THE COLLEGE OF MEDICAL ADMINISTRATORS OF SRI LANKA

32nd Annual Scientific Sessions

BOOK OF ABSTRACTS

Managing Healthcare with Leadership Wisdom

Through Academic Excellence, Managerial Excellence, and Emotional Intelligence

28th – 30th November 2025 | BMICH, Colombo, Sri Lanka

32nd Annual Scientific Sessions

BOOK OF ABSTRACTS

'Managing Healthcare with Leadership Wisdom'
Through Academic Excellence, Managerial Excellence,
and Emotional Intelligence

28th – 30th November 2025

BMICH, Colombo, Sri Lanka

College of Medical Administrators of Sri Lanka

College of Medical Administrators of Sri Lanka

Secretariat

Office of the College of Medical Administrators of Sri Lanka

Patient Safety and Accreditation Bureau

Castle Street Hospital for Women

Castle Street, Colombo 08.

www.cmasl.lk

Our Objectives

- To guide health development in Sri Lanka.
- To contribute to the formulation and implementation of national health policies and strategies.
- To regularly review the status of medical administration in the country and analyze problems in the health sector; to guide the Ministry of Health and the private health sector.
- To promote postgraduate studies and continuous professional development in the field of medical administration.
- To promote /facilitate health systems research that contributes to the health policies formation and promote publications related to medical administration.
- To promote and foster professional advancement of medical administration.
- To foster fellowship among the professionals engaged in the field of medical administration.
- To develop partnerships and links with similar professional bodies in Sri Lanka and in other countries.

TABLE OF CONTENTS

Abstracts of Presentations on Health Sector Innovations

Message from the President
Managing Healthcare with Leadership Wisdom: Advancing Academic Excellence, Managerial Excellence, and Emotional Intelligence

Dear Members,

It is with great pride and a deep sense of responsibility that I present to you the Book of Abstracts for the 32nd Annual Scientific Sessions of the College of Medical Administrators of Sri Lanka (CMASL). This year, we gather under the timely and insightful theme: "Managing Healthcare with Leadership Wisdom through Academic Excellence, Managerial Excellence, and Emotional Intelligence."

As our healthcare landscape grows in complexity and demands stronger, more adaptive leadership, the integration of knowledge, skill, and emotional maturity becomes essential. This year's theme reflects not only the direction of our College but also the evolving needs of our health system, requiring leaders who are informed, capable, and compassionate. Leadership wisdom in healthcare emerges when academic insight, managerial capability, and emotional intelligence are brought together to guide decisions that impact lives, systems, and communities.

The abstracts presented in this volume showcase the dedication, innovation, and scholarly contributions of our members. This year, we are pleased to feature 22 poster presentations, 10 oral presentations, and 12 healthcare innovation presentations, each offering valuable perspectives and practical solutions to strengthen our health services. These works cover a wide range of contemporary issues such as resource optimisation, quality improvement, clinical governance, technology adoption, patient safety, workforce development, and service innovation.

Through these contributions, we witness the collective commitment of medical administrators, trainees, and health-sector leaders who continue to advance our profession through inquiry, research, and real-world problem solving. The diversity of topics and the rigor of the studies reflect the growing academic strength of our College and the importance of evidence-based decision-making in modern health management.

This year's Scientific Sessions also reinforce three interconnected pillars that must shape healthcare leadership in Sri Lanka:

Academic Excellence reminds us that informed leaders are empowered to influence policy, shape systems, and champion innovation.

Managerial Excellence ensures that our health institutions remain efficient, resilient, and responsive to emerging challenges.

Emotional Intelligence strengthens our ability to lead with empathy, maintain trust, build strong teams, and navigate the human dimensions of healthcare.

Together, these elements form the foundation of leadership wisdom, a quality our country needs as we move toward the Sustainable Development Goals and prepare for the healthcare challenges of the future.

I encourage all participants to engage deeply with the material presented in this Book of Abstracts. These works are more than academic exercises; they are ideas that can be transformed into action, solutions that can be implemented, and innovations that can elevate the quality and equity of our national healthcare system.

As we embark on the 32nd Annual Scientific Sessions at BMICH, let us reaffirm our commitment to knowledge, excellence, compassion, and collaboration. May this year's proceedings inspire us to lead with wisdom, act with purpose, and continue to serve our nation with integrity and dedication.

Sincerely,

Dr. Sudath K. Dharmaratne,
President,
College of Medical Administrators of Sri Lanka

Message from the Patron
Celebrating the College's Commitment to Healthcare Leadership

I am deeply honoured to extend my warmest felicitations to the College of Medical Administrators of Sri Lanka on the occasion of its 32nd Annual Session.

This milestone reflects more than three decades of unwavering commitment to strengthening health leadership, fostering professional excellence, and advancing the standards of medical administration in our country. The College has consistently served as a beacon of integrity, innovation, and service, nurturing leaders who ensure that our health system remains resilient, equitable, and responsive to the needs of all Sri Lankans.

As Patron, I wish to commend the dedicated efforts of the President, Secretary, Council, Fellows, Members, and all those who continue to contribute to the growth and stature of the College. Your work is indispensable in shaping the management and governance of healthcare institutions, particularly at a time when the role of effective leadership has never been more vital.

I am confident that this Annual Scientific Sessions will provide a meaningful platform for reflection, learning, and collaboration, inspiring new ideas and strengthening the professional competencies of our medical administrators.

May the College move from strength to strength in its mission to develop visionary leaders for a healthier nation.

I extend my best wishes for a successful and impactful 32nd Annual Scientific Sessions.

Dr Reggie Perera,
Patron,
College of Medical Administrators of Sri Lanka

Council of the College of Medical Administrators of Sri Lanka 2025/2026

Seated from Left to Right

Dr. Priyantha Karunaratne (Hony. Treasurer), Dr. Lal Panapitiya (Past President), Dr Anil Jasinghe (Past President), Dr. Sarath Samarage (Past President), Dr. Rani Fernanado (Past President), Dr. Sumith Anton Fernando (Hony. Secretary), Dr. Sudath Dharmaratne (Presdient), Dr. Rukshan Bellana (Presdient Elect), Dr. S.A.P. Gnanissara (Past President), Dr. Neelamani Hewageegana (Past President), Dr. Kumara Wickremasinghe (Immediate Past President), Dr. Asela Gunawardena (Past Presdient), Dr. Chandana Gajanayaka (Vice President)

Standing from Left to Right

Dr. T. Gandeepan, Dr. Samiddhi Samarakoon (Editor), Dr. Kanchitha Samararathna, Dr. Nalin Premadasa, Dr. Ruvini Ranagala, Dr. Suranga Dolamulla, Dr. Arosha Wijewickrama, Dr. Kasupathy Jeyassuthan, Dr. Dinesh Koggalage (Assistant Treasurer), Dr. Esanda Wellala, Dr. Udesh Ranga, Dr. Samantha Ranasinghe, Dr. Hasitha Attanayake, Dr. Muditha Perera

Absent

Dr. Priyantha Atapattu (Assistant Secretary), Dr. Nagalingam Mayuran, Dr. DMAK Dissanayake, Dr. Nihal Weerasooriya, Dr. Anoja Rodrigo, Dr. S Rajhkumar, Dr. Himali Wijegunasekara, Dr. Sumith Aththanayake, Dr. Thayalini Sasikumar


THE COLLEGE OF MEDICAL ADMINISTRATORS OF SRI LANKA
Annual Scientific Sessions 2025
November 29-30
"Managing Healthcare with Leadership Wisdom through Academic Excellence, Managerial Excellence, and Emotional Intelligence"
Saturday, 29th November 2025
Plenary 01
"The Leader's Dilemma: Balancing Evidence, Efficiency, and Empathy in Critical Decisions in the Health System" Insights from Australia and Sri Lanka"
9.10 am - 9.30am
Balancing Evidence and Efficiency in critical decision making- insights from Sri Lanka
Dr. Amal Harsha De Silva - Past President of CMASL
9.30 am - 9.50am
Balancing Evidence and Empathy in critical decision making- insights from Sri Lanka
Dr. Nico Jayasekera - Past President of CMASL
9.50 am -10.10 am
Balancing Evidence, Efficiency, and Empathy in Critical Decisions in the Health System" Insights from Australia
Prof. Luis Prado, Chief Academic Officer, AIHE - Australia
Plenary 02
"Orchestrating a Renaissance in Healthcare: A Collaborative Blueprint for Proactive Antimicrobial Stewardship"
10.30 am - 11.00am
The Role of the Clinical Microbiologist: Academic Excellence for Antimicrobial Stewardship
Dr. Kushlani Jayatilleke - Consultant Clinical Microbiologist
11.00 am - 11.20am
The Role of the Medical Administrator: Managerial Excellence for Antimicrobial Stewardship
Dr. Suranga Dolamulla - DDG ET & R (Consultant Medical Administrator)
11.20 am - 11.40 am
The Role of the Public: Use of Emotional Intelligence for Antimicrobial Stewardship
Dr. S. Sridharan - DDG/Planning (Consultant Medical Administrator)
Plenary 03
"The Genomic Revolution in Healthcare: Leading the Ethical, Managerial, and Emotional Transition"
1.15 pm - 1.45 pm
Genomics at the Healthcare Setting: The Scientific and Clinical Imperative for Genomic Medicine
Prof. Vajira Dissanayake - Senior Professor, Department of Anatomy, Genetics & Biomedical Informatics
1.45 pm - 2.10 pm
Navigating the New Frontier: The Administrative and Ethical Mandate of Genomic Healthcare
Dr. Dedunu Dias - Director - MSD (Consultant Medical Administrator)
2.30 pm - 4.30 pm
Free Paper Session: Oral Presentations
Sunday, 30th November 2025
Plenary 04
"Beyond the Numbers: Harnessing Qualitative Insights for Strategic Health Leadership"
9.05 am - 10.00am
Prof. Athula Sumathipala
Professor of Psychiatry - Keele University, UK, Hon. Director, Institute for Research and Development, Sri Lanka
10.15 am - 11.15am
Healthcare Innovations Presentations I
11.30 am - 1.30 pm
Healthcare Innovations Presentations II

List of Oral Presentations

Date: 29/11/2025 Time: 02.30 pm to 04.30 pm Venue: BMICH

List of Poster Presentations

Date: 29/11/2025 Time: 12.00 pm to 1.15 pm Venue: BMICH

List of Presentations on Health Sector Innovations

Date: 30/11/2025 Time: 10.15 am to 01.30 pm Venue: BMICH

Abstracts of Oral Presentations

32nd Annual Scientific Sessions

'Managing Healthcare with Leadership Wisdom'
Through Academic Excellence, Managerial Excellence, and Emotional Intelligence

OP 01/AB 007
Assessment of Primary Health Care Institution's Healthy Lifestyle Centre Staff's Non-Communicable Disease Practices in Badulla District

Thennakoon TMCLB[1], Singhaprathapa SWMKK[2]

[1]*Base Hospital, Welimada*
[2]*PDHS, Central Province*

Introduction: The Ministry of Health has set up a special directorate for Non-Communicable Diseases (NCDs). Early detection of noncommunicable illnesses has been carried out through Healthy Lifestyle Centres(HLCs) around the country; yet, the prevalence of NCDs remains high. As a result, it is worthwhile to analyse the current process at HLCs in order to detect implementation gaps and take early action.

Objective: The purpose of this study was to assess the healthcare staff's performance at Healthy Lifestyle Clinics in Badulla area.

Method: A descriptive cross-sectional study was carried out at healthy lifestyle centres in the Badulla district. Fifty-four healthcare workers were evaluated for their performance related to NCD screening activities. The data was collected using a standardized questionnaire presented by an interviewer.

Results: According to the findings, only thirteen(24%) of the HLCs' in-charge officers had sufficient NCD screening training. There were 53 locations (98.1%) where NCD screening for diabetes was conducted. Only three (5.6%) HLCs held Health Promotion Sessions (HP), eleven (20.4%) promoted a healthy diet and exercise, thirteen (24.1%) only did HP for diet, and fifty percent did not undertake any HP activities. Followed up activities done for clients were twenty six(49.1 %).

Conclusion and Recommendations: Implement NCD screening training for all staff members are important to lower the prevalence of NCDs. Health education and promotion should be strengthened in all the HLC centres, and there should be adequate follow-up for clients after screening to get the realistic impact.

Keywords: Healthy Lifestyle Center, Non-Communicable Diseases, Health promotion.

OP 02/AB 010
Assessment to Improve the Laboratory Accreditation System in Sri Lanka: Development of a Priority Action Plan

Attanayake AMH[1], Dolamulla SS[1], Singhaprathapa SWMKK[1], Dharmatilake NH[1], Gunasekara M[2]

[1]*Ministry of Health and Mass Media, Colombo, Sri Lanka*
[2]*Sri Lanka Accreditation Board*

Background: A strong laboratory accreditation system ensures reliable, accurate, and high-quality diagnostic services that support effective clinical and public health decision-making. The Joint external evaluation report, WHO has indicated that the current laboratory quality management in Sri Lanka is inadequate. This study aimed to assess stakeholder perceptions of the current system, identify key barriers, and develop a priority action plan to strengthen national laboratory accreditation.

Methods: A mixed-methods design was used. A structured set of 15 Likert-scale questions was administered to 45 stakeholders, including medical administrators, clinicians, and laboratory professionals, to explore perceptions on standard comprehensiveness, accessibility, affordability, transparency, and use of digital tools. Qualitative data from open responses were thematically analysed, and a prioritisation matrix was applied to rank identified issues and propose feasible interventions.

Results and Discussion: Respondents agreed that current standards partially reflect international norms but identified major gaps in training, technical support, and infrastructure. Inadequate financial resources and national guidelines were perceived as major barriers. Participants strongly endorsed stepwise implementation, digitalisation of processes, and resource-sharing mechanisms to improve cost- effectiveness Enhanced collaboration with international accreditation bodies and expansion of accredited services were highlighted as essential next steps. The prioritisation process yielded an action plan containing a quality guideline manual, Standard Operating Protocols, capacity development strategies, implementation and monitoring framework and strategies to integrate with global systems.

Conclusion: This study identifies priority areas for reform and presents an evidence-based action plan to enhance the credibility, efficiency, and sustainability of Sri Lanka's clinical and public health laboratory accreditation system.

Keywords: Laboratory accreditation, Quality assurance, Health system strengthening, Sri Lanka, Stakeholder assessment, Priority action plan

OP 03/AB 013
Bridging the Gap: Patient Preferences and Healthcare Provider Readiness for Step-Down Stroke Care in Kandy District, Sri Lanka

Jayawardhana R[1], Tennakoon SUB[2]

[1]*Registrar in Medical Administration, PGIM, University of Colombo*
[2]*Professor in Community Medicine, Faculty of Medicine, University of Peradeniya*

Introduction: Stroke is a leading cause of mortality and disability in Sri Lanka, highlighting the necessity for optimized long-term care pathways. Step-down care at Divisional Hospitals (DHs) represents an opportunity for early discharge from tertiary centers, yet challenges remain in its uptake.

Objectives: To identify factors influencing patient preferences and healthcare provider readiness for step-down stroke care within the Sri Lankan healthcare system.

Methodology: A hospital-based descriptive cross-sectional study involved 170 stroke patients admitted to Teaching Hospital Peradeniya (THP), alongside 29 medical officers and 70 nursing officers from 13 DHs linked to THP. Data from patients were gathered using interviewer-administered questionnaires, while healthcare provider perceptions were assessed via self-administered questionnaires. Secondary clinical data were extracted from the stroke registry. Statistical analyses utilized non-parametric tests conducted with SPSS version 16.

Results and Discussion: Although 66.5% of patients lived within 6 km of a DH, 73.5% preferred to continue their care at the tertiary center. Preference for step-down care was significantly greater among younger patients ($p=0.009$) and those with previous DH admissions ($p<0.001$). Patients traveling more than 20 km to THP demonstrated increased willingness for step-down care ($p=0.001$). Medical officers and nursing staff at DHs showed strong readiness for stroke-specific training (>85%) and positive attitudes toward step-down care, with mean scores of 64.2 and 70.9 respectively. Patients prioritized access to qualified medical staff and essential services above comfort factors.

Conclusions and Recommendations: Currently, patients are reluctant to transition to step-down care, placing greater emphasis on medical care availability than comfort. However, healthcare staff are willing to provide such care. Enhancing patient education and effectively integrating DHs into stroke care pathways through capacity building can improve resource utilization and continuity of care. Successful implementation will also enhance DH bed occupancy. Policymakers should address both patient concerns and provider readiness to establish sustainable step-down services.

Keywords: Stroke Care Continuum, Patient Preferences, Healthcare Readiness, Resource Optimization

OP 04/AB 018
Community-Based Rehabilitation as a Model for Inclusive Development: A Case Study of the Sarvodaya Suwasetha Sewa Society, Sri Lanka

Jeyassuthan K[1]

[1]Ministry of Health, Sri Lanka

Introduction: Community-Based Rehabilitation (CBR) is a globally recognized strategy promoting the inclusion and empowerment of persons with disabilities through locally driven initiatives. In Sri Lanka, the Sarvodaya Suwasetha Sewa Society has pioneered a comprehensive CBR programme that integrates health, education, livelihood, and social participation to enhance the quality of life for individuals with disabilities and their families.

Objectives: To determine the structure, implementation, and outcomes of the Sarvodaya Suwasetha CBR programme and identify key factors contributing to its sustainability and community impact.

Methods: A descriptive case study was conducted using document review, field observations, and interviews with programme administrators, rehabilitation workers, and community stakeholders. Data were analyzed to assess programme design, stakeholder engagement, resource mobilization, and measurable outcomes.

Results and Discussions: The CBR model demonstrated strong community ownership and effective multisectoral collaboration. Through partnerships with local authorities, volunteers, and international donors, the programme achieved improved accessibility to rehabilitation services, vocational opportunities, and social inclusion. Key success factors included participatory decision-making, culturally sensitive interventions, and continuous capacity building. Challenges identified were financial sustainability and limited access to advanced rehabilitation technology.

Conclusions and Recommendations: The Sarvodaya Suwasetha CBR programme exemplifies a sustainable, inclusive development model adaptable to other low- and middle-income settings. Strengthening intersectoral partnerships, ensuring consistent funding, and integrating digital health tools are recommended to enhance programme scalability and resilience.

Keywords: Community-Based Rehabilitation, Disability, Sarvodaya Suwasetha, Sustainable Development

OP 05/AB 019

Comprehensive Review and Assessment of Divisional Hospitals Under the Regional Director of Health Services, Colombo: A Case Study

Wimalagunarathne KWR[1], Chaminda UGG[1], Rambukwelle IWYKC[1], Gajanayake C[2]

[1]*Senior Registrar in Medical Administration, Ministry of Health*
[2]*Regional Director of Health Services, Colombo*

Introduction: Divisional Hospitals (DHs) are a vital component of Sri Lanka's primary healthcare network. This study presents a comprehensive review of nine DHs under the Colombo Regional Directorate of Health Services (RDHS), which face significant challenges in productivity and quality improvement, adversely affecting efficiency and service outcomes.

Objectives: To assess the current operational status of DHs under RDHS, Colombo; identify key problems and challenges; and propose strategies and an implementation framework for sustainable productivity and quality enhancement.

Methodology: A mixed-method case study approach was employed, combining qualitative interviews (with Medical Officers in charge, nursing officers, and patients), quantitative data analysis (hospital capacity and resource allocation), and field observations. The Nominal Group Technique was used for stakeholder problem prioritization, and a problem tree analysis identified the core issue.

Results and Discussion: The main issue identified was the lack of structured productivity and quality improvement activities. Root causes were grouped into four domains: human resource constraints, limited data-driven decision-making, cultural and behavioural barriers, and administrative issues. These factors collectively undermine service quality and patient satisfaction.

Conclusions and Recommendations: Addressing these gaps requires a multi-faceted approach incorporating staff development, digital monitoring systems [use of electronic health records (EHR) and performance dashboards], leadership strengthening, and patient-centred teamwork. Implementation guided by the Plan-Do-Check-Act (PDCA) cycle can enhance efficiency, accountability, and patient outcomes across Colombo RDHS divisional hospitals.

Keywords: Divisional Hospitals, RDHS, Operational status

OP 06/AB 022

Development of a Roadmap to Genomic Sequencing Services in Sri Lanka: A Situational Assessment to Identify the Priority Strategies

Singhaprathapa SWMKK[1], Dolamulla SS[1], Dharmathilake NH[1], Hewamanna SSK[2]

[1]*Ministry of Health and Mass Media, Colombo, Sri Lanka*
[2]*Regional Directorate of Health Services, Monaragala*

Introduction: Genomic Sequencing (GS) is a cornerstone of modern medicine with applications in infectious disease surveillance, antimicrobial resistance monitoring, cancer diagnostics, and precision medicine. Sri Lanka has made progress in laboratory and research infrastructure; however, it lacks a national roadmap for GS services. This study aimed to assess the current landscape and identify priority strategies for establishing a sustainable and equitable GS framework.

Objectives: To conduct a situational assessment of GS capacity in Sri Lanka and to develop a prioritised set of strategies for implementing a national GS roadmap.

Methods: A cross-sectional descriptive study was conducted in 2025 among professionals including medical administrators (25%), consultants (30%), academics (20%), and medical laboratory technologists (25%). Data were collected using a validated self-administered questionnaire (Cronbach's $\alpha = 0.87$) and a resource mapping tool to assess existing capacities, challenges, and opportunities. Quantitative data were analysed descriptively, and qualitative responses were synthesised through thematic analysis. Identified strategies were prioritised using a structured Delphi-based scoring framework.

Results: Findings revealed substantial gaps in infrastructure (N=80; 68%), funding (N=80; 72%), bioinformatics capacity (N=80; 25%), and inter-institutional coordination (N=80; 64%). Resource mapping showed that adequate equipment facilities exist; however, there is a lack of trained personnel (N=80; 78%). Priority strategies included establishing a national governance framework (4.8/5), workforce training (4.6/5), enhancing data-sharing mechanisms (4.5/5) and integrating genomics into public health policy (4.3/5).

Discussion and Conclusion: The assessment highlights the urgent need for a coordinated roadmap to advance GS in Sri Lanka. Implementing these strategic priorities will strengthen diagnostic capacity, promote innovation, and enhance national health security.

Keywords: Genomic sequencing, Sri Lanka, roadmap development, capacity building, situational assessment.

OP 07/AB 025
Empowering Tomorrow: Establishing a Youth Hub for Life Skills Development and Holistic Wellbeing in MOH Piliyandala Area

Gajanayaka C[1], Ambagala A.P.D.N.[1], Peiris H.C.L[1], Nipunajith L.A.D.[1]

[1]*Regional Directorate of Health Services, Colombo*

Background: Adolescence is a critical transition period marked by curiosity, exploration, and vulnerability. In the MOH Piliyandala area, community health data revealed a concerning rise in teenage pregnancies, school refusal, and substance use and even suicide tendencies among adolescents. Recognizing the urgent need for a youth-centered preventive approach, the public health team introduced an innovative community-based initiative" the Piliyandala Youth Hub" designed to empower adolescents aged 10–19 years through life skills education, peer engagement, and participatory learning.

Objectives: The objectives of the Piliyandala Youth Hub are to:

1. Strengthen adolescents' life skills in areas such as decision-making, communication, empathy, and stress management.
2. Foster youth leadership and participation in community health activities.
3. Promote positive behavior change through peer-led and mentor-supported initiatives.
4. Establish a sustainable, replicable model for adolescent health promotion within preventive health services.

Methodology: The Youth Hub functions as a safe, interactive platform where adolescents gather, learn, and lead under the guidance of public health professionals. Leadership roles, including President, Secretary, and Treasurer are vested in adolescents themselves, while health staff serve as mentors and facilitators, ensuring youth ownership and sustainability. Since its inception, the hub has conducted three participatory sessions focused on essential life skills using experiential learning methods ("learning by doing"). Approximately 40 active members regularly engage in both physical and virtual interactions through a WhatsApp group that supports ongoing dialogue, peer connection, and idea sharing. Program activities emphasize inclusiveness, creativity, and voluntary participation, ensuring adolescents perceive health promotion as enjoyable and relevant to their lived experiences.

Way Forward: A one-day multi-thematic workshop is planned for the upcoming school vacation, covering topics such as substance abuse prevention, emergency preparedness, reproductive health, and adolescent nutrition. The event will feature expert facilitators and local NGOs, aiming to enhance knowledge, strengthen community partnerships, and ensure program continuity. Moving forward, the initiative seeks to expand membership, incorporate school health clubs and youth volunteers, and develop monitoring indicators to evaluate behavioral and social impact. The Piliyandala Youth Hub exemplifies how preventive health services can blend scientific rigor with participatory community empowerment. By transforming adolescents from passive recipients of health messages into active co-creators of change, the hub nurtures confidence, responsibility, and resilience ,the foundations of lifelong wellbeing. This model demonstrates a practical, youth-driven, and sustainable approach that can be replicated across other MOH areas to address emerging adolescent health challenges in Sri Lanka.

Keywords: Adolescent Health Promotion, Life Skills Development, Youth Empowerment

OP 08/AB 036
Post-Pandemic Recovery Patterns in Primary Healthcare Utilization: A Longitudinal Analysis of Divisional Hospitals in Puttalam (2019–2023)

Wickramasinghe WAI[1], *Wickramasinghe SC*[2]

[1]*Regional Director of Health Services, Puttalam District*
[2]*Ministry of Health, Colombo, Sri Lanka*

Introduction: The COVID-19 pandemic caused unprecedented disruptions to Sri Lanka's primary healthcare system, particularly affecting divisional hospitals which serve as the first point of contact for essential curative and preventive services. Evaluating recovery trends in healthcare utilization provides critical insight for administrators and policymakers to strengthen service resilience and continuity of care.

Objectives: To analyze longitudinal trends in primary healthcare utilization in divisional hospitals of Puttalam District from 2019 to 2023, identify service-specific vulnerabilities, and formulate evidence-based policy recommendations to enhance post-pandemic resilience in primary healthcare delivery.

Methodology: A retrospective mixed-methods study was conducted using facility-based service records and patient perception surveys from ten divisional hospitals. Quantitative data on outpatient, medical clinic, emergency, and Healthy Lifestyle Centre (HLC) attendance were compared across pre-pandemic (2019) and post-pandemic (2023) periods. Qualitative data from staff and community stakeholders were analyzed thematically to contextualize quantitative findings.

Results and Discussion: Overall primary healthcare utilization declined sharply during 2020–2021, with outpatient visits reducing by 34%. Medical clinics demonstrated rapid recovery by 2023, reflecting strong community demand for chronic disease management. However, HLC attendance and emergency visits remained 20–25% below pre-pandemic levels, indicating persistent public hesitancy and operational limitations. Resource constraints, disrupted screening programs, and reduced community outreach contributed to slow recovery. Stakeholders highlighted the need for decentralized service models, improved communication, and strengthened staff capacity to maintain continuity of care during crises.

Conclusions and Recommendations: The study identified critical service gaps in preventive and emergency care that continue to affect divisional hospital utilization. Strengthening primary care resilience requires proactive administrative strategies—improved health communication, flexible scheduling, data-driven monitoring, and community engagement. Integrating these into disaster preparedness plans will ensure sustainable, equitable access to essential services in future emergencies.

Keywords: Primary healthcare, COVID-19 recovery, Service utilization, Continuity of care, Health system resilience.

OP 09/AB 044
Unequal Burden: Health Inequalities and Disease Distribution in Colombo RDHS area - A Case Study focusing on Dengue fever, Leptospirosis, and Leprosy

Chaminda UGG[1], Wimalagunarathne KWR[1], Rambukwelle IWYKC[1], Gajanayake C[2]

[1]*Senior Registrar in Medical Administration, Ministry of Health*
[2]*Regional Director of Health Services, Colombo*

Introduction: Health inequalities represent systematic, avoidable, and unfair differences in health outcomes between populations, often driven by social, economic, and environmental factors. In the Colombo Regional Directorate of Health Services (RDHS) area, these disparities are evident in the clustering of infectious diseases like dengue fever, leptospirosis, and leprosy in specific Medical Officer of Health (MOH) areas.

Objectives: To analyze disease incidence patterns, identify clustering, explore underlying social determinants, and inform targeted public health interventions.

Methodology: A case study approach was adopted. Key inequality drivers in the distribution of dengue fever, leptospirosis, and leprosy in 2024 were identified through brainstorming, focusing on socioeconomic, environmental, healthcare access, and behavioural factors.

Results and Discussion: Disease distribution was highly uneven, reflecting entrenched health inequalities driven by socioeconomic and environmental factors. Dengue cases were highest in MOH-Gothatuwa (962 cases) and MOH-Kaduwela (877 cases), attributed to high population density and poor waste management. Leptospirosis peaked dramatically in Hanwella (131 cases), associated with rural proximity, poor sanitation, flooding, and occupational exposure. Leprosy showed extreme concentration in Egoda Uyana, accounting for 35% of all cases, concentrated in overcrowded, poorly sanitized, and substandard housing areas. These findings underscore the unequal burden faced by marginalized communities.

Conclusions and Recommendations: The clustering of these diseases is a clear manifestation of health inequalities driven by socioeconomic, environmental, and healthcare access factors. Addressing these disparities requires a multisectoral approach. Recommendations include utilizing geospatial mapping for targeted resource allocation to high-risk MOH areas, strengthening integrated disease surveillance and response, and implementing community-based screening and stigma reduction programmes.

Keywords: Health inequalities, Disease clustering, Social determinants of health, Colombo RDHS, Infectious disease distribution

OP 10/AB 046
Innovative project to Reduce Neonatal Hypothermia when Admitting to the Special Care Baby Unit from Operating Theatre – District General Hospital Matale

Basnayake KDB[1], Fernando GHS[1], Niyarapola G[1], Jayasundara K[1]

[1]District General Hospital, Matale

Introduction: Neonatal hypothermia remains a critical, yet preventable, contributor to neonatal morbidity and mortality, particularly in low-resource healthcare environments. At District General Hospital, Matale, an internal audit identified a high incidence of hypothermia among newborns transferred from the Operating Theatre (OT) to the Special Care Baby Unit (SCBU), mainly due to inadequate thermal management and long transport distances.

Objectives: The initiative aimed to achieve a ≥50% reduction in hypothermia during OT–SCBU transfers within six months, strengthen staff adherence to thermoregulation protocols, and develop a sustainable, low-cost care model utilizing available resources.

Methodology: A multi-component quality improvement (QI) intervention with innovation was implemented from January to June 2025. Key components included staff training on neonatal thermoregulation, pre-delivery warming protocols, standardized post-delivery care, and improved transport methods. Continuous monitoring, temperature audits, and monthly feedback sessions reinforced compliance and accountability.

Results: The intervention resulted in a significant reduction (>50%) in neonatal hypothermia incidence during OT–SCBU transfers. Staff knowledge, confidence, and adherence to warming protocols markedly improved. The intervention utilized existing resources effectively, without increasing staff workload or requiring new capital investment.

Conclusion: This QI initiative demonstrates that structured, evidence-based, and staff-led interventions can substantially improve neonatal safety outcomes in resource-limited hospitals. Sustained success was achieved through institutionalized training, regular audits, and leadership engagement. The project strongly aligns with the World Patient Safety Day 2025 theme, “Safe care for every newborn and every child,”.

Keywords: Neonatal hypothermia; Quality improvement; Patient safety; Thermoregulation; Neonatal transport; Special Care Baby Unit (SCBU).

Abstracts of Poster Presentations

32nd Annual Scientific Sessions

'Managing Healthcare with Leadership Wisdom'
Through Academic Excellence, Managerial Excellence, and Emotional Intelligence

PP 01/AB 004
An Assessment of Rational Use of Laboratory Investigations in Selected Hospitals in Sri Lanka

Chathurika H.L.S.[1], Dolamulla S.[2], Dharmathilake N.H.[3], Bandara C.N.[4]

[1]*Office of the District Director of Health Services – Matara*
[2]*Directorate of Laboratory Services – Ministry of Health*
[3]*Institute of Oral Health – Maharagama*
[4]*The University of Southampton*

Introduction: Rational use of laboratory investigations is vital for ensuring quality and cost-effective healthcare delivery. Unnecessary or inappropriate test ordering contributes to increased workload, wastage of resources, and potential delays in patient management. To promote efficiency, the Ministry of Health, Sri Lanka, issued a circular emphasizing the rational use of investigations.

Objectives: This study aimed to assess the appropriateness of laboratory investigation practices before and after the implementation of this directive.

Methodology: A pre-tested assessment guide was used to analyse laboratory investigation chits collected from selected hospitals before and after the issuance of the Ministry circular. Each chit was assessed for (1) appropriateness of the test according to the level of the laboratory, (2) category of the prescriber, (3) completeness of information, and (4) timing of prescription in relation to clinical need. Data were analysed to determine changes in adherence to rational use principles.

Results and Discussion: Before the circular, only about 30% of the investigation chits met the criteria for appropriate test ordering, with frequent issues related to incomplete information and inappropriate selection of tests for the laboratory level. Post-circular analysis showed a slight improvement up to 40% in appropriateness, with higher compliance observed among medical officers and specialists. Completeness of documentation and timing of test requests also improved significantly, reflecting enhanced awareness and adherence to guidelines.

Conclusion and Recommendations: The Ministry circular positively influenced rational test-ordering practices in the studied hospitals. Continuous monitoring, clinician education, and feedback mechanisms are recommended to maintain improvements and ensure sustained rational use of laboratory resources in Sri Lanka's healthcare system.

Keywords: Laboratory Investigations, Rational use

PP 02/AB 006
Assess the Performance of General Hospital Public Contract-Based Biomedical Item Service Maintenance Agreements at District General Hospital Ampara

Thennakoon TMCLB[1], Remance MM[2], Pushpakumari HMN[3]

[1]*DGH, Ampara*
[2]*RDHS, Jaffna*
[3]*BH, Ehaliyaoda*

Introduction: Maintenance contracts guarantee medical equipment quality, uptime, and cost. Quality assurance and regulatory compliance create supplier trust. Healthcare workers struggle with optimising equipment. Equipment ownership, maintenance agreements, staff attitude, and competence affect efficiency. Policy adjustments, resource allocation, downtime, staff training, and vendor performance improve. Equipment maintenance increases healthcare revenues and safety.

Objective: Use public procurement service maintenance agreements to assess the bio-medical items efficiency at District General Hospital Ampara.

Methodology: Document review, knowledge evaluation, and structured interviews were used by DGH Ampara. Preventative maintenance compliance, downtime, breakdowns, and average repair time were highlighted. This study identified 50 biomedical imaging, life-support, monitoring, and lab analyzers. Despite ethics, selection, reaction, and temporal bias. Methods mixing assisted study outcomes.

Results: The 50 medical devices comprised 58% preventative and 42% corrective. Suppliers responded to 68% of complaints within 72 hours. Between 35 and 25 per cent of employees prefer favourable vendor selection and public procurement. Average equipment uptime is 85%; the target is 95%. The average vendor response time is 5.2 days, with 68% resolution. Maintaining contracts accounted for 18% of disputes.

Conclusion: Modern biomedical equipment is safe, efficient, and reliable with maintenance agreements. Current reactive methods show operational difficulties. Proactive maintenance addresses knowledge gaps, resource limits, and procurement inefficiencies. Culture, attitudes, and staff abilities affect upkeep. Bio-medical item maintenance is inadequate despite fair, transparent, and responsible public procurement. System modification, training, and innovation should be part of maintenance management.

Recommendation: For optimal equipment uptime and patient safety, hospital administrators should establish a performance-based biomedical maintenance framework to encourage preventative maintenance compliance, vendor responsibility, and staff training.

Keywords: Bio-medical equipment, Maintenance agreements, Public procurement

PP 03/AB 008

Assessment of Readiness of Laboratory Leadership Programs in Sri Lanka

Gandeepan T[1], Dolamulla SS[2], Singhaprathapa SWMKK[2], Dharmathilake NH[2]

[1]*Base Hospital Chawakachcheri, Jaffna, Sri Lanka*
[2]*Ministry of Health and Mass Media, Colombo, Sri Lanka.*

Introduction: Strong leadership is critical to ensuring the effectiveness and sustainability of laboratory systems. In line with global health priorities, the Global Laboratory Leadership Program (GLLP) aims to build leadership capacity across laboratory sectors. This study assessed the current status and readiness of laboratory leadership programs in Sri Lanka to inform the potential implementation of a national GLLP framework.

Objectives: To assess the status and readiness of existing laboratory leadership programs in Sri Lanka, identifying strengths, gaps, and opportunities for developing a structured GLLP.

Methods: A cross-sectional survey was conducted in July 2025 among 40 participants, including medical administrators, laboratory consultants, academics, research officers, and medical laboratory technologists. Two structured questionnaires were administered:

(1) a Likert-scale situational assessment of existing laboratory leadership programs (10 items), and
(2) a readiness assessment checklist evaluating collaborator commitment, funding, personnel, infrastructure, and risk factors (scored 0–4 per element).

Results: Preliminary findings indicated moderate alignment of leadership initiatives with national health strategies, though gaps remained in mentorship, funding, and career pathways. The current status of the programme found 55% felt leaders are empowered to implement institutional changes, and 60% saw clear career progression. Overall readiness assessment was moderate (19–35), with two areas scoring notably low (1.92).

Discussion and Conclusion: Sri Lanka demonstrates a foundational platform for implementing the GLLP, with engaged stakeholders and recognized leadership needs. Addressing identified gaps in resources, coordination, and policy integration, and ensuring collaborators' agreement on purpose and outcomes, will enhance readiness for a comprehensive national laboratory leadership program.

Keywords: Laboratory leadership, Sri Lanka, readiness assessment, GLLP, capacity building

PP 04/AB 009
Assessment of Security and Traffic Control to Improve Patient Care and Efficiency in National Hospital Kandy

Weliwita R[1], Dissanayake P[2], Dolamulla S[3]

[1]*Deputy Director, National Hospital Kandy*
[2]*Senior Registrar Admin NHSL*
[3]*Director Lab Services Ministry Of Health*

Introduction: Efficient healthcare delivery requires well-organized support systems beyond clinical excellence. Security and traffic control are critical elements of hospital infrastructure that significantly impact patient safety, care, staff efficiency and satisfaction. National Hospital Kandy (NHK), a leading healthcare institution in Sri Lanka, faces challenges related to security breaches, unauthorized access, traffic congestion, and delays in emergency responses. These issues negatively affect patient care, staff workflow and hospital environment, necessitating evaluation to propose effective solutions.

Objectives: To assess existing security and traffic control systems at NHK with the aim of improving patient care, staff efficiency, and hospital environment.

Methodology: A descriptive cross-sectional study used structured questionnaires for staff, patients, and visitors; interviews with administrators and security officers; and direct observation of access points and traffic flow. Security logs and emergency records were reviewed. Quantitative data were analyzed statistically, while qualitative data underwent thematic analysis.

Results and Discussion: Assessments revealed inadequate access control, high congestion delaying emergencies, conflict situations and limited parking. Initial interventions—dedicated parking bays, improved A&E access routes, and conflict resolution mechanisms—reduced congestion by nearly one-third. Success, measured through surveys, interviews, and observations, reached 74% positive responses, surpassing the ≥70% benchmark and confirming improved safety, accessibility, and efficiency.

Conclusions and Recommendations: The study highlights critical gaps in security and traffic management that directly impact patient care and operational efficiency. Evidence-based recommendations include enhanced access control, new traffic guidelines, formalized security management mechanisms, and expanded parking facilities. These systematic interventions provide a replicable model for strengthening hospital management across Sri Lanka.

Keywords: Hospital Security, Traffic Management, Patient Care Efficiency

PP 05/AB 011
An Audit on Antibiotic Prescription Chart Completion of a Tertiary Care Institution in Sri Lanka

Kariyawasam HKMP[1], Sanjeewani HDA[2], Wijesinghe DWALH[2], Herath HRTG[2], Wijesinghe WMCM[2]

[1]Postgraduate Institute of Medicine, Colombo, Sri Lanka
[2]District General Hospital, Kegalle, Sri Lanka

Introduction & Objective: Microbial resistance to antibiotics is a major global health concern, making complete and accurate documentation of antibiotic prescriptions crucial for effective antibiotic stewardship. This audit was carried out to evaluate and re-audit compliance with proper documentation in Antibiotic Prescription Charts (APC) across various hospital units.

Methodology: The infection control team performed an audit and re-audit in medical, pediatric, surgical, orthopedic wards, a Premature Baby Unit (PBU), and the Intensive Care Unit (ICU). Data were collected using a Microsoft Excel-based format focusing on key APC parameters: demographic data, indication, PES (prophylactic, empirical, specific), AWR (Access, Watch, Reserve classification), dose, route, frequency, and second review.

Results: Completion rates were high for demographic data (94-100%), dose (96%), route (95.6%), and frequency (95.6%). However, documentation was significantly low for indication (12%), PES (13.2%), and AWR (12%). Only 25.7% of cases had a documented second antibiotic review after two days. The re-audit confirmed consistent maintenance of dose, route, and frequency across surgical, medical, and pediatric units. Crucially, a persistent lack of documentation for indication, PES, and AWARE classification was observed across all settings. Medical wards showed consistently better results in both audits compared to surgical wards, where none of these critical variables were indicated. Higher compliance rates were also noted in units providing total nursing care.

Conclusion & Recommendation: Significant gaps exist in the documentation of APC, particularly for antibiotic indication, classification, and second review. Future interventions must prioritize educating prescribers on the importance of accurately documenting these critical stewardship variables to strengthen compliance and improve antimicrobial stewardship practices.

Keywords: Antibiotics, Documentation, Compliance

PP 06/AB 015
Can Community-Based Palliative Care Service Work in Sri Lanka? A Ground-Level Exploration from RDHS Monaragala

Fernando GHS[1], Smile MIS[2], Jayawicrama KALDSM[2], Jayalath JDT[2], Sandamali WDI[2], Perera KS[2], Amarasena RMRL[2]

[1]*Distrcit General Hospital, Matale*
[2]*Office of the Regional Director of Health Services, Monaragala*

Introduction: Palliative care is an approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illnesses. It is a specialized form of care that provides symptom relief, comfort and support to people living with serious or chronic illnesses and it provides support to caregivers and family. However, this service is not properly established within the health care system in Sri Lanka as essential component of the service. Therefore, this project was designed to address this issue to develop sustainable palliative care management system in Monaragala district.

Objective: To establish a sustainable community-based palliative care service within the Regional Directorate of Health Services (RDHS), Monaragala by 2024, ensuring accessible, patient-centered support for individuals with life-limiting conditions.

Methodology: Palliative care system was established through a gap analysis, establishment of a steering committee, development of operationalized palliative care teams, creation of a web base information management system for referring needy patients and maintaining a sustainable monitoring and evaluation system.

Outcome: Trained six multidisciplinary palliative care teams were established to deliver community-based services initially. Within a five-month period, 19 patients were re-enrolled into the system and effectively managed by the respective palliative care teams, demonstrating the system's capability to provide responsive and coordinated support.

Conclusion and recommendation: Palliative care is an essential component of the healthcare system and should be prioritized by health sector leadership in Sri Lanka. Establishing a well-functioning palliative care system is feasible by mobilizing underutilized resources at the district level, supported by strong leadership and active multi-sectoral collaboration. It is recommended that the Ministry of Health facilitate the development of a centrally guided, locally implemented palliative care model to ensure equitable, accessible, and sustainable services across the country.

Keywords: Palliative, Community, Multidisciplinary

PP 07/AB 016
Clean Hands, Safe Beginnings: An Audit-Driven Initiative to Improve Hand Hygiene at National Institute of Infectious Diseases

Weerarathna DGKM[1], Nawarathna PWNHK[1], Sandanayaka AP[1]

[1]National Institute of Infectious Diseases (NIID), Angoda

Introduction: Hand hygiene is a cornerstone of infection prevention and a critical component of pediatric patient safety. An audit in the pediatric unit of the National Institute of Infectious Diseases (NIID) revealed low compliance, highlighting the need for targeted interventions to protect vulnerable children.

Objectives: To improve hand hygiene compliance among healthcare workers in the pediatric unit of NIID through an evidence-based, audit-driven quality improvement approach.

Methodology: A pre- and post-interventional audit was conducted from April to June 2025. Compliance was assessed using the 'WHO Hand Hygiene Observation Form', based on the Five Moments for Hand Hygiene and proper technique. The expected standard was 100%. In the pre-intervention phase, 155 hand hygiene events were observed. Following this, a focus group discussion was conducted to identify barriers, after which interventions were implemented. These included; staff awareness sessions, visual reminders, real-time feedback, and regular checks of hand sanitizer availability. In the post-intervention audit 150 events were observed using the same tool.

Results: Hand hygiene compliance improved significantly after interventions ($P_1 = -0.542$, $P_2 = -0.690$; $Z = -2.08$, $p = 0.019$), demonstrating effectiveness at the 5% significance level.

Discussion: Sustained improvement requires continuous monitoring, staff engagement, and leadership support. Low-cost interventions, combined with patient involvement, can enhance accountability and promote a culture of safety.

Conclusion and Recommendations: Regular audits, feedback, and awareness initiatives effectively enhance hand hygiene practices. Integrating these measures into routine infection control activities can ensure long-term sustainability and improved pediatric patient safety.

Keywords: Hand Hygiene, Patient Safety, Infection Control

PP 08/AB 024
Digital Database for Real-Time Monitoring of Hospital Procurement Processes at National Hospital, Kandy

Weliwita R[1], Dissanayake P[2], Dolamulla S[3]

[1]*Deputy Director, National Hospital Kandy*
[2]*Senior Registrar Admin NHSL*
[3]*Director Lab Services Ministry Of Health*

Introduction: Hospital procurement is a complex process involving multiple categories such as medical/ non-medical equipment, construction, repairs, local purchases, and network management. At National Hospital Kandy (NHK), more than 10 subject officers oversee different procurement streams, leading to challenges in coordination, delays, and inefficient resource utilization. A digital, centralized solution was required to ensure transparency and timely progression across all procurement stages.

Objectives: To design and implement a secure, cost-free, real-time multiuser database that enables monitoring of procurement processes across all categories, improving accountability, coordination, and efficiency.

Methodology: An in-house digital platform was developed at zero cost, requiring no maintenance expenses. The system provides stage-wise tracking of procurement activities, covering planning, bidding, evaluation, appeals, and contract award, across goods, services, and works. Role-based access was provided to all stakeholders including procurement officers, and administrators. Features included real-time progress dashboards, multi-user access, audit trails, and automated updates to reduce delays.

Results and Discussion: The database allowed continuous monitoring of ongoing procurements, providing visibility to decision-makers and minimizing bottlenecks. Improved coordination among over 10 subject officers resulted in faster resolution of issues, reduced lag times, and better predictability of procurement timelines. Stakeholder feedback confirmed higher efficiency and improved service delivery through timely availability of goods and services. Staff and stakeholder feedback showed 89% positive responses, exceeding the 80% benchmark.

Conclusions and Recommendations: This innovative digital procurement monitoring system demonstrates how hospitals can modernize complex administrative processes without incurring additional costs. Replication in other healthcare institutions would strengthen procurement efficiency nationally, leading to more reliable service delivery and resource allocation.

Keywords: Digital Procurement Monitoring, Hospital Administration, Real-Time Data Management

PP 09/AB 026
Epidemiology of Deaths due to Drowning in Kithulgala North and South Grama Niladari Division Kegalle District

Wijesinghe K L P[1], Samarakoon S[2], Bandara R.A.M.C.N.[3]

[1]DGH Embilipitiya
[2]Ministry of Health, Sri Lanka
[3]BH Wathupitiwala

Introduction: Drowning represents a major yet preventable public health challenge in Sri Lanka, with approximately 1,000 fatalities annually, disproportionately affecting males and children. The Kelani River, flowing through Kithulgala, serves as both an economic resource and a significant drowning hazard due to environmental risks and human activities. This study examines drowning deaths in Kithulgala North and South Grama Niladari Divisions (2019-2023) to identify risk factors and prevention opportunities.

Objective: To describe the epidemiology of drowning deaths in the Grama Niladari Divisions of Kithulgala, North and South.

Methods: Using a mixed-methods approach, Research was conducted with structured interviews with contacts of drowning victims and key informant interviews with stakeholders including medical officers, police, and local government officials.

Results: Average age of drowning death is 32.5 years. Half of deaths were due to accidental falls into the river. Alcohol consumption is contributing 50% of drowning death. Nearly 90% of deaths occurred during the SRIPADA season.

Conclusion: Drowning in the Kelani Ganga is driven by a combination of environmental dangers, risky human behaviors, and insufficient preventive infrastructure. A majority of deaths were accidental, with alcohol involved in 50%. Key contributing factors include negligence, overconfidence, and unfamiliarity with local river conditions.

High-risk zones in Kitulgala area ferry points pose significant dangers to both residents and visitors, especially during the Siripada pilgrimage.

Recommendations: Deploy Lifeguards, Community-Based Risk Mapping, Education Programs, Behavioral Campaigns, Improved Signage Install multilingual, high-visibility warning signs at dangerous spots.), Rescue personal Training, Regulate Water Activities, Media Engagement, Mental Health Support and Research and Surveillance can be recommended.

Keywords: Drowning, Kithulgala, Alcohol, Rescue

PP 10/AB 029
Financial Commitments of Ministry of Health Institutions in Implementing World Health Organization Funded Projects in Sri Lanka

Jeyassuthan K[1], Sridharan S[1]

[1]*Ministry of Health, Sri Lanka*

Introduction: The World Health Organization (WHO) provides financial and technical support to strengthen healthcare systems globally. In Sri Lanka, various Ministry of Health (MoH) institutions implement WHO-funded projects addressing national health priorities. The success of these projects largely depends on efficient financial management, timely fund utilization, and accurate reporting mechanisms.

Objectives: To assess the financial commitments of MoH institutions in implementing WHO-funded projects in Sri Lanka, identify challenges affecting these commitments, and propose feasible solutions.

Methods: A situation analysis was carried out using document reviews and key informant interviews with MoH directors, project coordinators, and International Health Unit officials. Secondary data were extracted from MoH financial records, WHO guidelines, and progress reports. Qualitative insights from expert interviews were analyzed thematically to identify systemic and procedural gaps.

Results and Discussions: The analysis revealed frequent delays in submitting Direct Financial Cooperation (DFC) reports, with 67% of Statements of Expenditure and Technical Reports submitted beyond deadlines. Contributing factors included complex reporting formats, limited staff training, inadequate coordination between implementing units, and outdated digital systems. These challenges led to disruptions in fund disbursement, reduced institutional credibility, and compromised project performance.

Conclusions and Recommendations: To improve financial accountability, it is recommended to simplify reporting procedures, strengthen capacity-building for staff, modernize financial monitoring systems, and enhance coordination between MoH units and WHO. Streamlining administrative processes and prioritizing project management efficiency are essential to ensure timely implementation and sustained donor confidence.

Keywords: WHO-funded projects, Financial Commitments, Ministry of Health Sri Lanka

PP 11/AB 041

School-based Initiative to Enhance Awareness on Antimicrobial Resistance through Art among Students in Udugama Educational Zone

Tharshanan K.[1], Vithanage A.V.D.L.A.[1], Dineshi P.B.W.[1]

[1]*Base Hospital, Udugama*

Introduction: Antimicrobial resistance (AMR) poses a major global threat, requiring multi-sectoral awareness beyond healthcare institutions. Engaging school students fosters early behavioral change and community-level advocacy.

Objectives: To evaluate the effectiveness of an art-based educational initiative in promoting awareness of AMR among school students in the Udugama Educational Zone.

Methodology: With approval from the Zonal Director of Education, an AMR awareness program was conducted across schools in the Udugama zone in 2024. Teachers were trained using educational materials in Sinhala and encouraged to conduct classroom sessions. Students were invited to express their understanding through drawings under three categories: Junior (Grades 6–8), Intermediate (Grades 9–11), and Senior (Grades 12–13). A total of 75 drawings were received and displayed in a public exhibition at Base Hospital Udugama. A judging panel comprising the medical superintendent, a consultant microbiologist, two art in-service advisors, and a consultant physician assessed entries based on creativity, message clarity, and relevance.

Results and Discussion: Nine winners and fifteen appreciation awardees were selected. The themes depicted clear understanding of antibiotic misuse, infection prevention, and community responsibility. Teachers and parents reported heightened discussions on AMR, suggesting strong knowledge transfer and sustained interest.

Conclusions: Art-based participatory learning is a powerful and replicable tool for strengthening community awareness on AMR among school children.

Recommendations: Integrating creative approaches such as art competitions into school health programs is recommended to enhance engagement and long-term behavioral change regarding AMR.

Keywords: Antimicrobial resistance, awareness, school health, art-based education, community engagement

PP 12/AB 042
Superbugs and Sustainable Development: Exploring the Impact of Antimicrobial Resistance on Global Goals

Athapattu PL[1], Hamsananthy J[1], Ruhunage DD[1], Abarna T[1]

[1]*Ministry of Health and Mass Media, National Focal Point for combating Antimicrobial Resistance*

Introduction: Antimicrobial Resistance(AMR) is a silent pandemic and an increasing threat to global health. Superbugs compromise the effectiveness of treatments, increasing mortality and healthcare burdens. Beyond its direct health impact, AMR also undermines progress toward multiple United Nations Sustainable Development Goals(SDGs), including SDG-3(Good Health), SDG-2(Zero Hunger), SDG-6(Clean Water and Sanitation), and SDG-8(Decent Work and Economic Growth).

Objectives: This study investigates the relationship between SDG Indicator 3.d.2(health sector's ability to respond to AMR) and other key SDG indicators, to understand the broader development implications of AMR.

Methodology: A descriptive analytical approach was employed using secondary data from 96 UN member states. Data were extracted from the United Nations SDG Indicators Database, via the UN SDG Data Portal. The study analyzed the correlations between SDG Indicator 3.d.2 and various socioeconomic and environmental SDG indicators. Bivariate analysis was conducted using Pearson (r) and Spearman (ρ) correlation coefficients in SPSS to assess the strength and direction of these relationships.

Results and Discussion: Methicillin-resistant Staphylococcus aureus (MRSA) infections (SDG 3.d.2.a) showed strong negative correlations with social protection-SDG 1.3.1 (r=-0.744, ρ=-0.762), universal health coverage-SDG 3.8.1(r=-0.718, ρ=-0.779) and access to safe drinking water-SDG 6.1.1(r=-0.687, ρ=-0.751), and a positive correlation with under-five mortality-SDG 3.2.1 (r=0.557, ρ=0.753). Similar trends were observed for E.coli resistance (SDG-3.d.2.b).

Conclusions: Superbugs pose a multidimensional challenge to sustainable development.

Recommendations: Addressing AMR necessitates integrated, multi-sectoral efforts encompassing stronger health systems, improved sanitation, and antimicrobial stewardship. One Health strategy framework is vital for effectively addressing AMR, and ensuring the achievement of the 2030 Sustainable Development Agenda.

Keywords: Antimicrobial Resistance, Sustainable Development Goals, Global Health Impact

Abstracts of Presentations on Health Sector Innovations

32nd Annual Scientific Sessions

'Managing Healthcare with Leadership Wisdom'
Through Academic Excellence, Managerial Excellence, and Emotional Intelligence

INO 01

An Innovative Initiative to Improve Blood Pressure and Blood Sugar Control at Medical Clinics of Matale District General Hospital Through Patient-Friendly Monitoring Charts

Fernando G.H.S[1], Niyarapola D.R.G.M[1], Basnayake K.D.B[1], Mihirani A.A.P[1], Jayasundara P.M.C.K[1]

[1]*Distrct General Hospital, Matale*

Background: Effective management of chronic diseases such as hypertension and diabetes depends on regular monitoring and patient involvement. At Matale District General Hospital, clinical audits and a qualitative assessment revealed significant deficiencies in both clinician and patient awareness regarding blood pressure (BP) and blood sugar (BS) control. This hindered timely interventions and patient compliance.

Objective: To improve the monitoring and control of BP and BS levels among patients attending medical clinics by introducing visually intuitive, patient-friendly monitoring charts.

Methodology: The Quality Management Unit (QMU), in collaboration with consultant physicians, conducted interviews with 10 doctors and 50 patients in March–April 2025. The majority of doctors reported difficulty in quickly assessing BP and BS control during consultations. Most patients were unaware of their own health parameters. Based on these findings, two monitoring charts—one each for BP and BS—were designed using color-coded and easy-to- read formats, drawing on internationally recognized models adapted to local needs. These were implemented in May 2025 following staff orientation.

Results: A follow-up evaluation in July 2025 demonstrated substantial improvements. All interviewed clinicians reported enhanced ability to assess control levels at a glance, improving efficiency during consultations. Patient awareness significantly increased; most were now able to identify whether their BP and BS values were within recommended ranges, using the charts.

Conclusion: The implementation of visually engaging monitoring charts addressed a critical communication gap between healthcare providers and patients. It enhanced clinical decision-making, patient awareness, and treatment compliance.

Recommendations: It is recommended to expand this intervention hospital-wide, provide regular training, and integrate the charts into electronic medical records. Long-term monitoring and patient education are also essential for sustainability.

Keywords: Hypertension, Diabetes, visual aids

INO 02
Establishment of a Dedicated Pension Unit to Minimize Delays in First Pension Payment at RDHS Office, Kalmunai

Shaikila R Issadeen [1], Mahir MCM [1], Rajab T S R T R [2], Mohomad Insaf T[1]

[12]*Regional Director of Health Services Office, Kalmunai*
[2]*Base Hospital, Akkaraipattu*

Introduction: Retiring healthcare employees from institutions under the RDHS Office frequently experienced delays in receiving their first pension payment, leading to financial hardship and emotional stress. A root cause analysis identified key contributing factors, including errors and delays by applicants, inadequate staff awareness and negligence, and weak coordination between departments.

Objective: To establish a dedicated Pension Unit within the RDHS Office to minimize or eliminate delays in the processing and receipt of first pension payments for retired employees.

Methods: A mixed-method approach was employed, consisting of structured interviews, questionnaires, and a retrospective review of 42 pension files that had experienced delays. Descriptive statistics such as percentages and frequency distributions were used to analyze the data and identify factors related to delay. Delays were categorized as staff-related (42.9%), applicant-related (23.8%), external institutional issues (19.0%), and mixed causes (14.3%).

Specific staff-related issues included lack of procedural knowledge (21.4%), high workload (11.9%), poor attitudes (7.1%) and Poor documentation(2.38%). Applicant-related issues included incomplete applications (14.3%), and delayed submission (7.1%), inconsistent information (2.38%). Issues with the Pension Department and Other Institutions Lack of coordination (4.76%), Pension Dept. software delays (7.14%), Delay in info from institutions (7.14%), and Pending disciplinary inquiries (4.76%).

Output/Outcome: A dedicated Pension Unit was established with trained staff, defined job roles, and necessary infrastructure. Standardized checklists, targeted training and awareness programs, and ongoing supervision were introduced. Interdepartmental coordination was strengthened and notification systems improved. As a result, pension processing time significantly decreased, and application accuracy improved, leading to enhanced efficiency, accountability, and client satisfaction.

Conclusion and Recommendation: This administrative innovation improved the timeliness and quality of pension services while optimizing resource use. It is recommended that this model be replicable to ensure smoother transitions for retirees.

Keywords: Pension processing, delay, causes

INO 03

An Excel-Based Statistical Process Control Tool for Integrated Performance Reporting: Inspired by Salisbury NHS Foundation Trust, UK, and implemented at District General Hospital, Hambantota

Wijetunga WMTS[1], Jayawardane DBAS[1], Gunawardane NASL[1]

[1]*District General Hospital, Hambantota*

Introduction: Integrated Performance Reports (IPRs) are essential for evidence-based hospital management. At Salisbury NHS Foundation Trust (SFT), UK, Statistical Process Control (SPC) charts are routinely applied to monitor clinical, workforce, and financial performance trends. However, Sri Lankan hospitals lack similar automated tools, limiting timely and data-driven governance.

Objective: To design and implement a cost-effective, Excel-based SPC tool for use in Sri Lankan hospitals, enabling regular performance monitoring and enhancing data-informed decision-making.

Methods: Drawing on exposure to SFT's SPC-driven IPRs during overseas training, a practical Excel-based SPC tool was developed for manual entry. Core features included monthly comparison with previous-year monthly data, average/median calculations, modifiable control limits, automated trend alerts based on SPC rules, continuous deviation detection, multi-indicator comparisons, and cumulative trend visualisations. The tool incorporated a drop-down menu of 125 pre-fed indicators. Development was refined using simulated data and user feedback from a few Sri Lankan hospital administrators. The tool was piloted at District General Hospital (DGH) Hambantota for monthly performance reviewing.

Output/Outcome: The tool effectively identified unusual variations and year-on-year shifts in key hospital performance indicators. At DGH Hambantota, datasets such as inpatient and outpatient admissions, clinic attendances, day procedures and many other clinical data were monitored. The system was reported to be user-friendly, improved the application of data for strategic discussions, and supported trend analysis and quality improvement initiatives.

Conclusion and Recommendation: This zero-cost, adaptable SPC tool is a feasible solution for enhancing monitoring in resource-limited hospitals or other settings. While staff required some initial support due to limited IT and SPC literacy, the innovation demonstrated strong potential for scalability, integration into hospital-level and national performance monitoring, and future automation and enhancement with IT experts' support, moving towards a standard of performance monitoring comparable to that of NHS England.

Keywords: Statistical Process Control, Performance Monitoring, Excel-Based Innovation

INO 04
Foresee for Fever (4C4-Fever); Establishing a Continuous Care Coordinating Center for Acute Fever Patients at National Institute of Infectious Diseases (NIID)

Perera MHMTS[1], Udugamkorala GC[1], Sandanayake AP[1], Thanthrige RA[1], Gnanarathna BACL[1]

[1]*National Institute of Infectious Diseases*

Introduction: Early-stage viral fevers often overwhelm hospital outpatient departments, although many cases are non-severe and manageable outside inpatient settings. To streamline outpatient care, monitoring, and early detection of warning signs, the NIID initiated a pilot to address existing gaps by establishing a community-based continuous care pathway for febrile patients.

Objective: To establish and operate a Continuous Care Coordinating Center for Acute Fevers (4C4-Fever) at NIID.

Methods: Beginning 1 September 2025, the 4C4-Fever Center will serve patients from selected MOH areas presenting with fever within 72 hours of onset. The center will deliver individualized care through unique patient registration, scheduled follow-ups, targeted investigations, hydration therapy, and health education. A digital platform will support remote symptom reporting and two-way communication using WhatsApp and Google Sheets, with multilingual automated guidance. Healthcare staff will monitor real-time patient inputs to trigger early escalation when warning signs appear.

Output/Outcome: The system aims to manage up to 60 patients using minimal resources—dedicated nursing staff, basic equipment, and low-cost digital tools. The hybrid model will enable efficient symptom tracking and early identification of cases requiring escalation, reducing unnecessary hospital visits and improving patient engagement. Centralized real-time data access will enhance response times, reporting accuracy, and local surveillance capacity.

Conclusion and Recommendation: The 4C4-Fever model offers a feasible, resource-efficient framework for outpatient fever management with strong scalability potential. Integrating physical and digital care pathways provides a replicable approach to strengthening public health responsiveness while reducing hospital burden. Expansion to other high-burden areas and integration into national fever surveillance strategies are recommended.

Keywords: Outpatient Fever Management, Digital Health Surveillance, Early Intervention

INO 05
From Clinic to Community: A Low-Cost, Integrated Approach to Childhood Obesity and NCD Prevention at National Institute of Infectious Diseases (NIID)

Malwatta AK[1], Senaratne YHD[1] ,Sandanayake AP[1], Perera WIB[1], Pannilage RA[1]

[1]*National Institute of Infectious Diseases*

Introduction: Childhood obesity and metabolic syndrome are escalating public health concerns with lifelong effects. Many under-19s already show obesity or early metabolic changes. Weak follow-up, low caregiver awareness, and limited structured support hinder prevention. At NIID, a cost-neutral, family-centered model was developed to protect children from NCDs through sustainable nutrition and lifestyle engagement.

Objective: To develop and assess a structured, cost-effective follow-up platform to sustain healthy behaviors, improve diet quality, and reduce NCD risk among NIID clinic attendees.

Methods: A clinic-based nutrition program was integrated into existing service workflows. Participants underwent baseline and follow-up anthropometric and dietary assessments, and individualized care plans incorporating culturally specific dietary recommendations. To extend reach, a school-based outreach component was added. Engagement was supported through multi-channel interventions: weekly quiz-based WhatsApp messages, monthly virtual group sessions via Zoom, and scheduled caregiver counseling. Planned school workshops reinforced key messages within the community to promote continuity of care and sustained behavior change.

Output/Outcome: Twenty-one families participated. Weekly WhatsApp quizzes achieved a mean 52.3% response rate (peak 76.2% in Week 3). Follow-up retention was 46.6% (≥2 visits) and 28.6% (≥3 visits). Physical inactivity declined from 40% to 13.3%, with activity days increasing from 1.4 to 4.2 per week. Biscuit intake dropped 40%, vegetable diversity rose 333%, fruit diversity 375%, and eating-out frequency fell 53.5%. School outreach engaged 2,000 students and 100 teachers. Caregiver satisfaction was 100%, with 94.1% rating WhatsApp and Zoom sessions “very useful,” and all reporting positive lifestyle changes.

Conclusion: This intervention improved diet, activity, and retention without added staff or cost. The integrated clinic–community model is scalable and efficient for pediatric NCD prevention. Planned enhancements include NIID’s Digital Nutrition Tracking Platform and a peer-led Nutrition Champion initiative.

Keywords: Childhood obesity, patient safety, sustainable nutrition care

INO 06
Air Conditioners (A/C) Out-flow Water Harvesting Project in District General Hospital – Ampara

Chandrasena, A.P.R.S.[1], Pradeepika, K.L.S.N.[1], Sathurusinghe, S.A.S.N.[1], Withanage, D.R.M.[1], Ruwan, R.P.M.R.[1]

[1]*District General Hospital, Ampara*

Introduction: General Hospital-Ampara was established as a Central Dispensary in 1954 under the "Galoya Development Project". It was upgraded step by step as a General Hospital in 2001. Currently DGH Ampara is served with 1671 employees, bed strength of 837, with a number of average 190-200 ward admissions, around 600 OPD admissions and 900-1000 clinic admissions per day. It is the only tertiary care hospital for entire Ampara District, which renders its services to a population of 780,000. Situational Analysis: Consumed water Units for the month of December in year 2024 was 13,777 and the correspondence water bill for December 2024 was Rs.1,607,335.03. SWOT Analysis: Strengths - Already established rainwater, waste water generated from vehicle service, waste water generated from RO plant and treated waste water from sewerage system are being treated and used for harvesting and gardening. Weakness – High consumption of pipe borne water. Threats – Location of the hospital in dry zone limits the rain for a very minimal period. Opportunity – Considerable amount of water generated by out-flow of A/C machines.

Objective: To minimize the use of pipe-borne water for gardening and harvesting by utilizing the water outflow from air conditioning machines.

Methods: Project started in 1st of January 2025 with the approval of Director General of Health Services. Listed out all split type air conditioning machines used in the hospital premises and found 298 A/C machines in the Hospital. Number all A/C machines and assigned a corresponding number to the water collection cans (Reuse the Dialyzer cans). Cleaning service staff collects the filled water cans for gardening and harvesting and then relocated the cans after use for continued collection.

Output: The average water outflow of 5 L per hour was found. The total A/C outflow for 24 hours was estimated as 16,320 L and 489,600L per month. It is approximately 489 water units. This collected water is utilized for harvesting, gardening, washing and cleaning. After the implementation of the project in January 2025, water consumption has reduced by 312 units (Rs. 38,908.53) compared to December 2024 and similar reduction in next 3 months too.

Limitations: A/C machines located in storied buildings and central A/C systems are not included in this project.

Sustainability: No capital or recurrent expenditure spent. Outsourced cleaning staff maintained it and supervised by hospital staff.

Conclusion: This has reduced the dependency on pipe-borne water and well water for gardening and harvesting. It helps in reducing overall water consumption and environmental impact, contributing to the fulfillment of Sustainable Development Goal 6 (Clean Water and Sanitation) and Sustainable Development Goal 12 (Responsible Consumption and Production).

Keywords: District General Hospital – Ampara, Air Conditioner Out-flow Water, Harvesting, Gardening, Sustainable Development Goals

INO 07
Implementation of Innovative Polytetrafluoroethylene (PTFE) - Material Refurbished Oxygen Inlet Pipes in Oxygen Regulator Units; A Cost-Effective and Durable Alternative to Conventional Apparatus

Siraj MI[1], Wickramasuriya PKH[1], Sampath D[1], Gamage CN[1], Gunawardhane A[1]

[1]*Base Hospital Walasmulla*

Introduction: Oxygen regulators are an integral component of oxygen therapy, especially in the critical care setting. Oxygen must be meticulously regulated to obtain a sound clinical outcome, as it is an essentially lifesaving medication in most disease conditions. The integrity of Oxygen regulatory mechanisms is of utmost clinical and biomedical importance, whether in the critical care setting with ventilation or in the ward setting for therapeutic procedures like nebulization.

Objectives: The primary objective was to address the frequent damage and replacement of Oxygen regulators. Specifically, the goal was to find a solution to the common malfunction point: the corrosion or mechanical damage of Oxygen inlet pipes, which renders the entire unit irrecoverable and necessitates replacement. This was aimed at mitigating the substantial financial stress (a single regulator costs around LKR 25,000) and the absolute hindrance to optimum, uninterrupted provision of Oxygen therapy caused by frequent replacements.

Methodology: A team of healthcare personnel came up with an innovative solution for this complication. The methodology involved Implementation of Innovative Polytetrafluoroethylene (PTFE) - Material Refurbished Oxygen Inlet Pipes in Oxygen Regulator Units. This initiative paved the way to reuse regulators without having to replace an entire unit.

Results and Discussion: The refurbishment method proved to be a Cost-Effective and Durable Alternative to Conventional Apparatus. Polytetrafluoroethylene (PTFE) is a sturdy, low friction polymer that is resistant to corrosion. Utilizing PTFE extended the durability of a regulator unit significantly. Henceforth, this novel initiative not only reduced financial burden notedly but also enhanced the capability to provide an uninterrupted, optimum supply of medical Oxygen.

Conclusion: The implementation of PTFE-material refurbished oxygen inlet pipes successfully addressed the frequent damage and replacement of oxygen regulators. The innovation offers a durable and cost-effective alternative to replacing entire units.

Recommendation: This novel refurbishment method using PTFE should be adopted for managing damaged oxygen regulators to reduce financial burden and enhance the continuous, optimal supply of medical oxygen.

Keywords: Oxygen Regulator Refurbishment, Polytetrafluoroethylene (PTFE), Cost-Effective Medical Innovation

INO 08
Implementation of Allergy Wristbands and Identification Cards to Improve Patient Safety in Hospital Settings

Jayawardhane D. B. A. S.[1], Ridmi Wijesekara, Jayaweera I. S.[1],
Prabashika W. S.[1], Andrahennadi P. S.[1]

[1]*District General Hospital, Hambantota*

Background: Drug allergies are a recognized cause of preventable morbidity and mortality worldwide. In Sri Lanka, recent adverse drug reaction (ADR)–related hospital events, including severe cutaneous adverse reactions (SCARs) and anaphylaxis, highlight the urgent need for standardized allergy identification. Current reliance on verbal history and bed head ticket documentation is inadequate, particularly in emergencies, leading to avoidable adverse outcomes and increased medico-legal risks.

Objective: To improve patient safety and clinical outcomes through the implementation of a structured allergy identification system using wristbands and QR-coded identification cards.

Methods: A pilot project was initiated in a tertiary hospital. Brightly colored, reusable allergy wristbands were issued to inpatients with documented allergies, while laminated identification cards containing allergy details and a QR code linking to hospital records were provided at discharge. Complementary interventions included staff training on allergy recognition, documentation, and anaphylaxis management, along with patient education on drug avoidance and safe practices.

Results: The program demonstrated high feasibility and acceptability. All identified allergy patients (100%) received wristbands, and 95% were issued allergy cards at discharge. Staff confidence in prescribing and managing allergy patients improved substantially. No drug allergy–related deaths occurred during the pilot and subsequent hospital-wide expansion. A marked reduction in ADR-related morbidity was observed compared to baseline.

Sustainability: The initiative utilized 500 reusable disinfectable wristbands, with continuous supply of 12,000 laminated cards supported by external sponsorship. Integration into routine ward practice ensured long-term continuity.

Conclusion: Implementation of allergy wristbands and QR-coded identification cards is a simple, cost-effective, and scalable intervention that enhances patient safety, prevents prescribing errors, and reduces ADR-related morbidity and mortality. This model offers a replicable framework for broader adoption across hospitals in Sri Lanka, aligning with international best practices in patient safety.

Keywords: Allergy Identification, Patient Safety, Adverse Drug Reactions

INO 09
Providing Beds for All Inward Patients admitted in Medical Units in Teaching Hospital Batticaloa

Mayuran N[1], Sasikumar T[2], Barthelot M[1], Ganeshalingam K[1]

[1]*Teaching Hospital Batticaloa*
[2]*Ministry of Health*

Introduction: Teaching Hospital Batticaloa is the only tertiary care and teaching hospital in the Eastern Province of Sri Lanka, catering to a population of more than two million across six districts. The hospital has a total bed strength of 1,257 with major all four specialties and subspecialties. The medical specialty comprises four units, including a professorial unit, with a combined bed capacity of 242. Despite this allocation, inequitable distribution of patients has resulted in overcrowding in medical wards while others remain underutilized.

Objective: To ensure that every inward patient admitted to the medical units of Teaching Hospital Batticaloa is allocated a hospital bed through an improved admission policy.

Methods: Secondary data on the Bed Occupancy Rate (BOR) of casualty, post-casualty and non-admission medical wards were analysed pre- and post-intervention. Key informant interviews were conducted with the Director, Consultant Physicians, and Consultant Emergency Physicians. In addition, a focus group discussion was held with the in-charge nursing officers of the medical wards.

Results: During the pre-intervention, BOR of casualty and post-casualty ward showed consistently was more 100% (112.9 ± 17.6 and 107.5 ± 18.2 respectively) and BOR of non-admission ward was less than 65% (64.6±26.8). Based on this input, an innovative "Revised Admission Policy for Medical Wards" was implemented. After one month of implementation, the BOR recorded showed a more balanced distribution across the medical wards. Importantly, BOR of casualty, post-casualty and non-admission medical units was maintained below 100% (91.0 ± 10.4, 69.4 ± 30.9 and 61.7 ± 30.1 respectively), reducing overcrowding and ensuring that every inward patient was allocated a hospital bed.

Conclusion and Recommendations: The introduction of a structured admission policy for medical units significantly improved the equitable distribution of patients, reduced overcrowding in high-demand wards, and optimized available resources. It is recommended that this policy be continued and periodically reviewed, with potential for replication in other clinical specialties facing similar challenges.

Keywords: Bed occupancy rate, hospital admission policy, medical wards, Teaching Hospital Batticaloa, patient allocation

INO 10
Implementation of Appointment System to Reduce Congestion in Common Clinic and Clinic Pharmacy

I.D. Pathirage[1], K.W.V. Sewwandi[1], D. W. S. S. Kossinna[1], U. Ratnayake[1], H. R. A. K. Kulathilaka[1], V. G.S.Malkanthi[1]

[1]District General Hospital Monaragala

Introduction: Common clinic premises of District General Hospital Monaragala caters for three different specialty clinics in the morning hours on weekdays and overcrowding in the clinic and pharmacy resulted in patient discomfort, long waiting times, and heavier staff workloads. Many patients arrived early regardless of the clinic starting time, creating congestion and long queues. This showed the need for a structured appointment system to manage patient flow and improve clinic efficiency.

Objective: To reduce congestion in the common clinic and pharmacy by implementing an effective appointment system reducing waiting time and improving patient satisfaction.

Interventions:

- Appointments: Patients were given a specific dates and times for their next clinic visit, recorded in their clinic book and verbally communicated.
- Two-Counter System: Established two counters for issuing clinic books and cards to reduce registration delays. Counter 1- For ward discharges / new patients. Counter 2- For follow up patients
- Plastic Tray System: Used plastic trays to collect clinic books according to appointment time to prevent unnecessary complaints
- Public Holiday Clinics: Started conducting medical clinics on public holidays to spread patient load.
- Dedicated Medical Officer: Assigned one medical officer for ward discharge patients and staff patients without affecting routine clinic flow.
- Organized Waiting Areas: Patient waiting areas was marked according to the clinic for easy identification.
- Sharing patients among the pharmacies – Patients on identified clinics were diverted to the pharmacy No.2

Output/Outcome:

- Significant reduction in congestion within the common clinic and main pharmacy
- Improved patient comfort and satisfaction.
- More efficient workflow for both medical and supportive staff.
- Reduced stress on security staff managing patients in limited physical infrastructure during peak hours.

Conclusion and Recommendation: The appointment system combined with the other interventions effectively reduced clinic congestion, improving patient flow, thereby enhancing both staff and patient satisfaction. It was a low-cost, sustainable kaizen approach, and recommended for expansion to other clinics.

Keywords: Appointment System, Clinic Congestion, Patient Flow Management

INO 11
Cuff Pressure Manometer for ward setup

H. M. Nishamani[1], I.D.Pathirage[1]

[1]District General Hospital Monaragala

Introduction: Endotracheal intubation is a life-saving intervention in critically ill patients. However, unmonitored cuff pressure may lead to tracheal damage, aspiration, or ventilator-associated pneumonia. Sometimes, ventilated patients are managed in wards due to a lack of intensive care facilities. The unavailability of a cuff pressure manometer poses a risk of maintaining cuff pressure accurately in the ward settings. To address this issue, an innovative cuff pressure manometer was developed using readily available materials, aiming to improve patient care quality and safety.

Objectives: To maintain the ideal cuff pressure of intubated patients in a ward setting and to prevent cuff pressure-associated complications.

Interventions done: A simple, cost-effective cuff pressure manometer was developed using a readily available sphygmomanometer, three-way tap, and a 5cc syringe. Validation was done using the cuff pressure manometer available in the ICU. Ward staff were trained on the new manometer to check endotracheal cuff pressure.

Problems faced and how we overcame: Staff felt monitoring cuff pressure was an added burden in their heavy medical ward setting and showed little interest in accepting this task. Because of this, they refused to learn how to measure the cuff pressure with the new device. With awareness sessions on the importance of the procedure, followed by several discussions, they slowly accepted the new device.

Output / Outcome: Cuff pressure of all ventilated patients in medical ward 11 in 2025 was monitored using the new device. Among these 23 patients 11 were later transferred into our ICU and none of them were found to have cuff pressure-associated complications. Apart from patients who were found to have pneumonia before ventilation, there were no deaths with aspiration pneumonia among the deceased intubated patients. The compliments received from the consultant anesthetist motivated the staff to utilize the new device with more confidence.

Conclusion and Recommendations: This innovative cuff pressure manometer was a simple, effective, and affordable solution to improve patient safety. Regular monitoring minimizes preventable cuff pressure complications and enhances patient outcomes. Therefore, it is recommended to adopt the new manometer to measure endotracheal cuff pressure in all wards, managing ventilated patients.

Keywords: Endotracheal Cuff Pressure Monitoring, cuff pressure complications, Patient Safety

INO 12
Establishment of a Short Stay Unit (SSU) to Enhance Efficiency of Patient Care at District General Hospital (DGH) Matale Utilizing Available Resources and multi-innovative approach

Basnayake K.D.B[1], Fernando G.H.S[1], Hewapathirana H.L.I[1], Mihirani A.A.P[1], Niyarapola D.R.G.M[1]

[1]*Distrct General Hospital, Matale*

Introduction: DGH Matale, the largest healthcare institution in the district, provides services to a population of approximately 600,000, primarily from lower and lower-middle socioeconomic groups with high health-seeking behaviour. Overcrowding of surgical and medical casualty wards, together with limited human resources, posed a significant challenge in managing daily admissions. An institutional audit conducted by the Quality Management Unit revealed that a substantial proportion of patients could be safely treated and discharged within 24 hours if an appropriate short-stay facility was available.

Objective: To establish a Short Stay Unit within the Accident and Emergency (A&E) Department of DGH Matale in 2025 to improve patient triage and in-ward care by reducing admissions, optimize resource utilization, and to improve patient and family satisfaction by multi-innovative approach.

Methods: An audit of admission patterns, focus group discussions, key informant interviews, and a SWOT analysis were conducted to identify gaps and to formulate an intervention to reduce the burden on casualty wards. An institutional policy framework for SSU management was developed, with clinical oversight provided by the Consultant Emergency Physician and the Visiting Physicians at the Outpatient Department. Staffing included four Relief House Officers, with nursing and support staff redeployed from the A&E. The SSU was initiated with 7 beds and 5 recliner chairs, which were designed and customized by the hospital team as a key innovation of this project, along with 1 monitoring bed and 1 minor procedure bed. The SSU is functioning from 7.00 a.m. to 7.00 p.m. as an initial phase. Patient selection criteria include cases requiring less than 24 hours of care, categorized as triage category 4, such as one-day febrile illnesses, atypical chest pain, and minor injuries etc.

Outcomes: The SSU commenced on 1st of August 2025, and within two months, 827 patients were admitted, of whom 604 (73.0%) were successfully managed and discharged without transfer to casualty wards. This intervention reduced overcrowding, improved efficiency, enhanced staff productivity, and reduced costs. Patient and family satisfaction levels were notably improved.

Conclusion and Recommendations: The multi-innovative SSU model demonstrated feasibility, efficiency, and sustainability in managing selected cases in resource limited setting. Implementation of this model with extended service hours and replication in similar hospitals is recommended to optimize patient care and system efficiency nationwide.

Keywords: Short Stay Unit, Triage, Multi-innovative approach


32nd ANNUAL SCIENTIFIC SESSIONS
2025
COLLEGE OF MEDICAL ADMINISTRATORS OF SRI LANKA