tr> <tr> <td>Stocks of expired surgical items purchased for the Neuro Surgery Unit without making correct estimates after studying the usage patterns of previous years.</td> <td>4,118,100</td> </tr> <tr> <td></td> <td>5,415,699</td> </tr> </tbody> </table> <p>Sufficient steps have not been taken, to remove the expired drugs and surgical items from the books after their proper destruction, to take disciplinary action against those who are responsible and to minimize the stocks of expired drugs.</p>	Year of expiry	Value of expired drugs (Rs)	Year under review	866,713	Between 1 to 3 years	268,170	More than 3 years	162,716	Stocks of expired surgical items purchased for the Neuro Surgery Unit without making correct estimates after studying the usage patterns of previous years.	4,118,100		5,415,699	<p><u>Dressing Items Store</u> <u>Olive oil</u> This was brought to clean the babies just after they were born. Infection Control Unit has advised to stop this practice. Therefore, the Physiotherapy Unit has agreed to use this remaining olive oil (for external application for their patients).</p> <p><u>Dextran 40</u> This drug is used for dengue patients. During certain periods the number of dengue patients increase and in certain periods decrease. The government drug store was informed before the expiry of this drug and on its instructions an attempt was made to distribute this drug among other hospitals but since these hospitals also had drugs of same expiry date it failed. Information relating to those drugs are contained in the photocopies attached herewith.</p> <p><u>Surgical Stores</u> SUNES 001/SUNES 002/SUNES 003/SUNES 004/SUNES 005 are items brought for Neuro Surgical Section. The Consultant has been informed to give a solution by indicating whether all of them can be used/ not used before they expire. A request has been made to the supplier to give one with a longer expiry date. But no reply was received for several months and later a letter has been received informing that they could not be exchanged. Relevant photocopies are submitted with this. SUCOSP005/SUCOSP008/SUCOSP051/SUCOSP054/SUCOSP055/SUCOSP 088 Certain categories of suture are used for suturing fine tissues in operations in obstetrics and gynaecology. Since such operations are not done often they have remained. The purchasing officer has been informed by the Surgical Stores through the director, but the supplier has not consented to accept them. E.g. Polygalactin 91001/2 CRB</p> <p>Certain types of sutures are not used as the Consultant who ordered them has been removed from the hospital. Other surgeons have used them in small amounts. (The said doctor has advised before she left, to send certain sutures to their supplier but the supplier had refused to accept them.)</p>
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<p>(d)</p>	<p>A private company was awarded the task of establishing a computer software system for the hospital in 2010 for a contract value of Rs. 24,953,859/-.</p> <p>The said contract with a contract period of 26 weeks was abandoned in 2014 with physical and financial performance being complete by 65 percent and 26 percent respectively. The balance part was given to another company to be completed within 6 months for a contract value of Rs. 8,250,000/- in December 2014. However, it was not completed even by 22nd August 2016 by the new company which is an associate company of the previous contractor and had done work in the first contract also though they were working on it for more than 4 years. The second contract has been delayed by more than one year and it was reported that physical performance was only 90 percent. But there was no term entered in the agreement to charge a late fee and no steps have been taken to get a performance bond also. An advance of Rs. 4,140,000/- being 50 percent of the contract value had been paid without obtaining a performance bond exceeding the limit imposed by chapter 5.4.4(i) of the Procurement Guidance Code</p>	<p>The necessity of a software system for the hospital was discussed on several occasions and with the consultancy of Moratuwa University tenders were called after preparing the required plans. Accordingly, the contract was given to PCHouse and after they have finished about 50% of the work another company was required to be employed as the operations of PCHouse ceased midway.</p> <p>In the circumstances the hospital management decided that it was problematic to call for quotations afresh and to choose a new contractor, the task was entrusted to HBT which was an associate of earlier contractor PCHouse which served up to that time. They have completed more than 75% of the work of establishing the software system. Therefore, this company was given the chance to complete the balance part with the permission of the hospital board of directors. An amount of Rs. 8,250,000/- was approved as the total for the purpose and it was decided to give 50% of it. With the intention of quickly finishing the balance part of the software system it was decided that a period of 6 months was sufficient, but in practice (in fine-tuning with relevant sections) it became a fairly difficult task. Therefore it is true that it could not be completed within the expected time period.</p> <p>However, when paying the said company of the 50% amount that has been paid of the total 10% had been withheld and the balance 50% has not been paid. Although the management has failed to obtain the performance bond in this instance it had been covered when making the payments by retaining 10% of the amount. All software systems that the company has agreed had been supplied by now and the problems which arise when implementing them are being solved. Therefore, entering of conditions to charge late fees has become a problem.</p>																								
<p>(e)</p>	<p>There was a condition to obtain a three year guarantee certificate from the contractor who was given the task of water-proofing the outer wall of new cardiology building of the hospital, but the contractor had been paid an amount of Rs. 2,374,312/- retaining only an amount of Rs. 263,812/- out of the full amount without obtaining the guarantee certificate during the year under review.</p>	<p>Conditions in the quotation documents stated that there has to be a guarantee period of 3 years and the letter offered to the contractor clearly stated that conditions in the quotation documents have to be followed and hence, the contractor is bound for the 3 year period of guarantee. Further, the contractor has later given a letter of guarantee for a period of 3 years and the amount retained will not be released until the period of 3 years is completed.</p>																								
<p>4.5</p>	<p><u>Inactive and under-utilized Assets</u> Following observations are made.</p> <p>A list of the apparatus in various sections of the hospital that cannot be used at the end of the year under review is given below.</p> <table border="1" data-bbox="204 1753 778 2114"> <thead> <tr> <th>Section</th> <th>Asset category</th> <th>Amount</th> <th>Period it remained not being used</th> </tr> </thead> <tbody> <tr> <td>Laboratory</td> <td>laboratory equipment</td> <td>72 units of 55 categories</td> <td>2 to 25</td> </tr> <tr> <td>Health Studies Unit</td> <td>Instruments</td> <td>4 units of 4 categories</td> <td>More than 13</td> </tr> <tr> <td>Blood Bank</td> <td>Instruments</td> <td>2 units</td> <td>More than 1</td> </tr> <tr> <td>Ward No. 02</td> <td>Instruments</td> <td>2 units</td> <td>More than 13</td> </tr> <tr> <td>Medical Records Section</td> <td>Instruments</td> <td>6 units of 2 categories</td> <td>More than 2</td> </tr> </tbody> </table>	Section	Asset category	Amount	Period it remained not being used	Laboratory	laboratory equipment	72 units of 55 categories	2 to 25	Health Studies Unit	Instruments	4 units of 4 categories	More than 13	Blood Bank	Instruments	2 units	More than 1	Ward No. 02	Instruments	2 units	More than 13	Medical Records Section	Instruments	6 units of 2 categories	More than 2	<p><u>Laboratory</u> The instrument "Frozen Microbre" mentioned as No. 52 in Schedule 01 is a misprint and accordingly there are only 55 categories and not 55. 72 units belonging to them are to be removed.</p> <p><u>Health Education Unit</u> All these instruments are functioning but they have become under-utilized as components for some are not available and instruments with higher technical capacity are being used in health studies. These instruments will be removed.</p>
Section	Asset category	Amount	Period it remained not being used																							
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Steps that were taken to minimize the expiry of following items.

1. Monofilament Polypropylene
2. Monofilament Polypropylene 8/0 9mm 60

The use of above surgical equipment used for children's heart surgeries at Sri Jayewardenepura General Hospital became reduced after those surgeries were started at Colombo Children's Hospital. Thereafter when it was informed in January 2015 though permission was granted to send those surgical equipment to the Children's Hospital only 5 dozens from each type were taken.

The rest was not used thereafter and they expired. Therefore, that stock of surgical equipment remained in stores. Documents giving the steps taken about them are attached.

#### Drug Store

Certain drugs are used as life-saving drugs. Therefore, those drugs should be in the stores. E.g Anti Tetanus (Human Immunoglobulin). This is used to treat tetanus. Some drugs are removed stating that they are not suitable for use by circulars. Relevant photocopies are attached herewith.

The retirement of Consultants who used those drugs was also a reason for them becoming expired. E.g. Ampicillin Injection.

Since some drugs were taken from the government drug store it was informed before the drugs became expired and was ready to send them to other hospitals on their instructions but those hospitals also had stocks of drugs expiring on those same dates. Therefore, it could not be done.

Some drugs are used for special patients. Some drugs expired because those special patients did not come. E.g. Fuller's earth.

#### Indoor Dispensary—1

The drug Anti Venom Serum is a life saving drug that must be available in a hospital. The reason being it is used for patients who have been bitten by snakes. In certain periods such patients come one after the other. At other times there is a reduction of such patients. The drug has expired because of this. The drug Dextran 40/ Ringer lactate solution is used for dengue patients. This also being used much or less according to times. E.g. It is used much less during the periods when dengue patients are less.

Pentalamine Injection is a drug given when the blood pressure increases during an operation. This drug reduces the blood pressure. (The operation that uses this drug is the removal of tumours and nodules in adrenal glands. Since such patients did not come during the period the drug has expired.

Dopamine injection is a drug given to patients who have low blood pressure. This drug increases the blood pressure. When this drug is used the pulse rate goes up. As it is dangerous, the drugs Dobodamin and Adrenalin have been used instead. Therefore, this drug has expired.

Some of the above drugs have been taken from the main government stores to the hospital. The internal dispensary informs the drug stores of the hospital some months before the expiry of the drugs so taken and the hospital drug stores informs the main government Drug Stores.

		<p>However, when this drug was sent to several hospitals on the instructions of the main government drug Store they refused take the drug as they had drugs expiring on the same dates. Photocopies of the relevant documents are attached herewith.</p> <p><u>Indoor Dispensary II</u>  Chlorpromizin 50mg tablet/Imipramin/  Phenobarbitone/Trifluoperazine tablet/Haloperidol tab/  Benzhexol 2 mg/Prochlorperazine 5mg.  These drugs are mostly used for mental patients. They are also used for certain nerve related disorders. But such patients have been less during this period. These drugs are available in packs of tablets (1000/500). When small number of tablets are required they cannot be obtained in smaller packs. After these packs are opened they cannot be sent to another hospital or be returned to the drug stores. Nalidixic acid is an anti-biotic drug. This drug is specifically used for stomach ailments and urine related ailments. There has been a considerable drop in the number of patients who needed this drug. Chloroquin 250mg is used in the treatment of Malaria and Arthritis. There was a decrease in the number of patients who needed this drug during the aforesaid period.  Hyoscine butylbromide tab/Promethazine tab is a drug used for regularizing the movement of food in the intestines and to prevent sudden vomiting. The patients who required this drug has been very low during that period.  Dexamethazone 0.5mg/Vit  BO/Carbimazole/Verapamil  This drug is used in the treatment of pressure, thyroxin reduction and specific skin diseases. A reduction in the number of patients who needed this drug has been observed during that period.</p> <p>These drugs have become expired due to doctors having started using new drugs in their stead or the number of patients who needed a particular drug has been less during the period.</p>
(b)	5,553 units of 14 categories of drugs worth Rs. 301,443/- bought from the Medical Supplies Section have failed the test of quality during the past four years including the year under review but no action has been taken even by the end of the year under review to recover that value from the Medical Supplies Section or to get drugs which have passed the test of quality instead.	The Chairman of State Pharmaceuticals Corporation informs by circulars the drugs that have to be removed with the amount and the batch number. Their copies are sent to the director of government Medical Supplies Division also. The stocks that are to be removed are taken by the Medical Supplies Division on pre-arranged dates. They do not reimburse them and therefore, deductions for those will be made when paying for them.
4.7	<u>Management of the Staff</u> Following observations are made.	
(a)	An order has been made at the meeting of the Committee on Public Enterprises on 10th February 2016 that the Ministry of Health, Nutrition and Indigenous Drug should directly involve itself in permanently filling the vacancies in the chief posts of Director, Deputy Director and Accountant of the Hospital but no permanent officers had been appointed for said posts even by 22nd August 2016.	There is no vacancy in the post of Director of the Hospital as the present holder of that office has been appointed by the Secretary to the Ministry of Health on secondment. The officer selected for the post of Deputy Director after calling for applications was a government servant and he was not released from his current post and the situation fell vacant again. A doctor from the hospital is acting in that post at present and she is serving efficiently. Steps are being taken to appoint a suitable officer for the post as the Board of Directors has approved a proposal to change the recruitment procedure.

		A new officer has been appointed for the post of Assistant Accountant II. Applications have been called and interviews had been held for the post of Chief Accountant and an appointment will be made in the future.
(b)	A total of 17 persons, 9 on permanent basis and 8 on contract basis have been appointed for the post of ward clerk by 10th August 2015 despite the number of vacancies for the post of ward clerk/management assistant being 9. The payments made as salaries and over time payments to the 8 officers recruited on contract basis according to the Public Administration Circular No. 25/2014 dated 12th November 2014, without the prior approval of the Management Services Department and without an approved recruitment procedure exceeding the approved cadre, totalled to Rs. 1,771,766/-.	<p>According to the approved cadre of this hospital as at 31.12.2014 the staff of management assistants were 112 and ward clerks were 11. There were 07 ward clerks and 106 management assistants in service by the year 2015. Therefore, there were vacancies for 10 officers.</p> <p>However, when all sections of the hospital became computerized there was a requirement to employ clerks for every section to run the system efficiently. Hence, clerks were needed to be recruited for those sections and some new sections created. Therefore, to fill those vacancies 09 for the permanent staff and 08 on contract basis were chosen for recruitment from the applicants from a competitive examination held for the purpose. Approval for this was obtained at the meeting of the Board of Directors on 06th August 2015.</p> <p>Ward clerks have been recruited with the approval of the Board of Directors of the Hospital due to exigencies of service and that decision has been forwarded to the Management Services Department for approval.</p>
(c)	No consideration has been given for the efficiency bar test and whether one had been successful in the examination in approving salary increments of the staff and the requirement to state it in the salary increment forms had not been identified.	This matter will be thoroughly looked into.
5.	<u>Accountability and good governance</u>	
5.1	<u>Corporate Plan</u> The corporate plan prepared for the period from 2014 to 2018 has not been updated for 2015	It is accepted that the composite plan for the period 2014-2018 has not been updated for 2015. The services of an external advisor is being obtained at the moment in the preparation of the composite plan for the period 2016-2020 after the new management had been appointed.
5.2	<u>Action Plan</u> The following is observed.	
(a)	Estimated values of each contemplated activity has not been entered in the Action Plan.	Complete, correct Action Plans will be prepared in the future including the estimated values of each contemplated activity in the action plan as indicated by the audit.
(b)	No quarterly progress reports have been prepared with copies to the relevant ministry and Public Enterprise Department being submitted so that the amount of money spent according to the budget estimate and progress of achieving expected goals and objectives as indicated by the Corporate Plan and Action Plan can be identified.	The hospital has not taken any steps to prepare performance reports so that progress of achieving expected goals and objectives as indicated by the Corporate Plan and Action Plan can be identified. Action has been taken to prepare the performance reports in keeping with circulars from year 2016 as indicated by the audit and performance reports have already been prepared for the first 2 quarters of the year 2016.
(c)	3 development and construction activities for which Rs. 230 million funds being allocated and included in the action plan prepared for the year under review had not been started even by the end of the year under review.	Steps will be taken to complete the activities included in the prepared action plans according to those plans in the future.

(d)	<p>According to the Corporate plan prepared, the tasks, setting up a dining hall for the doctors, building a laboratory of a high standard for the heart patients, establishing new finance and administration building that were to be implemented in 2014 and 2015 have not been included in the action plan for the year under review. Further more, the tasks, reorganization of the central air conditioning system and improvement of the electricity supply system were not included in the Action plan. Therefore, the action plan has not been prepared in line with the Corporate plan.</p>	<p>It is admitted that the action plan has not been prepared in line with the Corporate plan. The action plan will be prepared in line with the corporate plan in the future.</p>
5.3	<p><u>Procurement Plan</u></p> <p>The amount spent in the year under review for the purchase of 260 items of goods that were not included in the procurement plan for that year was Rs. 95,940,345/-. According to the approved procurement plan 27 units of medical instruments have been purchased exceeding the estimated cost by a range of 91 percent to 2,902 percent. It was observed that the procurement plan has not been used as an efficient management control tool.</p>	<p>The items mentioned in Schedule 3 have not been included in the purchasing plan for 2014 and 2015 due to the purchases that were made based on emergency requirements during the middle of the year. Since emergencies that arise in patient care and other services necessary to maintain the services uninterrupted when running the hospital, purchases have to be made giving priority to the emergency requirements. The main instrument mentioned in the items list is the purchase of CT Scanner. This is an emergency purchase made at a time when the existing machine broke down and the repairs to it were not economically viable. It was necessary to do that at the time for the patient care service.</p> <p>Ministry of Finance has given its approval for the total capital grant for that year according to the Finance Act No. 38 of 1971, but approval has not been granted for each item separately. Therefore, these purchases have been made within the approved limit of the total grant.</p> <p>The price range of medical instruments prevails over a wide range of values. It depends on the country, quality certificates given for the goods and experiments done. Therefore, The exact value cannot be declared until the recommendation is given after calling the tenders.</p> <p>Most estimates are within the value range of tender and it may be more or less of the purchased value.</p>
5.4	<p><u>Budgetary Control</u> Following observations are made.</p>	
(a)	<p>An annual budget including expenses on expected goals to be achieved on the action plan according to section 5.2.1 of Public Enterprise Circular PED/12 dated 02nd June 2003, has not been prepared.</p>	<p>Mistake is admitted. It will be prepared correctly in the future.</p>
(b)	<p>Rs. 34,881,433/- has been allocated for 6 items of expenditure that had not been budgeted for the year under review. Rs. 3,450,000/- allocated for 2 items of expenditure has not been fully utilized.</p>	<p>Mistake is admitted. It will be prepared correctly in the future.</p>
(c)	<p>There were fluctuations in the range of 49 percent to 707 percent between the estimated and actual incomes in 5 items of income and fluctuations in the range of 61 percent to 245 percent between the estimated and actual expenditure in 8 items of expenditure. Thus, the budget has not been used as an efficient management control operator.</p>	<p>Practically the budget does not tally with actual expenditure/income 100% and due to instances of periodical patient care (e.g. dengue) at the hospital the range of fluctuation differs. However, the budget will be used as an efficient management control operator.</p>

5.5	<p><u>Unresolved Chapters in the Audit</u></p> <p>The Chairman of the Hospital Board was ordered at the meeting held on 10th February 2016 to submit the updated composite plan for the next 5 years with a copy to the Auditor General, to the Committee on Public Enterprises, but that order had not been complied with even by 22nd August 2016.</p>	<p>The corporate plan is being prepared with the help of an external consultant on the instructions of the Committee on Public Enterprises and it will be prepared and submitted to the Committee on Public Enterprises as soon as possible.</p>																		
6	<p><u>Systems and Controls</u></p> <p>The Chairman of the Hospital Board has from time to time been informed of the defects in systems and controls observed during the audit. The following fields of control have to be especially looked into.</p> <table border="1" data-bbox="218 667 888 1189"> <thead> <tr> <th data-bbox="218 667 264 790"></th> <th data-bbox="264 667 464 790">Field of System and Control</th> <th data-bbox="464 667 888 790">Observations</th> </tr> </thead> <tbody> <tr> <td data-bbox="218 790 264 853">(a)</td> <td data-bbox="264 790 464 853">Control of Fixed Assets</td> <td data-bbox="464 790 888 853">All fixed assets of the Hospital have not been physically identified, valued and documented.</td> </tr> <tr> <td data-bbox="218 853 264 938">(b)</td> <td data-bbox="264 853 464 938">Stock Control</td> <td data-bbox="464 853 888 938">Stock registers in the stores of drugs and surgical items and other sub-stores have not been updated.</td> </tr> <tr> <td data-bbox="218 938 264 1023">(c)</td> <td data-bbox="264 938 464 1023">Control of Staff</td> <td data-bbox="464 938 888 1023">Regular procedures have not been introduced and approval obtained for in respect of recruitment, promotion, grading and salary scales.</td> </tr> <tr> <td data-bbox="218 1023 264 1086">(d)</td> <td data-bbox="264 1023 464 1086">Control of Contracts</td> <td data-bbox="464 1023 888 1086">Contracts have not been constantly supervised, monitored or inspected.</td> </tr> <tr> <td data-bbox="218 1086 264 1189">(e)</td> <td data-bbox="264 1086 464 1189">Control of Purchases</td> <td data-bbox="464 1086 888 1189">No action has been taken to get the service of the suppliers according to the conditions and purchases have not been made without identifying the requirements.</td> </tr> </tbody> </table>		Field of System and Control	Observations	(a)	Control of Fixed Assets	All fixed assets of the Hospital have not been physically identified, valued and documented.	(b)	Stock Control	Stock registers in the stores of drugs and surgical items and other sub-stores have not been updated.	(c)	Control of Staff	Regular procedures have not been introduced and approval obtained for in respect of recruitment, promotion, grading and salary scales.	(d)	Control of Contracts	Contracts have not been constantly supervised, monitored or inspected.	(e)	Control of Purchases	No action has been taken to get the service of the suppliers according to the conditions and purchases have not been made without identifying the requirements.	<p>a), (b), (c), (d), (e)</p> <p>Steps are being taken at present to take required action with attention being paid to the system and controls mentioned in the report.</p>
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## 6. Future Vision



## 6.1 Expected Medium Term Actions to Improve the performance of the Institute

Objectives	Activities
1. Improvement of infrastructure facilities at the hospital for patients, visitors and the staff	<ul style="list-style-type: none"> <li>i. Construction of a new paying wards complex to improve the paying ward facilities of the Hospital.</li> <li>ii. Construction of a new Nurses' Hostel to provide accommodation for nursing staff of the Hospital.</li> <li>iii. Construction of a new building for the Administration and Finance Sections.</li> <li>iv. Construction of a new building for the maintenance workshop of the Hospital.</li> <li>v. Extension of the OPD Laboratory so that out-patients can have easy access to services.</li> </ul>
2. Encouragement of medical and other experiments at Sri Jayawardenepura General Hospital	<ul style="list-style-type: none"> <li>i. Payment of government approved allowances to doctors who conduct experiments.</li> <li>ii. Improve computer internet facilities at the Hospital Library.</li> </ul>
3. Improvement of the quality of services supplied by the Hospital.	<ul style="list-style-type: none"> <li>i. Inform the public of the services provided by the Hospital, clinics and hospital charges through the inquiry desk and the telephone exchange.</li> <li>ii. Hold lectures and workshops to make the hospital staff aware of being in good communication with the patients.</li> <li>iii. Hold lectures and workshops to improve the team spirit among members of the hospital staff.</li> <li>iv. Establish procedures to supply all medicines and other material required for the patients by the Hospital.</li> <li>v. Improvement of sanitary facilities for the ward patients.</li> <li>vi. Establish a communication system covering the places where patients and visitors remain and broadcast messages about services provided by the hospital and about diseases.</li> </ul>
4. Improvement of welfare facilities for the staff and patients.	<ul style="list-style-type: none"> <li>i. Preparation and implementation of a welfare plan for the patients and the staff.</li> </ul>



## Sri Jayewardenepura General Hospital

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