



Twenty Eighth Annual Scientific Sessions - 2021

“Leading in the 21st Century – Grooming the Next Generation of Competent Health Care Leaders”

The College of Medical Administrators of
Sri Lanka

10th, 11th and 12th December 2021

**The Programme of
Twenty Eighth Annual Scientific Sessions of
The College of Medical Administrators of
Sri Lanka**



**“Leading in the 21st Century – Grooming the Next
Generation of Competent Health Care Leaders”**

10th, 11th and 12th December 2021

**At Sri Lanka Foundation
Independence Square, Colombo-07**

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Message from Hon. Minister of Health

On the occasion of the 28th Annual Scientific Session of the College of Medical Administrators of Sri Lanka, it is my pleasure to give this message at a challenging point in history where there is an ever increasing demand for equitable distribution and high quality healthcare.

While in an era of rapidly advancing technology that is inundating the medical system, Sri Lanka faces many challenges, growing demand, health inequalities, increasing public expectations, an aging workforce, shortage of human resources, budget pressures and the integration of health and social care.

Healthcare Administrators and managers are expected to meet and respond effectively to the above challenges, while handling a lot of responsibilities simultaneously. Many factors impact healthcare institutions and the health system, while they are trying to build a culture of learning, care and compassion. This requires committed leadership in order for this to become a reality.

Healthcare managers are constantly striving to improve the quality and efficiency by using performance management systems and quality improvement initiatives. In order to do this effectively, it will be important to monitor and evaluate performance and thereby create a culture of accountability.

As the critical and pivotal role of medical administrators is at the core of the healthcare system to maintain these high standards, it is very timely that the 2021 theme of the College of Medical Administrators has been chosen to build the capacity and competence of the medical leadership as a lasting asset for this country.

As a professional academic body in Sri Lanka of all medical administrators serving in various levels of institutions throughout the country, such scientific sessions bring all of these managers together to share their knowledge, experience and research findings.

I wish to extend my best wishes and congratulations to the President, College Council and membership of the CMASL on the occasion of the 28th Annual Scientific Sessions and wish this event every success and that the College will grow from strength to strength in its partnership with the Ministry of Health.

Dr. Keheliya Rambukwella
Hon. Minister of Health



Message from Secretary, Ministry of Health

All human beings born to this world are associated with sickness. Human civilization over the globe have attempted in many ways to refrain from sickness as well as combat sickness once it is acquired. Social institutions called “the Doctor” was evolved as a result to carry out all functions in the society in relation to prevention of diseases as well as curing of the diseases, health promotion and rehabilitation. In more developed countries this “Doctor” concept was improved in to the “Hospital” concept. In Sri Lanka we are proud to present to the rest of the world two of our ancient hospitals in the world’s recorded history, “Abayagiri Hospital Complex” and “Alahana Hospital” in Polonnaruwa which had been functioning with many medical and surgical therapeutic regimes.

A clever, competent, creative and balanced Medical Administrator is an essential norm for a productive functioning hospital. Sri Lanka has been able to record its name in many places as far as the health indicators are concerned because of the untiring commitment of many such clever competent medical administrators. In the recent past we have witnessed how some of our medical administrators were able to win international productivity awards by improving the organizational system as well as the quality of care provided by their institutions.

There is no doubt the College of Medical Administrators of Sri Lanka is always behind the success of these medical administrators. The theme selected for this year’s annual sessions also depicts the keenness of the college to improve the capacity of its members in delivering their service. Therefore, as the secretary, Ministry of Health, I expect you to deliver an economically and qualitatively efficient and effective health care for the nation using limited resources.

I wish the annual scientific sessions of the Collage of Medical Administrators all success.

Dr S.H. Munasinghe
Secretary
Ministry of Health



Message from the Director General of Health Services Ministry of Health

It gives me great pleasure in writing this congratulatory message on the 28th Annual Scientific Sessions of the College of Medical Administrators of Sri Lanka, especially because of the very timely theme they have selected for the Annual Scientific Sessions of this year. i.e., a highly competent Medical Administrator to face the challenges in the 21st century.

To become highly competent, it is a must to be rich in thorough knowledge, good attitude, and skillful practice. Furthermore, to extract the spirit of knowledge from the tutor, the administrator should comprise the ability of learning, which is one of the most important qualities of a leader as well.

The College of Medical Administrators as the responsible organization of training future leaders contributes to an admirable service in the field of health care. As the Director General of Health Services, I would like to express my sincere gratitude to all medical administrators who coordinate the MSc and MD courses in the medical administration field, deliver lectures, supervise researches and provide further guidance despite their busy schedules as commanders of other authorities. We will be able to fill all medical administration posts with well-qualified and competent medical administrators in a few years of time due to your invaluable effort.

The newest tendency in world health is recognizing the importance of primary health care in managing newly emerging problems including alarming pandemics, which is a timely eye-opener of health managers. The ongoing primary care reorganizing programme in the country will be a guide to establishing a quality, comprehensive, equitable, patient-centered health care delivery system all over the country, minimizing financial hardship to receivers in the future. The contribution of Medical Administrators is essential for the success of this primary health care strengthening programme, which is the main strategic event of achieving Universal health coverage in the near future.

The great barrier we had earlier in providing knowledge to the periphery was the inability of our health staff to come to the capital. However, I trust that virtual training programmes organized by the CMASL, under the competent leadership of the president Dr.Saman Rathnayake and the academic committee will address this capacity gap. I also appreciate the hard work done by college members regarding this national endeavor. I hope this Annual Scientific Session will also be a strength and exemplary event for young administrators to follow the traditions for a better future in the field.

Finally, I would like to wish the 28th Annual Scientific Sessions of CMASL all the success.

Dr. Asela Gunawardena
Director General of Health Services,
Ministry of Health.



Message from the President of the College of Medical Administrators of Sri Lanka

I am delighted and honored to be the President of the College of Medical Administrators of Sri Lanka (CMASL) for the year 2021. It is my great pleasure to send a message to all our resource personnel, delegates and honorable invitees at the 28th Annual Scientific Sessions of CMASL.

At a time when the whole world is in the dark due to the Covid-19 epidemic, new opportunities have been created to show the experience, talents & skills of medical administrators to cope up with the emerging challenges along with other healthcare specialties. Therefore, the present healthcare administrators need to develop advanced analytical, managerial and dynamic thinking skills to maintain the health services as a public service in Sri Lanka. Increasing patient expectations for good in healthcare services under rapidly growing cost of healthcare technology, has doubled the burden to determine the breakeven point for a welfare health system. Resolution of conflicts when managing a staff of more than hundred different categories is also a challenge to maintain consistency of services.

This year too we have carefully lined up the programme for the Annual Scientific Sessions to cover up every possible aspect of the healthcare management. It is indeed an exciting programme which everybody eagerly looks forward to. There is also a dedicated time for delegates to meet the experts and discuss the issues related to any kind of sub-specialised and complex management issues and future collaborations.

I warmly welcome all the distinguished senior health administrators and scientists to share their invaluable experience with us at this 28th Annual Scientific Sessions of CMASL

I must thank the Chief Guest of the inauguration ceremony of the event, Hon. Dr Keheliya Rambukwella, Minister of Health and the other two guests of honor Hon. Prof. Channa Jayasumana, State Minister of Production, Supply and Regulation of Pharmaceuticals and Hon. Dr Sudarshini Fernandupulle, State Minister of Primary Health Care, Epidemics and COVID Disease Control, for your participation to make the event most successful.

I take this opportunity to thank all the resource persons, chair persons, sponsors, conference coordinators, academic chairperson, the council of the CMASL, office assistants and others for their tireless efforts to make this event a success even under tough conditions of maintaining Covid-19 guidelines.

Dr R.M. Saman Kusumsiri Ratnayake
President
The College of Medical Administrators of Sri Lanka

THE COLLEGE OF MEDICAL ADMINISTRATORS OF SRI LANKA EXECUTIVE COUNCIL - 2021



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Agenda of the 28th Annual Scientific Sessions

Day – 1, 10th December 2021

Pre-Congress Session – Bio Pharmaceuticals

Time	Sub Item
9.50.am-12.30 noon	Introduction to Bio-pharmaceuticals. Mr. Ravi Samaraweera, Country Business Manager, Roche Biotech Division A. Baur & Co. (Pvt.) Ltd.
	Advancement in Therapeutic outcome of cancer patients with Bio Pharmaceuticals Dr. Nuradh Joseph, Consultant Clinical Oncologist, Teaching Hospital Batticaloa
	Tea Break
	Panel discussion on challenges encountered with bio similar. Professor Rohini Fernandopulle, Professor of Pharmacology, Kothalawala Defense University Mr. Chula Edirisinghe, Consultant, Former Regulatory Pharmacist at NMRA. Mr. Gopi Krishantha De Silva , Senior Regulatory Pharmacist, Pharmacovigilance division, NMRA
	Question & Answer
12.30pm - 1.30 pm	Lunch
Inauguration of the 28th Annual Scientific Session of CMASL	
6.00 pm	Guests take their seats
6.20 pm	Ceremonial Procession
6.25 pm	National Anthem and Traditional Lighting of the Oil Lamp
6.30 pm	Welcome Address by Dr R.M.S.K Rathnayake President, College of Medical Administrators of Sri Lanka
6.45 pm	Awarding of Fellowships
7.30 pm	Address by the Guest of Honour Hon. Prof: Channa Jayasumana The State Minister of Prouction, Supply and Regulation of Pharmaceuticals
7.45 pm	Address by the Guest of Honour Hon. Dr (Mrs) Sudarshini Fernandopulle The State Minister of Primary Care Services, Pandemics and COVID Prevention
8.00 pm	Address by the Chief Guest Hon. Dr. Keheliya Rambukwella, Minister of Health
8.20 pm	Vote of Thanks by Dr Alan Ludowyke Secretary, College of Medical Administrators of Sri Lanka
8.30 pm	Ceremonial Procession Leaves
8.35 pm	Cocktails

Agenda of the 28th Annual Scientific Sessions
Day – 2, 11th December 2021

Symposium - 1		
Developing a highly competent medical administrator to face the challenges in 21st Century.		
Chairperson	Dr. R.M.S.K. Ratnayake President, CMASL and State Secretary - Ministry of Pharmaceutical Production, Distribution and Regulation	
8:00 am to 11:00 am	1) Professional Development	Dr. S.M. Samarage Past DDG/ Planning, Past President CMASL
	2) Soft Skill Development	Mr. Yasas Hewage Entrepreneur, Marketer , Sales Coach & Ex- Banker
	3) Social Welfare and Dignity	Dr. Wimal Jayantha Past DDG/Planning, Past President CMASL
Tea Break		
11:00 am to 13.00 pm	Dr. Malinga Fernando Memorial Oration "Human Resources for Health - Story of Sri Lanka"	Dr. Sunil De Alwis Additional Secretary(<i>Medical Services</i>) Ministry of Health
13.00 pm to 13.30 pm Lunch and Poster Presentation		
	Poster Presentation 1/21 Project to strengthen quality and safety measures in healthcare institutions in Kegalle district.	Chairperson Dr. Chandana Gajanayake Co-Chair Dr. Anil Samaranayake Judge panel Dr. Lucian Jayasuriya Dr. Susantha De Silva Dr. S. Sridharan
	Poster Presentation 2/21 Responsiveness of Public Sector Maternity Hospitals in Colombo District with reference to Antenatal Care Services	
	Poster Presentation 3/21 Adverse Effects Following Immunization With Covishield (Chadox1 Ncov-19 Vaccine) Vaccination At The Teaching Hospital, Peradeniya, Sri Lanka	
	Poster Presentation 4/21 An analysis of the COVID-19 deaths occurred during the pandemic at the Apex Referral Centre of Sri Lanka: The National Institute of Infectious Diseases (NIID)	

	Poster Presentation 5/21 Clinical Audit on Leptospirosis Management in Base Hospital, Balangoda.	
	Poster Presentation 6/21 Patient Experience, Engagement And Practices In Orthopaedic Clinic Patients In Disteict General Hospital And Ayurvedic Hospital In Kegalle District.	
1.30 pm to 4.00 pm	Free Papers session - 1	
	Oral Presentation 1/21 Analysis Of Private Sector Regulatory Frame Work In Sri Lanka.	Chairperson Dr. Samiddhi Samarakoon Co-chair Dr. Dammka Jayalath Judge panel Dr. Lucian Jayasuriya Dr. Susantha De Silva Dr. S. Sridharan
	Oral presentatoin 2/21 An Evaluation to improve Disaster Preparedness Among Selected Government Hospitals in a Province of Sri Lanka.	
	Oral Presentation 03/21 A Project to Improve the Effectiveness of Management of Vehicles at Regional Director of Health Service(RDHS), Hambantota.	
	Oral Presentation 4/21 An assessment of issues related to Establishment Branch Process Assessment System in the Ministry of Health Sri Lanka.	
	Oral Presentation 05/21 Moral Distress among Medical Officers in Selected Healthcare Institutions in Sri Lanka.	
	Oral Presentation 11/21 Sustainable Generation of a COVID-19 Daily Report of Provincial Directorate of Health Services of Western Province.	

Agenda of the 28th Annual Scientific Sessions
Day – 3, 12th December 2021

Symposium - 2		
CKDu Disease Burden, Economic Implication and the Way forward.		
Chairperson	Professor Kamani Wanigasuriya,	
9.00 am to 10.30 am	1) CKDu Burden in NCP	Dr. N.C.D. Ariyaratnna RDHS Anuradhapura
	2) Current Public health Strategy and Economic Implications	Dr. Palitha Kumarawana RDHS Polonnaruwa
	3) Recent advances on environmental nephrotoxins and their bioaccumulation	Dr. Ananda Jayalal DDG Dental Services
Tea Break		
10.30 pm to 13.00 pm	Poster Presentation	
	Poster Presentation 6/21 “Quenching the thirst for oxygen”: Strategies to counteract the unprecedented demand for therapeutic oxygen in the COVID-19 pandemic: Experience from the National Referral Centre of Sri Lanka	Chairperson Judge panel Dr. Lucian Jayasooriya Dr. Susantha De Silva Dr. S. Sridharan
	Poster Presentation 7/21 Reported Covid 19 Deaths In the Kandy District and their associated Characteristics according to Notifications.	
	Poster Presentation 8/21 A Mobile Phone Survey on Perceptions and Practices on Prevention & Control of Covid-19, during Covid-19 Pandemic in Sri Lanka	
	Poster Presentation 9/21 Establishment of a Hospital Information Updating System to augment hospital readiness for the third wave of COVID-19 in Sri Lanka.	
	Poster Presentation 10/21 Implementation of the national partogram for safe maternal and new born care at Base Hospital Udugama.	
12.30 pm to 13.15 pm	Lunch Break	

13.15 pm to 13.30 pm	Presentation "Hemas; Partnering to deliver healthcare excellence"	Mr. Jude Fernando Managing Director, Hemas Pharmaceuticals (Pvt) Ltd.
Symposium - 3		
Symposium on "Strengthening health systems to accelerate delivery of NCD services at the primary health care level"		
Chairpersons	Dr. Champika Wickramasinghe (Acting Add. Sec and DDG. NCD) Dr. P. Athapattu (Director, Primary care)	
13.30 pm - 15.00pm	1) Patient centered integrated care: the path to achieve Universal Health Coverage	Dr. Gampo Dorji, WHO Regional Office
	2) Strengthening NCD prevention and control at primary care level	Dr. Vindya Kumarapeli, Director NCD
	3) Strengthening NCD prevention and control through the Primary healthcare System Strengthening	Dr. Jayasundara Bandara, Project Director, PSSP
	4) Project Designing a Shared Care Cluster Model to Strengthen Primary Care Services for NCDs	Dr. Prasad Jayasundara, Registrar in Medical Administration
	5) Challenges and way forward in primary healthcare strengthening in relation to NCD prevention and control - Panel discussion	All
19.30 On wards	Annual Dinner At SLF	

Abstract Review Committee

Dr S.A.P Gnanissara

Dr Sanath Goonesekara

Dr Sarath Samarage

Dr Neelamani Hewageegana

Dr Priyantha Athapattu

Panel of Judges for Oral Presentations and Poster Presentations

Dr. Lucian Jayasuriya

Dr. Susantha De Silva

Dr. S. Sridharan



Abstracts of Oral Presentations

Free Paper Session – 1



Oral Presentation 01

An analysis of Private Sector Regulatory System in Sri Lanka.

Dr. Alahapperuma D

Introduction:

Sri Lanka has incorporated a universal health care system that extends free health care to all citizens. Income escalation, demands for modern health care have created a need for private health services.

Accessibility, efficiency, welcoming nature of the staff and extraordinary physical quality in the private sector has drawn an enormous attraction of the public towards it. (Samarage 2018)

Illegal practices, high charge for investigations and treatments, involvement of unqualified health care workers were the main deficiencies identified in it. (Amarasinghe et al).

Objective:

To analyze the private health sector regulatory system in Sri Lanka.

Methodology:

A descriptive cross sectional study was conducted using secondary data at the Directorate of private health sector development in the Ministry of Health and Private Health Services Regulatory Council (PHSRC). Annual reports and records of PHSRC, publications of Ministry of Health, key informant interviews and focus group discussions were used to gather information. Qualitative and quantitative methods were utilized.

Result:

None of the sub committees have reached the expected targets. A significant number of Private Medical Institutions were registered in PHSRC during last 15 years after the establishment of PHSRC. 95% of the private hospitals and Nursing Homes got registered. The percentage registered by half time private medical practitioners including dental clinics are significantly low (<5%).

Conclusions and recommendations:

- Details of private medical institutions should be maintained at Medical Officer of Health level which should be under the supervision of the Regional Director of Health Services.
- Establishing separate councils in all types of private health services under the control of one main regulatory body.
- Ensure the minimum expected standards with accreditation mechanism.

Key words: PHSRC, Sri Lanka, Private Medical Institution



Oral Presentation 02

An Evaluation to improve Disaster Preparedness among selected Government Hospitals in Southern Province of Sri Lanka.

Dr. Amarasinghe P. V. N. P, Dr. Weerasinghe M. C, Dr. Jasinghe A

Introduction:

Disaster preparedness among hospitals is challenging due to the lack of infrastructure, climate change and disaster proneness. These problems can be resolved with proper intervention with mapping of the capacity and vulnerability.

Objectives:

To assess the knowledge, perception and practices of disaster preparedness of hospital technical staff in Southern province of Sri Lanka and utilization of Safe Hospital Index to improve structured, non-structured and functional aspects in these hospitals.

Methodology:

A pre- and post-experimental design research study was conducted among 762 technical staff members including doctors, nurses and paramedics in the curative sector in Southern province. All technical staff in these hospitals were considered as the study population and no sampling method was employed. A self-administered questionnaire was used to collect the data using checklists and conducting workshops. Structural, non-structural and functional aspects of hospital disaster preparedness were assessed with the safe hospital checklist. Safe hospital index was calculated for each hospital. A traffic lights colour code based disaster surveillance system was designed with checklists.

Results:

The results indicated that most of the study participants have experienced floods as the disaster both at the workplace (96%) and residence (92%). Most of the study participants have experienced disasters in both workplace (58.3%) and residence (63.6%). Majority (64.3%) of them had reported for duties during disasters.

The overall knowledge of disaster preparedness was poor ((97.4%). The overall perception was negative (98.7%). Overall practices were poor. Safe hospital index for hospitals was in low category.

Conclusion:

This research has revealed poor general knowledge, practices and negative perception regarding disaster preparedness while improvements can be achieved through an intervention. Application of Safe Hospital Index can further improve the Hospital Disaster Preparedness.

Keywords: Disaster Preparedness, Knowledge, Perception, Practices



Oral Presentation 03

A Project to Improve the Effectiveness of Management of Vehicles under Regional Director of Health Service, Hambantota.

Dr. Chamal Sanjeewa GG, Dr. Samarage Sarath

Introduction:

Transport plays a critical role in the effective and efficient delivery of health care. It enables people to access services and health workers to reach communities.

Objectives:

Identify the gaps in the current vehicle management, maintenance and operating system in order to improve the effectiveness of management of vehicles.

Methodology:

This quasi experimental study was carried out in three stages. The pre intervention phase aimed at identifying the existing situation and gaps in the vehicle management system, using both qualitative and quantitative techniques.

In the second phase of study, digital platform created through establishing a data base for the transport section of RDHS Hambantota, helped in the maintenance, management and operations of the vehicles. It consisted of different -sections for vehicle profiles, monitoring, managing preventive maintenance and inventory, identifying and analyzing high cost vehicles, developing reports for regular complaints and monitor vehicles used.

Results:

It was revealed that inadequate staff training regarding proper fleet management, lack of technical knowledge of drivers, absence of preventive maintenance schedule and poorly managed vehicle inventory system led to inefficient in vehicle management at RDHS Hambantota.

Post interventional qualitative results indicated that the availability of the online and offline digital platform for vehicle management improved the transport related processes, streamlined the vehicle management operations and maintenance improved the accountability of the relevant officers and their decision making process.

It is evident that after the interventional phase, significance test statistics reveal that the average time for documentation process at RDHS improved from 16.52 days to 3.56 days at $p < 0.0001$ level. Vehicle availability increased from 62% to 81%, utilization improved from 68 % to 76% and performance improved from 69 % to 84% at RDHS Hambantota.

Conclusion and Recommendation:

It is concluded that the implementation of the multifaceted and package of interventions implemented in this project was effective in improving the vehicle management at RDHS. It is recommended to improve the online system further by adopting the experience gained throughout the intervention phase and expand the project to the other healthcare institutions.

Key Words:

Fleet Management Information System, Inventory Management System, Key vehicle performance Indicators



Oral Presentation 04

An assessment of issues related to Establishment Branch Process Assessment System in the Ministry of Health Sri Lanka.

Dr. Wanninayake I, Dr. Ranasinghe H.

Introduction:

Medical officers belong to all island service and their administrative functions are done by Establishment Code (EC) branch of the Ministry of Health. Establishment Branch Process Assessment System (ECPAS), a file tracking mechanism was developed and launched for improving efficacy of administrative process of medical officers in (EC) branch.

Objective:

To assess issues related to Establishment Branch Process Assessment System with a view to improve the process.

Methodology:

A descriptive study based on qualitative techniques. Key informant interviews were conducted with higher officials, middle level officers and academics of Ministry of Health.

Discussion:

ECPAS is a web-based computer software solution to initiate and track administrative processes of the EC Branch. The ECPAS was able to capture initiation and follow up of all identified processes in the EC Branch with necessary feedback mechanism to update the medical officers and ministry officials. This ECPAS has provided the information required to monitor processes, measure process performance, and make decisions to optimize processes or evaluate alternatives.

Secretary health has issued a Circular no. 02-141/2018 of 04/06/2018 for running the ECPAS. Further, user training has been conducted by the Ministry of Health. Though all physical facilities were provided, Management assistants are refusing to run the system claiming lack of facilities. Health assistants are doing their part of the process and are willing to do further.

Conclusion:

ECPAS is an efficient system and is not time consuming. It is only a file monitoring and evaluating system and not a fault-finding system. Negative attitudes of the staff lead to a non-functioning ECPAS system.

Recommendation:

Re-engineering of all processes of EC branch and conducting motivation programmes to staff are recommended.

Key words: Establishment Branch Process Assessment System, File Tracking



Oral Presentation 05

Moral Distress among Medical Officers in Selected Healthcare Institutions in Sri Lanka.

Dr. Jayalath MP, Dr. Rajab TSRTR, Dr. Ranasinghe WACC, Dr. Kumari MK

Introduction:

Moral distress was first defined as a phenomenon that occurred when nurses cannot carry out what they believe to be ethically appropriate actions because of various constraints. Now it has been discovered that other healthcare professionals also undergo moral distress.

Objective:

To assess the level (frequency and intensity) of moral distress among medical officers in selected government health care institutions in Sri Lanka.

Methodology:

A multi-centred descriptive cross-sectional study was carried out among 156 medical officers in 04 selected government healthcare institutions in Sri Lanka using a validated pretested self-administered questionnaire.

Results:

“Carry out medical orders for what I consider to be unnecessary tests and treatment” was the most frequently encountered moral distress situation as declared by the majority (69.2%, n=108) of participants. Similarly, it was the situation that has caused the highest intensity of moral distress as declared by 64.5% (n=100) of participants.

There was a significant association (CI= 95%, $p < 0.05$) between average working hours per week and frequency of moral distress with a p-value of 0.001. Work setting ($p=0.019$), average working hours per week ($p=0.001$) and highest educational qualification ($p=0.034$) had a significant association with the intensity of moral distress.

Discussion:

In Sri Lanka, most of the medical tests and advanced treatment are provided free of charge resulting in consultants ordering extensive tests and treatment for patients. But, it is the Grade Medical Officers who must carry out these requests, in reality, experience a high level of moral distress.

Conclusions:

The frequency and intensity of moral distress were significantly associated with average working hours per week. The intensity of moral distress was significantly associated with the highest educational qualification and work setting.

Recommendations:

It is recommended to train medical officers to cope up with moral distress.

Keywords:

Moral distress, intensity, frequency



Oral Presentation 11/21

Sustainable Generation of a COVID-19 Daily Report of Provincial Directorate of Health Services of Western Province.

Dr. Jayalath D, Dr. Perera ECH, Dr. Shanaz MTQF, Dr. Mahesh PKB

Introduction:

From the beginning of the COVID-19 pandemic, Western Province has encountered the highest number of cases per province. There were various ways of COVID-19 related data flowing within the Provincial Directorate of Health Services (PDHS), from the ground level health services. Yet a summarized report was not available until May 2021.

Objective:

To establish a mechanism of generating a timely COVID-19 daily report for the Western Provincial PDHS area.

Methodology:

An expert panel was assigned to analyze the data flow dynamics and to design a sustainable methodology in generating a daily report. The panel drafted a template. Discussions were held with the Colombo, Gampaha and Kalutara Regional Director of Health Services (RDHS) teams, in order to streamline the data flow in generating this. A team was assigned within the PDHS office to verify the data submitted by the district teams. The final output is being sent to the PDHS of the Western Province and through her, being disseminated to all related stake holders.

Results:

The template given by the expert panel included the components : seven day rolling average graph, latest rolling average map, distribution of cases, details of testing, bed capacity, vaccination summary, lockdown areas whenever applicable, special issues/problems and the plan for the following day. Under the developed methodology, the respective focal points of each RDHS office send the data they gathered from their respective MOH offices. Data verifications are being done using multiple sources. This daily report has been produced from the PDHS office continuously from May 2021. The selected components of the report are being uploaded to the PDHS website.

Conclusion and Recommendation:

The methodology followed in the generation of the daily report from the PDS area Western Province was proven to be sustainable and it enabled the dissemination of data for action and public awareness.



Abstracts of Oral Presentations

Free Paper Session – 2



Oral Presentation 06

“Quenching the thirst for oxygen”: Strategies to counteract the unprecedented demand for therapeutic oxygen in the COVID-19 pandemic: Experience from the National Referral Centre of Sri Lanka

Dr. Attanayake H, Dr. Anuadha S, Dr. Samad A, Dr. Sooriarchchi C, Dr. Udugamakorala G, Dr. Kumarage Y, Dr. Peramuna C, Dr. Karunartne M.

Introduction:

National Institute of Infectious Diseases (NIID) is the National Referral Centre for COVID-19 in Sri Lanka. With the emergence of the *delta* variant of the SARS Cov-2 during the third wave in Sri Lanka, NIID faced an unprecedented demand for oxygen for patients with severe respiratory distress. Approximately 5 jumbo cylinders had to be replaced every 2 ½ hours in the Preliminary Care Unit per say which exerted a huge strain on the hospital resources.

Objective:

To describe the strategies adopted by NIID to counteract the unprecedented demand for oxygen during the third wave of the COVID-19 pandemic.

Methodology:

This was a descriptive case study. The study period was from 01.07.2021 up to 31.08.2021. Data was collected by examining Hospital Records and Key Informant Interviews.

Results:

Between 23% -34% patients of the mid night census required oxygen on a daily basis. The requirement per patient ranged from 2 L/min up to 60 L/min. Weekly consumption of jumbo oxygen cylinders in the hospital escalated from 9 to 328.

Following strategies were adopted to counteract the demand.

A wall oxygen system availing 136 outlets (68% of bed strength) was installed. A 4000 L liquid Oxygen tank and two separate Oxygen manifolds circuiting 18 jumbo cylinders were used as reservoirs.

Discussion:

As both the patient number and requirement for oxygen were escalating, it was not feasible to manage merely with jumbo cylinders. Following this intervention the strain on the hospital resources declined to a manageable level. The installation of three reservoirs improved the resilience of the system fluctuating the diversified delays occurring in supply chains.

Conclusions:

Strategic intervention could counteract the increased demand for oxygen in a hospital set up during the COVID-19 pandemic.



Oral Presentation 07

Reported Covid 19 deaths in the Kandy District and their associated characteristics According to Notifications.

Dr. Batawala C.P, Dr. Iddamalgoda V.L, Dr. Jayasinghe P.P.

Introduction:

From January 2020 to October 2021, 2.4 % of the Sri Lankan population was identified as victims of Covid 19 pandemic. Although it was possible to achieve a successful vaccination coverage by using minimum resources, it has become a timely need to review mortality patterns of Covid 19 infection in order to plan future disease control measures.

Objectives:

To describe selected characteristics of Covid 19 deaths reported in Kandy district according to their notifications.

Methods:

A descriptive analysis was conducted by using 934 notification forms of Covid 19 deaths in Kandy district. Mortality patterns were calculated with relevance to sociodemographic variables, time of occurrence and the vaccination status. Data collected regarding death notifications and the vaccination status were analysed. Frequencies and percentages were calculated with relevance to selected parameters.

Results:

Mean age of deaths was 68.7 years (SD=14.4). Significant majority of the deaths were reported among patients above 60 years (N=726: 77.7%). Only 5.6% (n=53) of deaths were reported among patients below 50 years of age. A distinct male predominance was identified among reported deaths. Significant majority represented the Sinhala ethnicity (n=628:67.2%). From the Total number of deaths reported in the district 21.4% (n=200) were reported before commencement of the immunization programme. 30.4% (n=289) of the deaths were reported during the period of immunization. During the first 4 weeks after achieving 80% coverage of the first dose of vaccination, 248 (26.6%) deaths were reported and during the second 4 weeks 195(20.9%) deaths were reported. Among the 101 deaths which were reported after achieving a coverage of 80% of the population, only 32(31.6%) death notifications clearly demonstrated vaccination status of the dead patients.

Conclusions and recommendations:

It is possible to reduce the number of deaths with a single dose of vaccination. Deficiencies in quality of reporting deaths were identified and a supervisory attention should be focussed on this subject.



Oral Presentation 08

A Mobile Phone Survey on Perceptions and Practices on Prevention & Control of Covid-19, during Covid-19 Pandemic in Sri Lanka.

Dr. Wickramasinghe SC, Dr. Perera UE, Dr. Wijesinghe P, Dr. Kumarapeli V,
Dr. Abeygunathilaka DN

Introduction:

During COVID 19 epidemic many preventive and control strategies were employed. A mobile phone survey was carried out in Sri Lanka during April - May 2021.

Objective:

To assess the practices and perceptions on Covid 19 safety measures, diagnostic facilities and vaccine acceptability among mobile phone users during the Covid 19 outbreak in Sri Lanka

Methodology:

A cross-sectional study covering Sri Lankans with access to a mobile phone and are 18 years of age or older was carried out. A questionnaire in three languages was administered using Interactive voice response (IVR) technology.

Two phased sampling was carried out and the sample was allocated proportionally to the mobile network market share in Sri Lanka.

Results and discussion:

The number of people completing the interview was 4,731 consisting of 3074 (65%) males and 1657(35%) females.

Public places were avoided by 3576(75.6%); public transportation avoided by 3259(68.9%); and social contact was avoided by 4243(89.7%). When out in public places, 2119(44.8%) always stayed at least one meter away from others; 4371(92.4%) reported always wearing a face mask and out of them, 4099 (93.8%) covered their nose and mouth while masking.

Most respondents 4499(95.1%) on their own did not try to get a COVID test but 2796(59.6%) thought they could get a test if needed. However, 473(10%) reported being tested for COVID-19 (331; 70% by a PCR test) through community or contact screening programmes. Among those tested, 41(8.6%) were diagnosed positive. 25(60.5%) of those diagnosed have received treatment for COVID-19.

3108(65.7%) reported that they definitely or probably would get the vaccination. Most 2713 (87.3%) would prefer to receive the vaccination from the government sector. Among those who would not get the vaccination (1623), 597(36.8%) were deciding to wait; 498(30.7%) thought it was not safe; 217(13.4%) did not believe in vaccination; 159(9.8%) did not think it was effective; 152(9.4%) did not think they would get sick with COVID-19.

Conclusions:

Most people had positive attitudes and correct practices towards safety measures and most were willing to take the vaccination. A message on getting any type of vaccine without waiting, must be widely spread among the population.



Oral Presentation 09

Establishment of a Hospital Information Updating System to augment hospital readiness for the third wave of COVID-19 in Sri Lanka.

Dr. Fernando GHS, Dr. Gunasena BAHM, Dr. Yapa Bandara AS, Dr. Lal Panapitiya.

Introduction:

Timely availability of quality health information is essential to curtail any outbreak of infectious diseases. It is very essential to have regular monitoring systems to monitor the COVID 19 situation in the hospitals. However, there is no comprehensive system at the Ministry of Health to collect COVID 19 information.

Objective:

To collect updated health information regularly through a web based system in order to assess the readiness to face COVID 19 in 3rd wave.

Methodology:

A comprehensive web-based "Hospital Information Upgrading System (HIUS)" was developed and launched on 25th May 2021. Separate user name and pass word was given to each hospital and instructed them to update the information daily by a designated focal point.

Result:

Almost all COVID 19 symptomatic patients were managed at secondary and tertiary care hospitals. All those 130 hospitals updated their information regularly to the system. The system provides information on number of allocated beds for COVID 19 patients including HDUs and ICUs and the number of COVID 19 patients occupying them. Also, it gives the number of oxygen dependent patients in hospitals. In addition, the system provides the number of available and required medical equipment essential for oxygen therapy.

Discussion:

The system provides the actual number of free beds available in the hospitals to treat COVID 19 patients, up to date. It is a very good indicator to assess the readiness to face current threat of COVID 19. The information on Oxygen dependent patient is an essential indicator to maintain the oxygen stock in the country. Nationally, the information in this system will be a good indicator to decide the period of lockdown to minimize spread of the disease. The information on medical equipment is very helpful to Biomedical Engineering unit to decide on purchasing of new equipment.

Conclusions and recommendations:

The HIUS is successfully implemented in order to collect information relevant to COVID 19. The information generated by the system is used by higher level committees to take decisions to control COVID 19. It is recommended to upgrade the system to collect laboratory and patient information of those who are being treated at ICCs and Integrated Home Base.



Oral Presentation 10

Implementation of the national Partogram for safe maternal and new born care at Base Hospital Udugama.

Dr. Fernando GHS, Dr. Jayalath NVJS, Dr. Somarathna D.H.L.W, Dr. Kumari DHLWP, Dr. Pathirana PPAP, Dr. Senewirathna AAS.

Introduction:

Approximately 810 pregnant women die every day from preventable causes in the world while 6700 newborns die every day. According to WHO report 2 million babies are stillborn every year and more than 40% occurring during labour. However, majority of these could be prevented with prompt detection and management of complications by a skilled health care team. It was noticed that, the number of Lower Segment Caesarean Sections (LSCS) increased and transfers to TH Mahamodara were high from BH.Udugama for elective LSCS. Statistics showed that underlying maternal and new born complications were reported during labour. National partogram is a tool which is used for the early detection of abnormal progress of labour with underlying maternal fetal complications.

Objective:

To prevent maternal and new born complications during labour by implementing the national partogram.

Methodology:

Agreed changes were implemented following audit on proper use and maintenance of National partogram. Post audits were conducted once in three months to see the outcome of the project. In order to improve the compliance on National partogram, Quality management unit conducted an education and awareness program on the partogram for all staff of Gynecology and Obstetrics unit. Regular supervision and monitoring were continued in order to maintain the sustainability.

Results:

The audit showed that partograms were not maintained properly. Almost all the forms were incomplete. The findings of the partograms were not compatible with the progress of the labour and delivery. The main reasons for the problems were lack of updated knowledge regarding recording and interpretation of partogram and lack of coordination, attention & poor communication and inadequate supervision. The audit result after 6 months showed that partogram completeness improved up to 100% and Transfer rate was reduced from 26.7% to 6.3% to TH Mahamodara for elective LSCS.

Conclusions and recommendation:

Labour related maternal and new born complications can be reduced through implementing proper maintenance of National partogram. Regular auditing, monitoring and evaluation must be carried out on maintenance of partogram in Hospital setting in order to prevent maternal and newborn complications during the labour process.



Abstracts of Poster Presentations



Poster Presentation 01

Project to strengthen quality and safety measures in healthcare institutions in Kegalle district.

Dr. Premadasa N, Dr. Wickramasingha P, Dr. Buddhadasa S.B.

Background:

Sri Lanka provides healthcare to all its citizens free of charge irrespective of their status, income, or geographic location. However, there are gaps in providing quality and safe health care at the point of delivery that is related to the structure, process, and outcome of the health system.

There are 58 healthcare institutions in the Kegalle district under the governance of RDHS office Kegalle. 3 Million rupees were funded by the World Bank to improve quality and safety in health care settings.

Objective:

To strengthen health care quality and patient safety measures in healthcare institutions in Kegalle district

Method:

This project was conducted from October 15th to December 31 of 2020. A situational analysis was done to collect individual institutional requirements by interviewing the heads of the institutions regarding quality and patient safety practices in their respective institution. All institutional requirements were summarized. 51 institutions were selected within the set framework of selection according to the guidelines and instructions defined over the project. The budget was fractionalized according to the category of the institution. Quality improvement activities were monitored by the district Quality Management Unit. Institutions were informed to send a Summary Report of their activities to evaluate the project. Sabaragamuwa provincial audit team completed the auditing of this project.

Results:

Hospital's quality and safety improvements were summarized before and after the intervention. Fund utility percentage by all institutions was 68.9% and highest by Divisional hospital type -A (100%) while lowest was by MOHs (44.9%).

Discussion:

5S and kaizen activities were conducted irrespective of the category the institutions within limited budget and timeframe.

Conclusion:

The majority of the institutions improved quality and safety measures by using allocated funds

Recommendation:

Continuous monitoring and evaluation at RDHS level should be done to further improvement of Quality and patient safety programme in the district



Poster Presentation 02

Responsiveness of Public Sector Maternity Hospitals in Colombo District with reference to Antenatal Care Services.

Dr Epa W.K.M

Introduction:

Responsiveness is one of the most important healthcare system outcome indicators related to maternal health service delivery. Responsiveness refers to how the healthcare system responds to the legitimate expectations of the individuals, in relation to the eight domains included in the non-healthcare enhancing aspects of the system.

Objective:

To assess the Responsiveness of antenatal care services provided by public sector maternity hospitals in the Colombo District.

Methodology:

A cross sectional study was carried out in antenatal clinics of the De Soysa Hospital for Women (DSHW) and Castle Street Hospital for Women (CSHW) from 1st of November 2018 to 15th of October 2019 using the systematic random sampling technique. The number of study units from DSHW and CSHW was calculated as 171 and 256 respectively. A pre-tested interviewer administered questionnaire developed by the Principal Investigator was administered. A five-point Likert scale was used to assess responses to close-ended questions.

Results and discussion:

The entire sample rated Communication, Prompt Attention, Social Support and Quality of Basic Amenities to be the most important out of all the domains of Responsiveness. Dignity (99.08%), Confidentiality (97.70%) and Autonomy (97.01%) were rated as the next most important, while Patient's Choice (91.03%) was rated as the least important.

Conclusions:

Prompt Attention, Quality of Basic Amenities and Social Support were the three domains rated as "very important" under the "Client Orientation", while Communication was the only domain rated similarly under the "Respect for Persons".

Recommendations:

In-service training programs conducted at an Institutional level should be arranged for all staff members with the objective of increasing their awareness on "Responsiveness". The awareness programs should be implemented for antenatal mothers in order to empower them. Staff and customer surveys, quarterly statistical bulletins, annual reports, can be used to improve Responsiveness.

Key Words:

Responsiveness, Pregnant mothers, Maternity Hospitals



Poster Presentation 03

Adverse Effects Following Immunization with Covishield (Chadox1 Ncov-19 Vaccine) Vaccination at the Teaching Hospital, Peradeniya, Sri Lanka.

Dr. Arjuna Thilakarathna H.M

Introduction:

Covid-19 pandemic is the greatest acute health crisis humanity ever faced in this century. There is no treatment for the disease. Thus, primary prevention is very important. Rapidity with which the vaccine was developed and introduced is unprecedented. Therefore, the possibility of adverse effects following immunization was high and there is no documentation of these in the literature. There is a paucity of systematically gathered information about adverse effects of this vaccine in Sri Lanka.

Objective:

To describe the incidence of adverse effects following immunization with Covishield vaccine at the Teaching Hospital, Peradeniya.

Methodology:

A surveillance system to detect adverse effects following immunization was established at the Teaching Hospital, Peradeniya, prior to the administration of the Covishield vaccine and the data collected by this system was analyzed. A self-administered structured questionnaire was used to collect data from 915 persons selected to the study. The data was collected within first 24 hours of immunization.

Result:

34.4% complained of adverse effects. Fever (64%), myalgia (72%), joint pain (59.7), chills and rigors, (53.8%), local site reaction (43.3%), headache (49%), nausea (31.4%), fatigue (19.9%), sore throat (3.6%), diarrhoea (8.8%), faintishness (2.2%), and tiredness (4.7%) were reported as adverse effects.

Conclusion:

The Covishield vaccine caused a significant number of adverse effects following immunization during the first 24-hours. This can cause vaccine hesitancy to this vaccine.

Key words: Adverse effects, Covishield vaccine, immunization, Sri Lanka



Poster Presentation 04

An analysis of the COVID-19 deaths that occurred during the pandemic at the Apex Referral Centre of Sri Lanka: The National Institute of Infectious Diseases.

Dr. Attanayake H, Dr. Idampitiya D, Dr. Anuadha S, Dr. Samad A, Dr. Wickramasinghe A, Dr. Sooriarchchi C, Dr. Karunaratne M, Dr. Wijewickrama A.

Introduction:

National Institute of Infectious Diseases (NIID) is the Apex Referral Centre for COVID-19 in Sri Lanka. NIID has reported 268 COVID-19 deaths by 30.09.2021 which was 2.6 % of the total hospital deaths (n=10288) in Sri Lanka. Most (61.6%, n=165) of these deaths at NIID have occurred in the *third wave*.

Objective:

To analyze the COVID-19 deaths occurred at NIID from 26.01.2020 up to 30.09.2021.

Methods:

This was a descriptive case study. Data was collected by examining Hospital Records and Key Informant Interviews.

Results:

NIID reported 5729 COVID-19 cases and 268 deaths occurred during the study period. The case fatality rate was 4.6 %. Male to Female ratio of the cases was 1.4: 1 where it was 1.7:1 for deaths. The male predominance observed in gender ratio of deaths is statistically significant ($P < 0.05$). Majority (71.6%, n= 192) deaths were reported from over 60 years. The number of deaths below 60 years was 76 (28.4%). The difference in death rates between the two age groups is statistically significant ($P < 0.05$). 332 (5.8%) patients were admitted to the Intensive Care Unit (ICU).133 of deaths (49.6%) have occurred at the ICU. The death rate at ICU was 40.1%.

Discussion:

Male: Female of deaths at NIID was 1.7:1 whereas it was 1.3: 1, in Sri Lanka. This difference could probably be due to the selection bias of cases as the apex referral centre. Majority of deaths were reported from the age group over 60 years (71.6%) and it was consistent with the national findings (76.4%).

Conclusions and Recommendations:

The difference in the gender ratios between the deaths at NIID and the national figure is probably be due to the selection bias nevertheless the real reasons for the difference should be further studied.



Poster Presentation 05

Clinical Audit on Leptospirosis Management in Base Hospital, Balangoda.

Dr. Maranthota H.C.M, Dr. Pathirage I.D,

Introduction:

Leptospirosis is a zoonotic disease caused by spirochetes from the genus *Leptospira*. It has diverse clinical manifestation and complications which challenge the diagnosis and treatment. Even though the infection is potentially serious, early detection and successful clinical management can minimize the mortality of the affected individuals.

Out of 5257 Leptospirosis cases in the Country in 2018, 777, (14.7%) were reported from Ratnapura district.

Objective:

To assess the extent of adherence to available guidelines in managing Leptospirosis patients at Base Hospital Balangoda.

Methodology:

Descriptive cross sectional study was carried out for a period of 6 months starting from January 2019. Bed head tickets (BHT) of diagnosed patients with Leptospirosis were analyzed against the published guideline for the management of Leptospirosis. Total number recorded in Indoor Morbidity and Mortality Return during the period, were included for the study.

Results:

Out of 81 BHTs analyzed majority (68, 84%) were male and contact history was mentioned in 40%. Occupation was mentioned in 10% of cases. Majority 54 (32%) were treated with doxycycline and third generation Cephalosporins. Urine Input output chart was ordered in 72 (88.8%) BHTs and maintained only in 15 (18.5%) cases. Ultra Sound Scan was performed in 22 patients.

One case was found without a temperature chart. Out of the 81 patients, 26 cases were notified in BHTs and 50 were entered in communicable disease notification register. Leptospirosis antibody and PCR tests were not ordered in any of the BHTs included in the study.

Conclusion:

Diagnostic facilities, history taking, record keeping and adherence to clinical management guidelines should be further improved in BH Balangoda in managing patients with Leptospirosis.

Recommendations:

It is recommended to carryout awareness programmes to improve record keeping in BHTs and clinical guidelines on management and re-audit to assess the improvement.

Key Words: Leptospirosis, Clinical Audit, Guidelines



Poster Presentation 06

Patient Experience, Engagement and Practices among Orthopaedic Clinic Patients District General Hospital and Ayurvedic Hospital Kegalle District.

Dr. Priyangani YMM, Dr. Pathirage ID, Dr. Jayamanna DRSA, Dr. Dissanayake DMAK, Dr. Hewageegana NSR

Introduction:

Identifying patient expectations and involving patients in developing care plan is paramount in providing patient centered healthcare. The experience surveys play a key role in assessment of readiness of healthcare institutions in provision of responsive healthcare.

Objective:

To determine the patient experience, engagement and practices among the Orthopaedic clinic patients visiting District General Hospital and Ayurvedic Hospital, Kegalle.

Methodology:

A descriptive cross-sectional study was done on Orthopaedic clinic patients visiting District General Hospital and Ayurvedic Hospital Kegalle. Proportional allocations were made to the institutions and a systematic random sampling method was used to select the sample. An interviewer-administered questionnaire was used.

Result:

A majority of 75% had chosen allopathic as the first choice of healthcare provider. Also, a significant difference observed in socio-demographic factors favoring younger patients towards allopathic treatment ($P=0.000$). The difference in patient experience in relation to reception, consultation, physical environment and engagement was highly significant favoring Ayurvedic treatment (all $P=0.000$). Nearly 40% had changed the provider due to poor satisfaction of treatment and out of that 5.6% due to need of physical comfort. Majority (85.1%) who visited both institutions recommended allopathic system for similar illnesses.

Discussion:

The study reveals that there is a significant difference in socio-demographic factors which influence the choice of care provider. Nevertheless, these factors cannot be generalized to education, income, age or other factors as the differences within each social factor are at different levels. A better patient experience was observed in Ayurveda Hospital in terms of responsiveness at reception, physician encounter, staff encounter and physical comfort.

Conclusions:

Patient engagement needs to be improved in both settings. Ayurveda hospital has a better patient responsiveness. People having experience in both settings bare more loyalty towards allopathic treatment.

Recommendation:

The study shows the genuine need of the people to have both systems functioning adequately.



The College of Medical Administrators of Sri Lanka