

4. Patient Care Services

4.1. Hospital Services

According to the Health Manpower Study of 1971- 1973, 'on an average an inhabitant of Sri Lanka makes 3 visits to government western type medical institutions annually. This includes visits to the outpatient departments and clinics as well'. During the past five years the government curative care institutions have been providing annually, services to around 4 million inpatients, 41 to 45 million out-patients and 1 million patients attending various clinics. The hierarchy of institutions providing patient care services is given in chapter 2, section 2.3.

In 2003 there were 44 million outpatient visits and 4 million inpatient admissions (Table 4.1). Between 2000 to 2003 inpatient admissions remained stable around 4 million while outpatient visits reduced by 4.2% in year 2003. Colombo, Anuradhapura and Polonnaruwa districts recorded the highest number of inpatients per 1000 population followed by Vavuniya, Kandy, Matale, Kurunegalle, Badulla, Galle, Moneragalle and Jaffna. These were the eleven districts which recorded higher rates than the national figure of 207 inpatients per 1,000 population (Table

37). Districts of Moneragala, Anuradhapura, Mannar, Ampara, Mullativu, Hambantota, Badulla, Vavuniya, Trincomalee and Polonnaruwa recorded a higher number of outpatients per 1000 population (Table 38).

The average duration of stay varies with the type of hospital and is significantly longer in the

Table 4.1 Trends in Inpatient and Outpatient Attendance and Rates Per 1,000 Population, 1960-2003

Year	Inpatients Treated		Outpatient Attendance ¹	
	Number '000	Rate	Number '000	Rate
1960	1,392	140.7	28,852	2,915.5
1965	1,642	150.4	31,258	2,866.9
1970	2,054	164.1	34,895	2,788.0
1975	2,146	159.0	27,654	2,049.1
1980	2,335	158.3	31,892	2,162.6
1985	2,494	157.4	29,570	1,867.1
1990 ²	2,533	174.6	28,401	2,000.5
1995 ³	2,953	179.3	32,084	1,947.7
1996 ⁴	3,339	184.5	35,348	1,953.2
1997 ⁵	3,454	191.7	38,078	2,114.0
1998	3,791	201.9	41,071	2,187.7
1999	3,825	200.9	41,323	2,170.1
2000	4,015	207.4	43,329	2,238.2
2001	4,092	218.6	43,350	2,315.6
2002	4,032	212.7	45,681	2,409.9
2003	3,993	207.4	43,765	2,273.3

Source : Medical Statistics Unit

Excludes:

¹ Clinic Attendance

² Northern and Eastern Provinces

³ Jaffna, Kilinochchi, Mullaitivu and Ampara Districts

⁴ Kilinochchi and Mullaitivu Districts

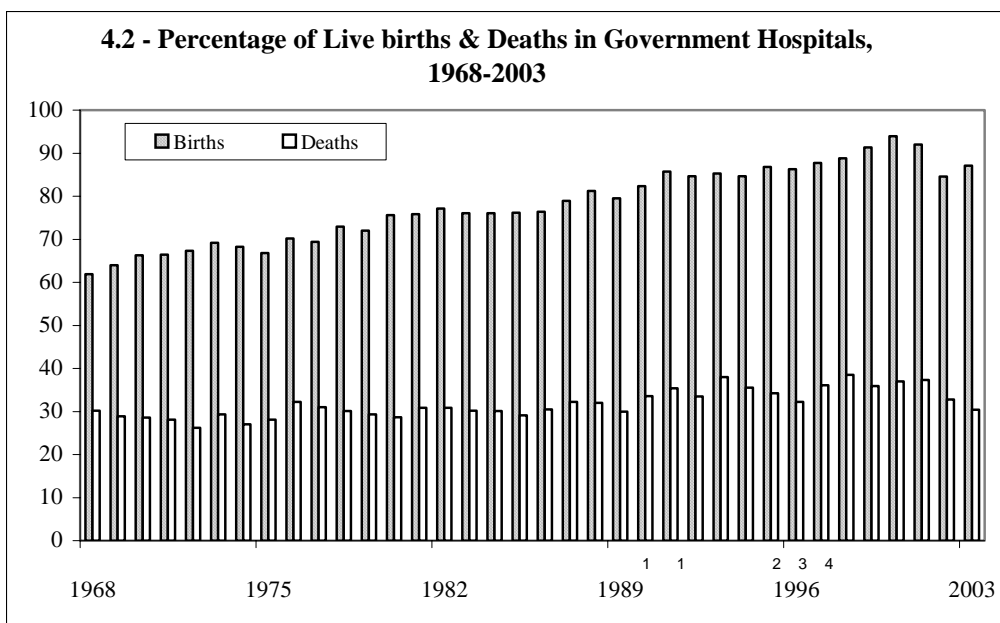
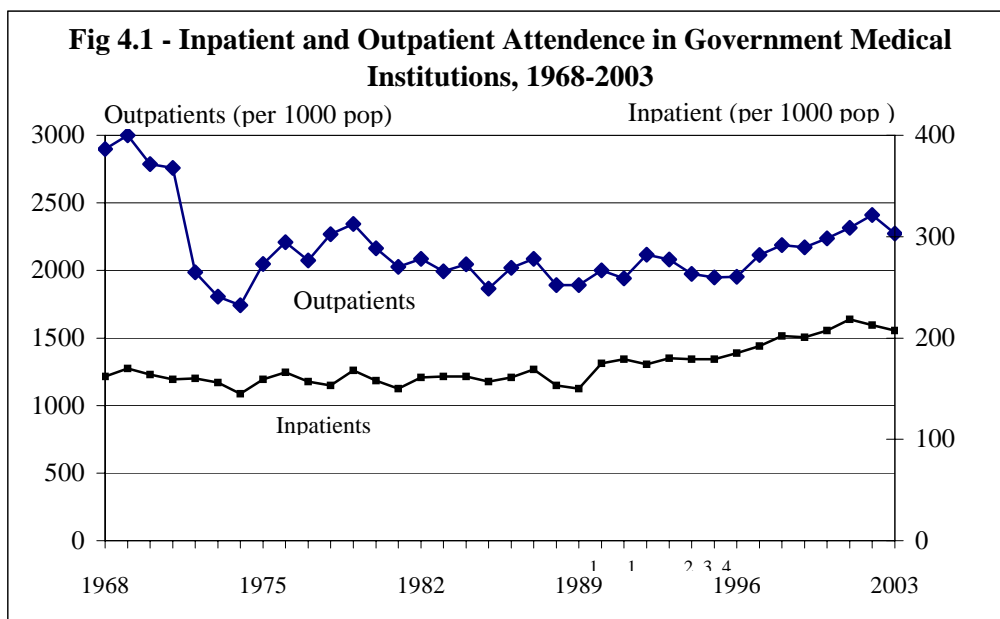
⁵ Ampara District

Table 4.2 Maternal Services By Type of Hospital, 2003

Type of Institution	Method of Deliveries			Total Deliveries	Outcome of Delivery		
	Single	Twin	Other		Normal	Forceps	Caesarean
Teaching Hospitals	66,318	671	13	67,002 (21%)	46,764	1,803	18,435
Maternity Hospitals ¹	45,006	438	5	45,449 (14%)	30,645	785	14,019
Provincial Hospitals	47,386	417	2	47,805 (15%)	36,319	178	11,308
Base Hospitals	100,530	852	4	101,386 (32%)	81,479	1,274	18,633
District Hospitals	39,996	167	-	40,163 (13%)	39,110	136	917
Peripheral Units	6,765	21	-	6,786 (2%)	6,775	9	2
Rural Hospitals	6,856	15	-	6,871 (2%)	6,869	2	-
Maternity Homes	1,882	4	-	1,886 (1%)	1,886	-	-
Sri Lanka	314,739	2,585	24	317,348	249,847	4,187	63,314

¹ Includes Mahamodara Teaching Hospital

Source: Medical Statistics Unit



Source : Medical Statistics Unit

Excludes : 1 : Northern & Eastern Province
 2 : Jaffna, Kilinochchi, Mullaitivu & Ampara Districts
 3 : Kilinochchi and Mullaitivu Districts
 4 : Ampara District

specialized hospitals such as Mental, Chest, Cancer and Eye. However, the long-term trend shows a decline in the duration of stay in all types of hospitals except the Mental and the Chest hospital (Table 34).

In Sri Lanka a referral system is not enforced. Hence, patients bypass small medical institutions, particularly those in the rural areas

that have only minimal facilities for patient care. This leads to under-utilization of small institutions and overcrowding in the bigger institutions. As shown in Table 39. Teaching hospitals, Provincial Hospitals and Base hospitals have a higher bed occupancy rates (92, 103, 83) while District hospitals, Peripheral Units and Rural hospitals have comparatively a

low figure (41, 39, 35). Kandy, Nuwara Eliya, Galle, Jaffna, Vavuniya, Ampara, Kurunegale, Anuradhapura, Pollonaruwa and Badulla are the districts with high Bed Occupancy Rates (above 100%) in Teaching hospitals, Provincial hospitals and Base hospitals. In Badulla district both Provincial and base hospitals indicate a high bed occupancy rate (178 & 108). It is also noteworthy that utilization of hospitals varies from district to district, irrespective of the type of hospitals. For instance District hospitals of Mullaitivu, Puttalam, Batticaloa and Kilinochchi have a fairly high Bed Occupancy Rate (85%, 63%, 56% and 52%) when compare with other districts. Similarly in Kilinochchi this figure is fairly high in Peripheral units and CD & MH, also it could be observed that in some instances bed Occupancy Rates are higher in District hospitals and Peripheral units when there are no higher order hospitals in the districts.

The most overcrowded institutions are the Cancer Hospital with a bed occupancy rate of 109.7, followed by Mental Hospital (76).

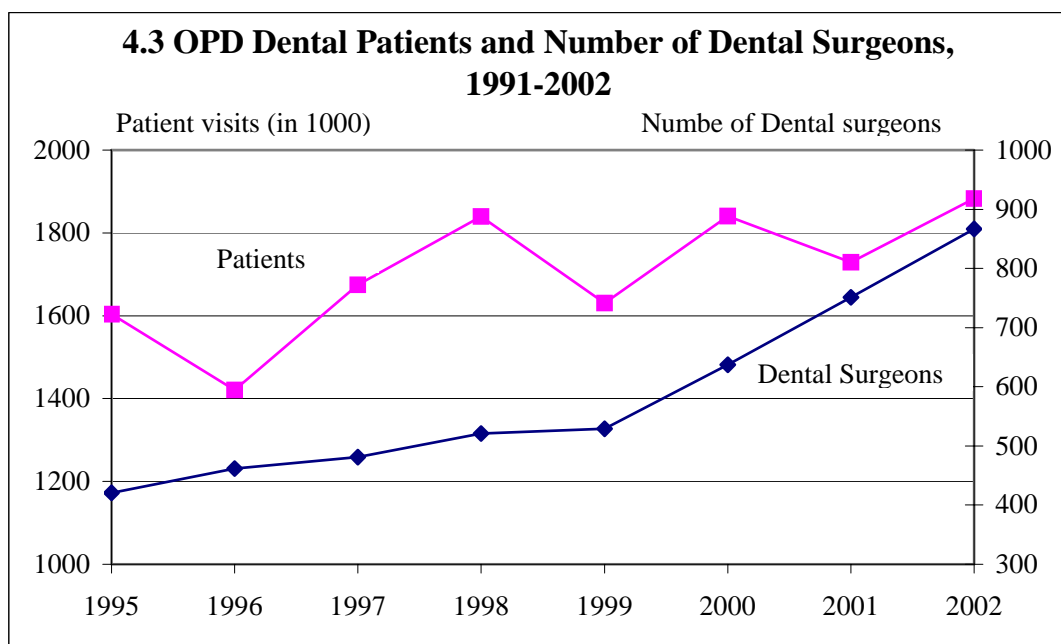
During 2003, a total of 316,465 live births and 3,558 still births took place in government hospitals. In general the population of births occurring in government hospital is increasing. The still birth rate per 1,000 births in government hospitals for 2003 is 11.1. Table 4.2 illustrates the maternal services provided by type of hospital. It is evident that the Teaching Hospitals and the three Maternity Hospitals accounted only for 35 per cent of the deliveries. An increase in the number of deliveries is observed in Maternity, Provincial, Base and Rural Hospitals when compared with 2002. Number of deliveries in 2003 for Teaching Hospitals is almost same as year 2002. The caesarean section rate was highest in the Teaching and Maternity Hospitals. Sri Jayawardenapura Teaching Hospital recorded comparatively a higher caesarean section rate of 44 per 100 deliveries. Over all, the caesarean section rate has increased in all types of institutions.

4.2 Dental Health Services

Dental Services are provided through medical infrastructure by dental professionals (Dental Specialists and Dental Surgeons), School Dental Therapists and Dental Technicians, Deputy Director General (Dental Services) at the Ministry of Health is managing the dental services according to national targets and goals from the central level and DDG (DS) is well supported by Regional Dental Surgeons at regional level. Dental Service comprised of two components, preventive service and curative service.

Curative service is mainly demand oriented and provided through network of dental clinics situated in government hospitals. At present dental clinics are available in Teaching, Provincial, General, Base Hospitals, most of the District Hospitals & Rural Hospitals and some Peripheral Units and Central Dispensaries. These clinics provide wide range of dental care, ranging from basic dental treatments through out patient dental clinics to specialized dental treatment through specialized dental clinics. Curative care is supported by dental technicians working in all dental clinics and institutions with consultant in Restorative Dentistry and Orthodontics, Dental Institute, Colombo and Dental Hospital, University of Peradeniya are considered as centres of excellence in Dentistry.

Need based preventive care service is provided mainly through School Dental Services. At present School Dental Clinics are managed by School Dental Therapists who are providing dental care for children of 3-13 years. In addition; preventive care services are further strengthened by the Dental Surgeons working in Adolescent & Community Dental Clinics (ADC & CDC). ADC provide dental services mainly to children over 13 years of age and to any complicated cases referred by School Dental Therapists, while CDC are targeted for the general public referred by the Primary Health Care Team. These programs are especially targeted to fulfil the needs of underserved communities.



The existing dental services are mostly restricted to provision of curative care, oral health surveys have shown that the strength of available preventive care is still inadequate to meet the expected oral health targets of the country.

In order to avoid these shortcomings Ministry of Health has already planned to expand carcer of Dental Specialists and Dental Surgeons and also to train more dental auxiliaries. Further with the collaboration of DDG (Laboratory Services) Steps have been taken to revise the management system of equipment, drugs and materials to all the dental clinics in the country. Several studies have been conducted with the assistance of WHO to evaluate the preventive dental care of this country. Based on the findings of these studies it has been planned to strengthen the integration of preventive dental services with the available public health service by appointing Community Dental Surgeons to each Medical Officer of Health (MOH) division.